

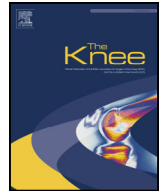


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The Knee



Editorial

Returning to elective surgery, the 'new normal'



The Covid-19 pandemic has profoundly affected health-care services throughout the world. From the initial phase of treating those affected and displacing elective surgery, we now move to a transition phase of 'the new normal'. Our health-care pathways have not returned to pre-pandemic practice and may never do so. We have instead gone through a profound period of change and reflection as to how patients are referred and risk assessed as well as how we manage their pre-operative and post-operative recovery.

Research into the risks of Covid in surgical patients is on going with an early study indicating the risks of mortality and pulmonary complications in patients under going surgery [1]. Early data from this cohort study lacked a control group and did not account for variability in diagnostic testing across the countries that participated in the study but never the less raises the question of mitigating the risk of surgery during the pandemic to the risks of delaying surgery.

As we move forward with pathway development and risk assessment in the current climate, comorbidities such as diabetes and obesity, as well as ethnic factors are more pertinent now than ever before [2–5]. Our current issue includes a study from the Osteoarthritis Initiative in the United States providing some insights into the willingness of patients having total knee arthroplasty (TKA). The main factors highlighted in this study were income and expectations of difficulty in walking [6]. Two studies from China investigated the effects of obesity on blood loss and on outcomes following TKA [7,8]. Surprisingly they found no difference in outcome related to obesity. Cultural differences with respect to outcome may influence results and are difficult to quantify in this respect. We await the results of further studies into the effects both directly and indirectly of Covid-19 on surgical outcome.

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