INSURANCE TYPE DOES NOT SIGNIFICANTLY AFFECT PATIENT TREATMENT OPTIONS AND OUTCOMES IN VENTRAL HERNIA REPAIR

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INTRODUCTION

- Healthcare disparities exist in **oncology and trauma**, where insurance type affects treatment decisions.
- Its impact on **ventral hernia repair (VHR)**, one of the **most common** hernia surgery, remains unclear.

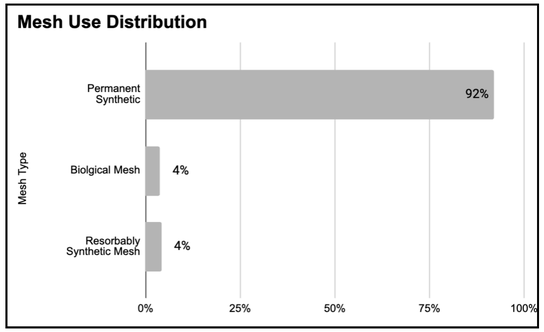
OBJECTIVE

To analyze whether **insurance type affects patient demographics, operative techniques, and postoperative outcomes** in ventral hernia repair

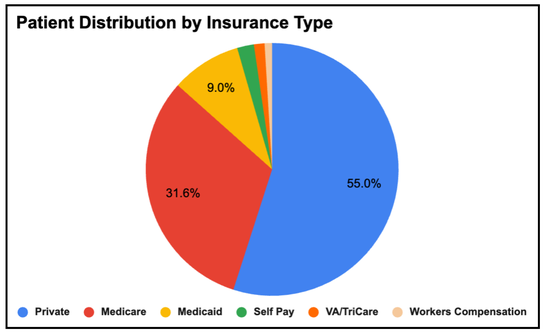
METHODS

- Abdominal Core Health Quality Collaborative **(ACHQC)** Database (**2013–present**)
- **n= 52,304** (patients who underwent VHR)
- **Variables Analyzed:**
  - **Insurance Type:** Private, Medicare, Medicaid, Workers Compensation (WC), VA/TriCare, Self-Pay (SP)
  - **Demographics:** Age, gender distribution
  - **Operative Approach:** Open, laparoscopic, robotic
  - **Mesh Use:** Permanent synthetic, biological, synthetic absorbable
  - **Hernia Size** (Width in cm)
  - **ASA Class:** 1–4 (Preoperative risk assessment)
  - **Operative Time & Length of Hospital Stay**
  - **Postoperative Outcomes:**
    - Hernia recurrence at 6 months and 1 year
    - Quality of life (HerQLes Score) changes within 30 days

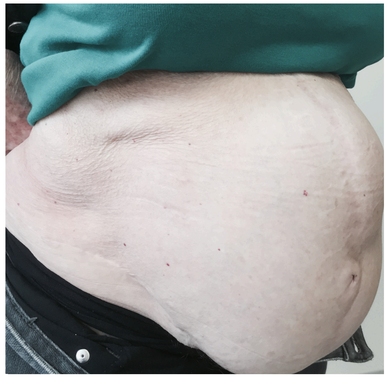
RESULTS



Permanent Synthetic: Most common at 92-94%
Biological Mesh: Highest in Medicare (3.8%)
Resorbable Synthetic Mesh: Ranged from 2.92%-5.87%

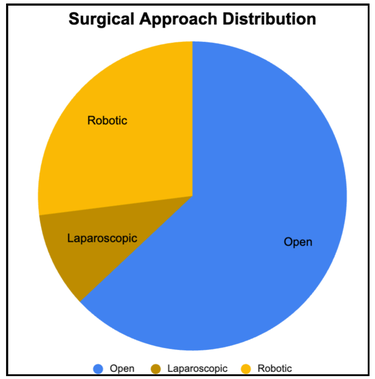


Private: 54.95%, Medicare: 31.61%, Medicaid: 8.95%,
Self-Pay: 2.14%, VA/TriCare: 1.36%, Workers Compensation: 0.96%



76% of VHRs completed in **<180 min (p>0.05)**
VA/TriCare patients had the **longest** operative times **(33% >180 min, 17% >240 min)**

Hernia Recurrence Rates:	At 1 year, recurrence rates were **similar (~11.8%)** across **all** groups (p>0.05). Self-Pay had the **highest** recurrence rate (16.4%, **p=0.07**)
Quality of Life (HerQles Score):	Scores were similar across insurance types postoperatively (p>0.05) **40%** of patients reported a **temporary** decline in HerQLes scores within **30 days** post-op
Institution Trends:	Most patients were treated at **academic** centers **(63-72%)**, except Workers Comp, where 59% were treated at **private** institutions.



Open Repair: Most common (~63%), but highest in WC (73%).
Laparoscopic Repair: Usage ranged 6.2%-12%
Robotic Repair: More commonly used in Private and VA/TriCare patients (25-27%)



- **Large hernias (≥9 cm):** (~25–27%) in Medicare and VA/TriCare patients
- **Small hernias (0–1.5 cm):** 36% in Workers Compensation

CONCLUSIONS

Insurance type does not significantly impact treatment options or outcomes in VHR

- **Surgical approaches, recurrence rates, and postoperative quality** of life **remained consistent** across insurance groups.
- **Subgroup variations exist and warrant further study:**
  - Workers Comp patients were more likely to undergo robotic procedures.
  - Self-Pay patients had the highest recurrence rates.

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