



Demographic Review of Elective Hip and Knee Arthroplasty

Bert, Zoey; Tse Wong, Chloe; Naqvi, Zaahra; Sheikh, Mahtab; Azam, Nyla; Hayes, Jennifer; Afroze, Farzana

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ASRA PAIN
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Introduction

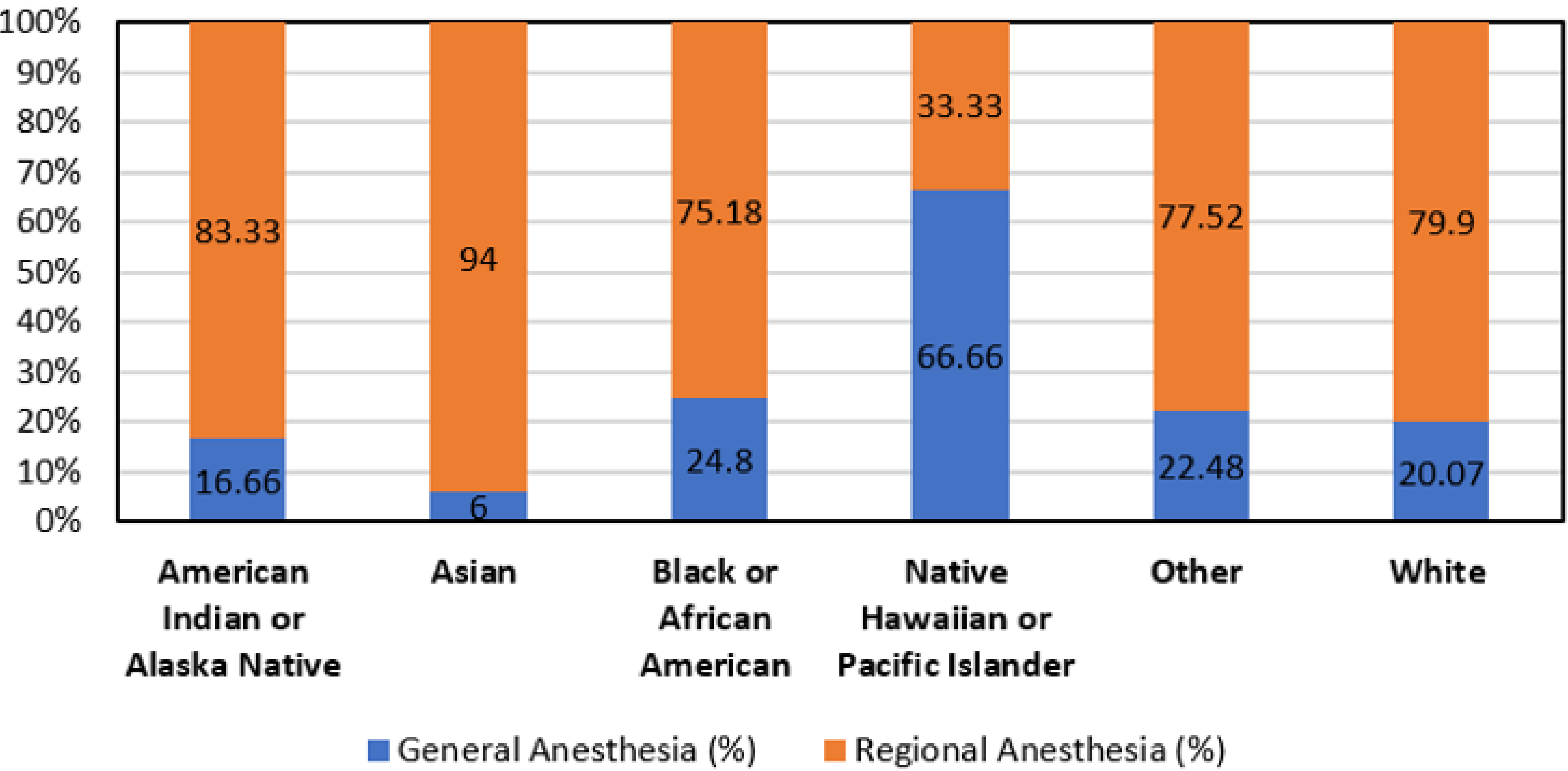
- A growing body of literature supports that disparities exist in the delivery of healthcare in the US
- A recent study of 19 obstetric centers in the US showed that African American women had the highest odds of receiving general anesthesia while neuraxial anesthesia is generally considered the safest
- New data suggests regional anesthesia, particularly neuraxial, has superior outcomes in elective total knee arthroplasty and total hip arthroplasty surgeries
 - Less postoperative pain
 - Lower incidence of post op nausea and vomiting
 - Improved rate of same day discharge

Goals/Objectives

To review the demographic qualities and the mode of anesthesia for our total knee and hip arthroplasty patients over a five-year period at our institution, Albany Medical Center

Results

Anesthesia Type Given Per Group



Graph 1. The distribution of anesthesia type given within each group.
Total n = 7210. Including those patients who had both race and anesthesia type given.

Race	Percent (%)
American Indian or Alaska Native	0.06
Asian	0.63
Black or African American	3.76
Native Hawaiian or Pacific Islander	0.16
Other	3.78
White	91.61
Total n	8114

Table 1. Demographic make up of Racial groups

Ethnicity	Percent (%)
Not Hispanic or Latino	93.99
Hispanic/Latino/Spanish	1.09
Unknown	4.91
Total n	8122

Table 2. Demographic make up of Ethnic groups

Methods

- Patients who received elective outpatient total hip or total knee arthroplasty at AMC between 2017 to 2022
- Exclusion criteria: patients younger than age 18 and patients who receive partial knee or hemi-hip arthroplasty
- Primary anesthetic modality and demographic factors (age, race, gender, ethnicity, zip code, and payor type) were recorded

Future Directions

- Enlarging the n to include more patients within racial and ethnic subcategories and being able to measure an odds ratio to see if members of a certain group or more or less likely to choose a certain modality
- Additional areas of exploration include examining barriers to care that may affect accessibility for non-white patients for total hip and knee arthroplasty