

Racial and Ethnic Disparities in Postoperative Complications after Gender-Affirming Surgery

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Background

Gender-affirming surgery is gaining momentum as an available surgical intervention for patients with gender dysphoria. It remains unknown whether certain populations experience disparities in postoperative outcomes.

Purpose

Elucidate racial and ethnic disparities in postoperative complications after gender-affirming surgery

Methods

- Study Design:** Retrospective cohort study
- Participants:** Gender-affirming top and bottom reconstruction
- Institutions:** Hospitals participating in NSQIP
- Dates:** 2015-2019
- Outcomes:** 30-day postoperative complications

Results

- 3625 patients** underwent gender-affirming surgery during the study interval
- Black patients were **older** than White patients at the time of surgery ($p<.001$)
- Black patients were more likely than White patients to undergo postoperative surgical **complications** ($p=.039$), including **dehiscence** ($p<.001$)
- Black patients were more likely than White patients to require postoperative related **readmission** ($p=.002$) and postoperative related **reoperation** ($p=.001$)
- Hispanic patients were more likely than White patients to experience **dehiscence** ($p=.003$) and related **reoperation** ($p=.019$)
- Black patients were more likely than Hispanic patients to require related **readmission** ($p=.031$)
- There were **no postoperative complications** that were higher in White patients compared to Black and Hispanic patients (p all $\geq .050$)
- On **multivariate regression** analysis controlling for age ($p=.038$), BMI ($p=.029$), undergoing top surgery ($p=.412$), and undergoing bottom surgery ($p=.263$), patients with Black race were more likely to have postoperative surgical complications ($p=.014$, AOR=2.1)

Conclusions

Black and Hispanic patients are significantly more likely than White patients to experience adverse events in the immediate postoperative period after undergoing gender-affirmation surgery

