

Health disparities in surgery for endometriosis at a London tertiary centre.

Anurag Markande, Thomas Bainton, Natasha Singh, Manpreet Kaur, Jeffery Ahmed. Chelsea and Westminster Hospital, London, United Kingdom

Background

- Endometriosis commonly manifests as chronic pelvic pain and is a leading cause of morbidity in women of reproductive age.
- Endometriosis impacts women’s interpersonal relationships, fertility and livelihood.
- Surgery remains a mainstay of management.
- Despite this, there is a recognised racial bias in pain perception attributed to a general bias in identifying negative emotions in individuals from ethnic minorities.
- Known disparities exist in access to healthcare services and treatment between different socio-economic and ethnic groups.

Aims

We aim to identify the presence of health disparities in women seeking endometriosis care by determining the interval between both initial and peak onset of pain symptoms to time of surgical management in different social groups.

Methods

- We conducted a retrospective observational study in a London tertiary centre
- We examined 773 women who underwent surgery for endometriosis between July 2022 to July 2024 at Chelsea and Westminster Hospital NHS Foundation Trust
- 773 women were asked to complete the standardised Endometriosis Patient Questionnaire from the World Endometriosis Research Foundation-Endometriosis Phenome and Biobanking Harmonisation Project.
- 270 patients completed the questionnaire. Variables examined included age, ethnicity, educational attainment intervals between onset and worsening of pain symptoms and time of surgery.

Results

- Average age of pain onset was at 17 years with peak pain experienced at 34 years.
- Average age at the time of surgery was 32 years.
- 36% of women considered themselves an ethnic minority. Intervals to surgery from both onset of pain (17 years) and peak pain (5 years) were the same as those who did not consider themselves an ethnic minority.
- A disparity was seen between ethnic groups. Asian ethnicity women had the shortest interval between onset of peak pain and time of surgery of 5 years, followed by white women (6 years). The longest interval of 10 years was seen in women of African or South American origin.
- Asian and South American women had the longest intervals from onset of pain symptoms to surgery (18 and 21 years respectively).
- Women with lower educational attainment had a 2.4 fold longer interval between peak pain and surgery compared to those with higher education.

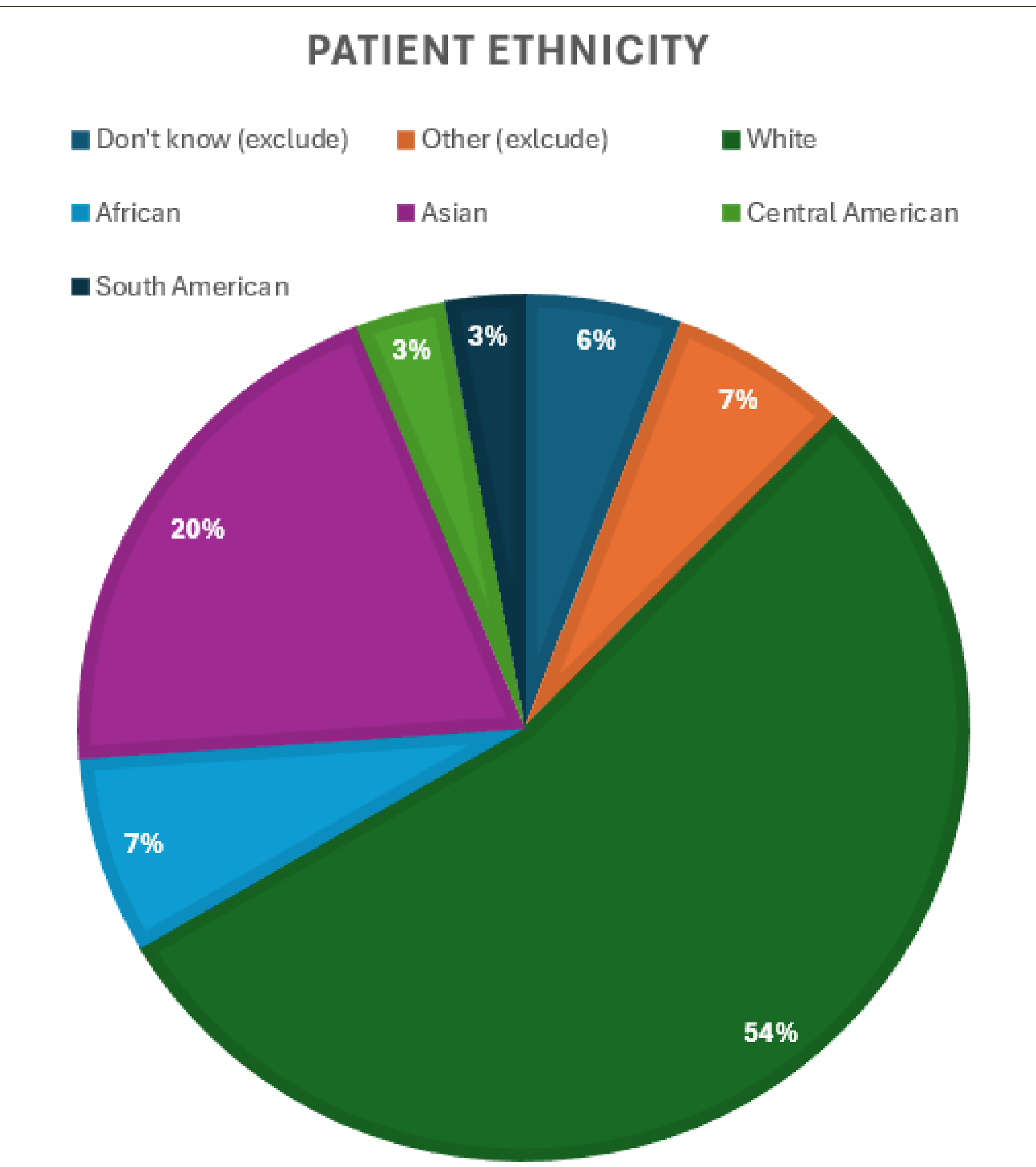


Fig 1. Distribution of patient ethnicity groups in study sample. Groups excluded from the analysis included those who answered “Don’t know” or “Other” as their ethnicity. Women who answered as identifying as “Northern European”, “Eastern European”, or “Southern European” were grouped together with those who responded as identifying as “White”.

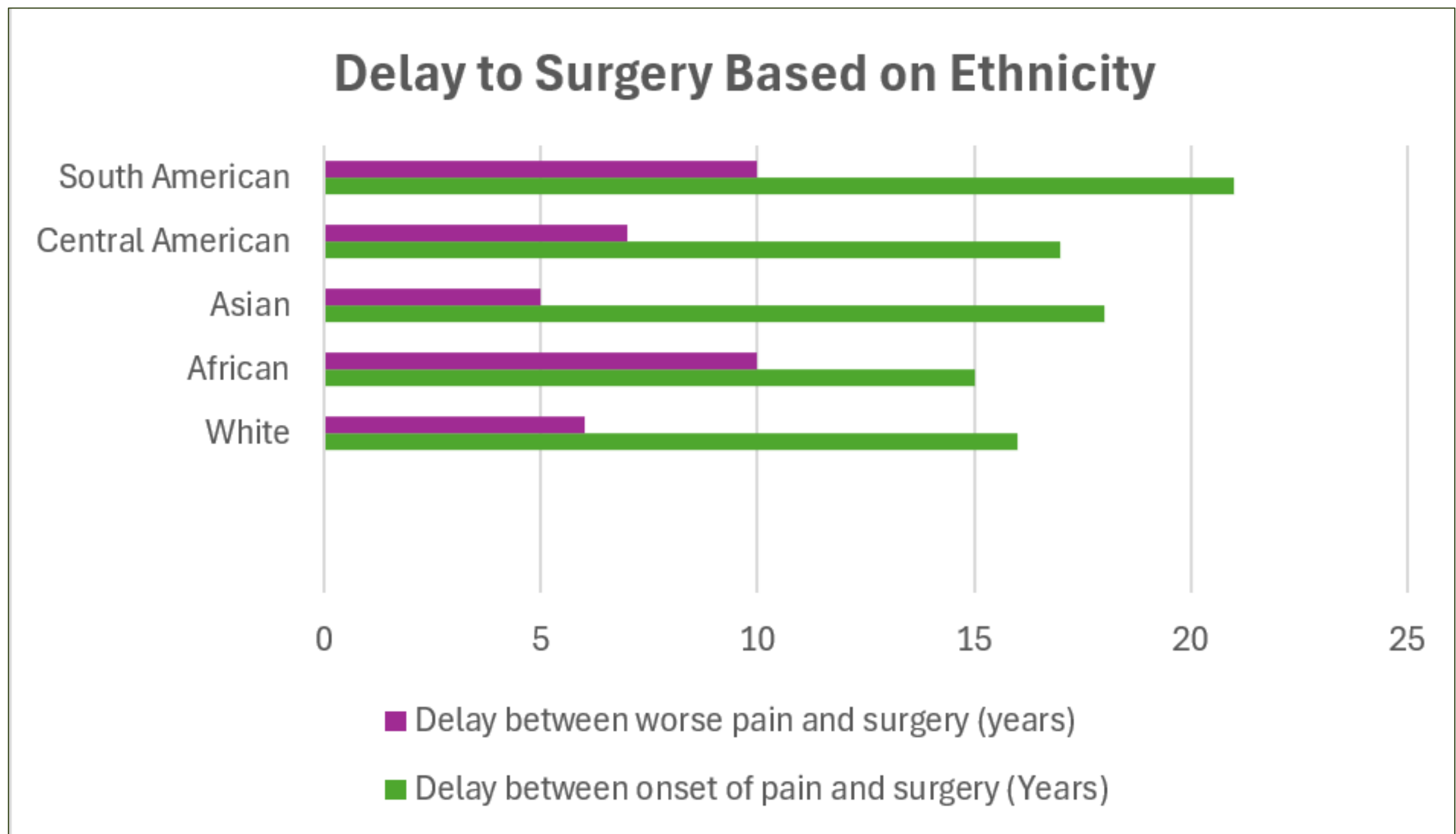


Fig 2. Delay in Surgery for endometriosis based on ethnicity.

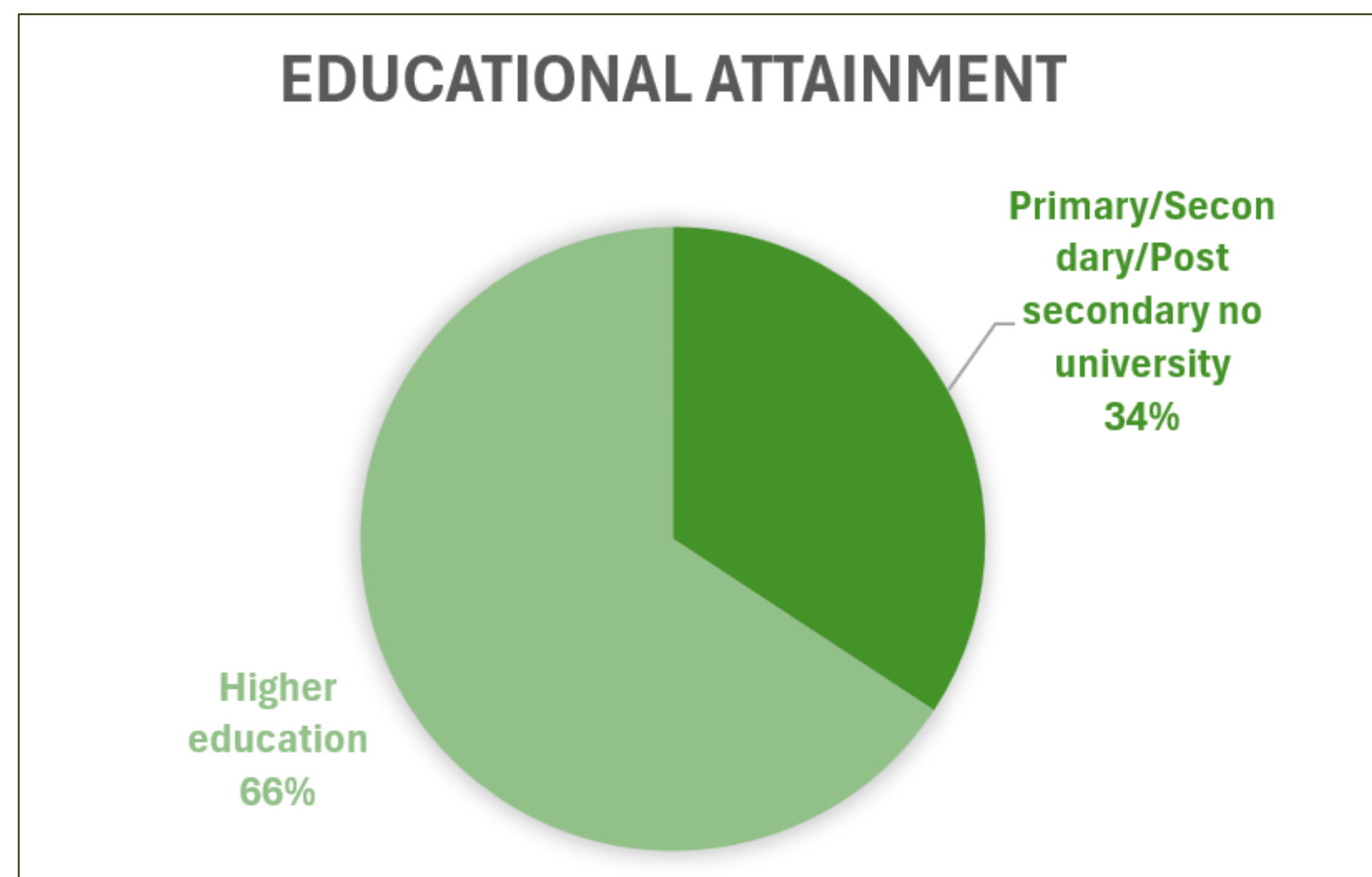


Fig 3. Distribution of patient educational attainment within the study sample.

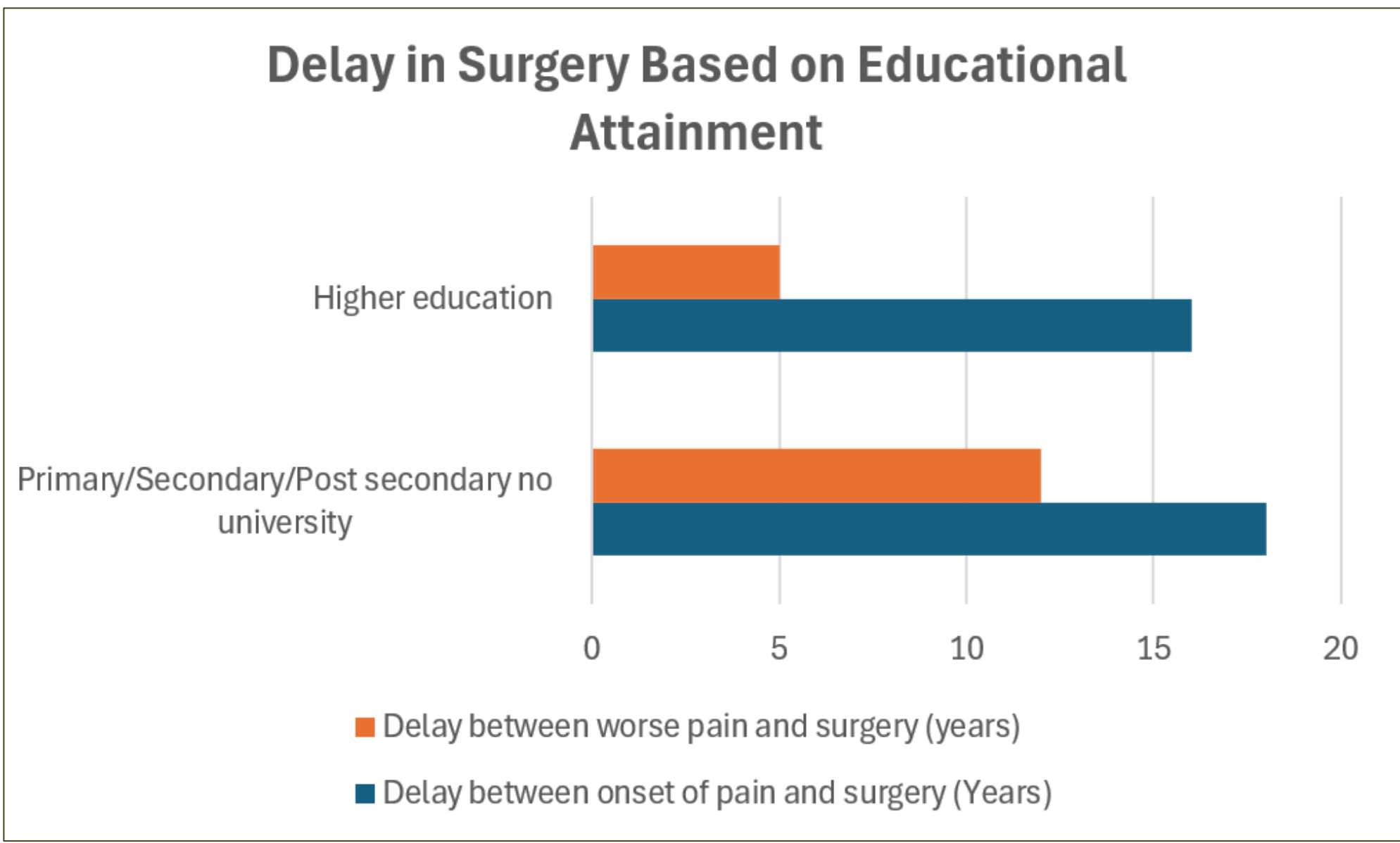


Fig 4. Delay in Surgery for endometriosis based on ethnicity.

Discussion

- There is a clear disparity in women of South American and African origin having delays in surgery. It must be investigated further whether this was due to barriers in access to healthcare or elements of institutionalised prejudices.
- The majority of the study population identified as “White” and had higher education. This based on the demographic of the hospital site. Data from other parts of London with different demographics is required to better compare the impact of ethnicity and educational attainment on delays in surgical intervention.
- Asian women having longer intervals from pain onset to surgery may reflect a combination of cultural attitudes the pain and pre-conceived social stereotypes on the part of the service providers.

Conclusion

Ethnicity, and social factors play a key role not only in health seeking behaviours but also access to healthcare for endometriosis. Policies and safeguards must be implimented to mitigate pre-existing racial and socioeconomic biases to optimise women’s access to endometriosis care and surgery.

