Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/submissions/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

RJ Egan, JDT Morgan, SA Norton

Department of General and Bariatric Surgery, Southmead Hospital, Westbury-on-Trym, Bristol, UK

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CORRESPONDENCE TO

Richard Egan, E: richard.egan@nbt.nhs.uk

COMMENT ON

Howarth D, Inman D, Lingard E, McCaskie A, Gerrand C. Barriers to weight loss in obese patients with knee osteoarthritis. *Ann R Coll Surg Engl* 2010; **92**: 338–40

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We read with interest this paper on barriers to weight loss in obese patients with knee osteoarthritis. It is increasingly recognised that significant weight loss can be achieved in such patients through bariatric surgery, such as laparoscopic gastric banding or gastric bypass.¹ Using patient-driven weight loss as an incentive for proceeding to arthroplasty will fail to achieve meaningful results.

With a mean body mass index of 34 kg/m² in the study cohort and a documented obesity-related co-morbidity, almost half of the patients may be suitable for referral to a bariatric team, according to National Institute for Health and Clinical Excellence guidelines.² This allows patients to be fully educated with regards to weight loss, whilst receiving the specialist dietary and medical input required. Any operative intervention offered can provide excellent results in terms of weight loss and improvements in associated co-morbidities, including osteoarthritis.^{1,3}

Such procedures will not only reduce the risks of subsequent orthopaedic surgery for these patients but, in some cases, postpone or exclude the need for such treatment.⁴ Excellent results have already been reported for arthroplasty following bariatric surgery.⁵ Although not suitable for all, we would recommend consideration of bariatric surgery in morbidly obese patients presenting with osteoarthritis and

other weight-related musculoskeletal pathology.

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Pancreatic cancer in the media: the Swayze shift

James ML Williamson, David B Hocken

Department of General Surgery, The Great Western Hospital, Swindon, UK
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CORRESPONDENCE TO

James Williamson, E: jmlw@doctors.org.uk

We wonder how much reportage of pancreatic cancer exists in the media and what influences this coverage. We believe that the pancreas itself is not fully appreciated by the general population and most knowledge about it comes from patient information, once the organ has become diseased. Pancreatic cancer thankfully affects a small proportion of the population (either directly or indirectly), but has a poor 5-year survival outcome. This lack of insight into the pancreas, coupled with a relatively low incidence of malignancy means that pancreatic cancer does not have as high profile as other tumours (for example, breast, cervical and lung).

One potential factor for the raised awareness of certain malignancies may relate to celebrities; for example, Kylie Minogue and breast cancer and Jade Goody and cervical cancer. The diseases of both of these celebrities were played out in the media and there were associated increases in screening