Follow Up Visits:

You will follow-up with your surgeon 7-10 days after the surgery.

Physical therapy may not be necessary and will be discussed at the first post-operative appointment.

The duration of your involvement in this study is from your pre-operative appointment until 14 days after surgery. Whether you are involved in the video education or patient handout group, you will have routine follow-up visits with your physician following your surgery.

At UOA we care about our patients and we want them to have a great patient experience. We are concerned about your safety and well-being.

As your physicians we would never recommend or suggest a treatment that had the potential for harm or contribute to a less than successful outcome.

Youtube Video Description:

For more information please visit:

https://www.uoanj.com/research-studies/

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Study Sites:

-University Orthopaedic Associates, Somerset Location

-Robert Wood Johnson University Hospital

Primary Investigator: Charles J. Gatt, Jr., MD,
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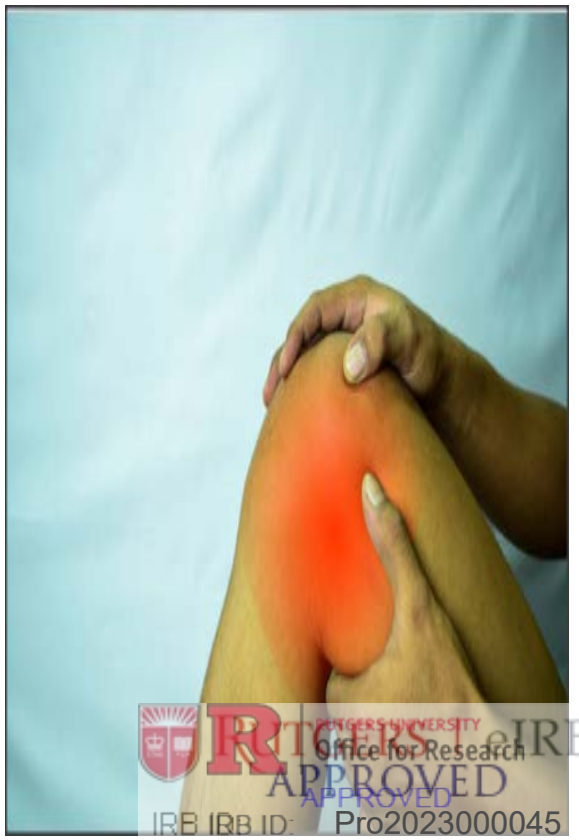
Video Education vs Patient Handout for Meniscectomy Surgery

Rutgers IRB: PRO 2023000045



Why is this study being done?

Purpose:

The **purpose of the research** is to: compare the effectiveness of video instructions versus a patient handout as method for patient comprehension of concept areas such as how to care for the incision, how to safely manage pain with and without opioids, and the side effects of opioids. Whether or not the utilization of video instructions versus a patient handout leads to lower post-operative use of opioid medications will also be evaluated. You will be randomly assigned to one of two groups: one group will receive a link at the same time point when they book their surgery in the office, via email, which will provide access to a video, less than 10 minutes long, on YouTube outlining the operative guidelines and the other group will receive a physical copy of the handout of the same operative instructions. All patients will be receiving the same preoperative care, undergo meniscectomy via the same surgical technique, and same postoperative care in the post-anesthesia care unit (PACU) after surgery. At the first postoperative visit, 7 to 10 days after surgery, patients will be given a questionnaire to complete.

***An alternative to taking part in the research study** is not to take part in it.

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Who may take part in this study? And who may not?

Patients 18 or older, undergoing a meniscectomy procedure at Robert Wood Johnson University Hospital and University Center for Ambulatory Surgery, LLC (UOA), who are English speaking, with intact decision-making capacity, and have access to the required technology to participate in this study (cell phone to receive text messages and view the instructional video), will be reviewed for eligibility. Patients who do not speak English and/or had documented cognitive impairment or neurological disorder affecting word processing or memory will be excluded from the study.

What will I be asked to do if I take part in this study?

When enrolled in the study you will be randomly assigned to one of two groups: video education or patient handout group. We will then collect demographic information that includes your name, date of birth, race, gender, injury type, surgery performed, and email. This contact information stored on a password protected secure OneDrive is used to send you a YouTube link via email or text to access the instructional video and/or complete the end of study questionnaire. At the first postoperative visit, 10 to 14 days after surgery patients will be given a questionnaire to evaluate their comprehension of concepts which were outlined in the video or the handout. Patients will also be asked to rate how helpful they found the information in the assigned instructions, how many times they viewed the instructions, and at what time point the instructions were most helpful to read (before the procedure, at the surgical center, or after the procedure). Lastly, patients will be asked to report the number of opioid and other analgesic medications they took following surgery.

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Possible harms or burdens of taking part in this study:

There are no associated risks involved with completing this survey. However, as with participation in any study, there is a small chance of breach of security, though every effort is taken to keep your information private. Possible benefits include improved patient comprehension of operative instructions. Effective patient education on care for surgical incision, how to safely manage pain with and without opioids, the side effects of opioids, may minimize risks associated with opioids including adverse effects and the risk of developing an opioid dependence in the post-operative setting.

What will happen if I do not wish to take part in the study or if I later decide not to stay in the study?

It is your choice whether to take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise enti-tled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Charles J. Gatt, Jr., MD at 2 Worlds Fair Drive, Somerset, NJ 08873. At any time, the study doctor can take you out of this study because it would not be in your best interest to stay in it. Your study doctor can stop treatment even if you are willing to stay in the study.