Watchful Waiting for Ventral Hernias: Are There Disparities in Who is Receiving a Repair?

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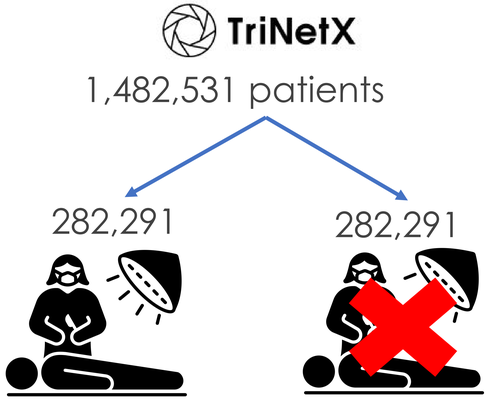
BACKGROUND

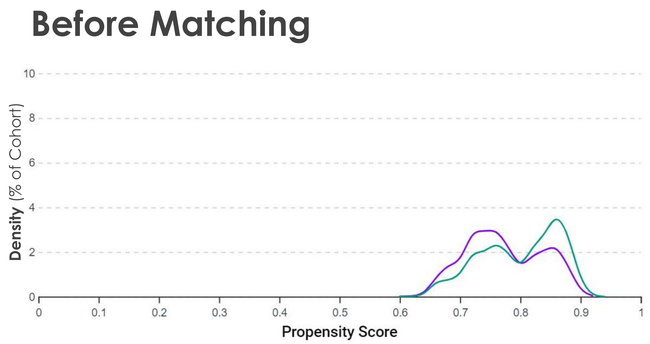
- In minimally symptomatic ventral hernias, non-operative management is acceptable
- Variation in practice allows for potential bias
- We hypothesize that there is disparity in who receives an operation

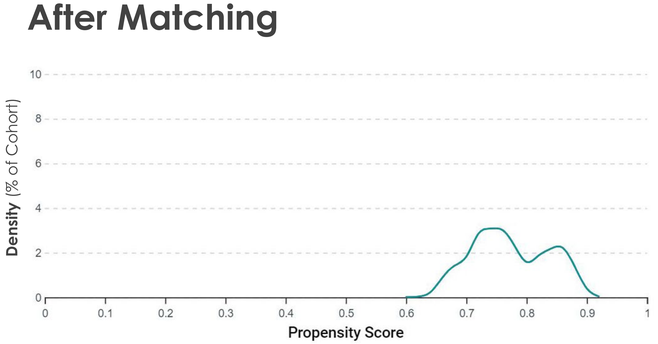
METHODS

- Utilized TriNetX US Collaborative Research Network
- EHR data from ~100 million patients in 59 HCOs
- ICD-10 Codes to identify patients with ventral hernias, +/- surgery within 5 years
- 1:1 propensity match for smoking, diabetes, HTN, cerebrovascular disease, CKD, respiratory disease, heart disease

RESULTS







	(% cohort) Surgery	(% cohort) No Surgery	p-value
White	198,428 (70.29%)	171,843 (60.87%)	p<0.001
Black or African American	40,821 (14.46%)	44,167 (15.65%)	p<0.001
Not Hispanic or **Latino**	195,405 (69.22%)	167,095 (59.19%)	p<0.001
Asian	3094 (1.10%)	4,365 (1.55%)	p<0.001
Unknown Ethnicity	59,324 (21.02%)	92,288 (32.69%)	p<0.001
American Indian or **Alaskan Native**	933 (0.33%)	988 (0.35%)	p=0.21

CONCLUSIONS

- **Disproportionate under-representation** of certain minorities, particularly **Black** & **Asian** patients
- Racial disparities and health inequities may exist in a proportion of minority patients who ultimately receive surgery.
- **Despite propensity matching, this may point to inequitable surgical resource utilization**