



## Editorial



Patient information is integral to the consent process and linked to outcome [1]. Various modalities of information are available to patients and an interesting study from Edinburgh investigates the effect of leaflets prior to knee arthroscopy [2]. Of interest they found no difference in outcomes. Whilst the study was small in sample size it may be argued that some procedures require more patient information than others to influence outcome or that different media are more effective. Patients now have access to different media for information and use this when researching procedures, surgeons and centres. A study from Australia highlighted the use of multimedia computer based presentations in the consent process and found better retention of information but no change in anxiety levels [3]. Should we in the 'paperless future' be moving towards multimedia electronic consent processes for our patients [4]?

On the subject of post-operative outcomes, in high tibial osteotomy outcome analysis has previously concentrated on correction of alignment and pain relief. However, a study from Korea has reported lateral numbness following high tibial osteotomy which was reported at 51.5% in the cohort, with some patients' symptoms improving with time [5]. This may indicate an under-reported complication which should be included in pre-operative information given to patients as part of the consent process.

Finally, running as a form of exercise has been advocated with variable evidence in the literature. Vigorous running may have an effect on mortality and slow the development of disability [6]. A study from Canada compared a small group of runners with arthritis to those without and measured their T2 and T1 $\rho$  relaxation times [7]. The study results indicate that arthritic knees may need longer to recover after running. Useful findings for the weekend athlete!

## References

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