Racial and Ethnic Disparities in Elective vs. Emergent Cholecystectomy in Pregnant Patients : A 2018–2023 New York State Analysis

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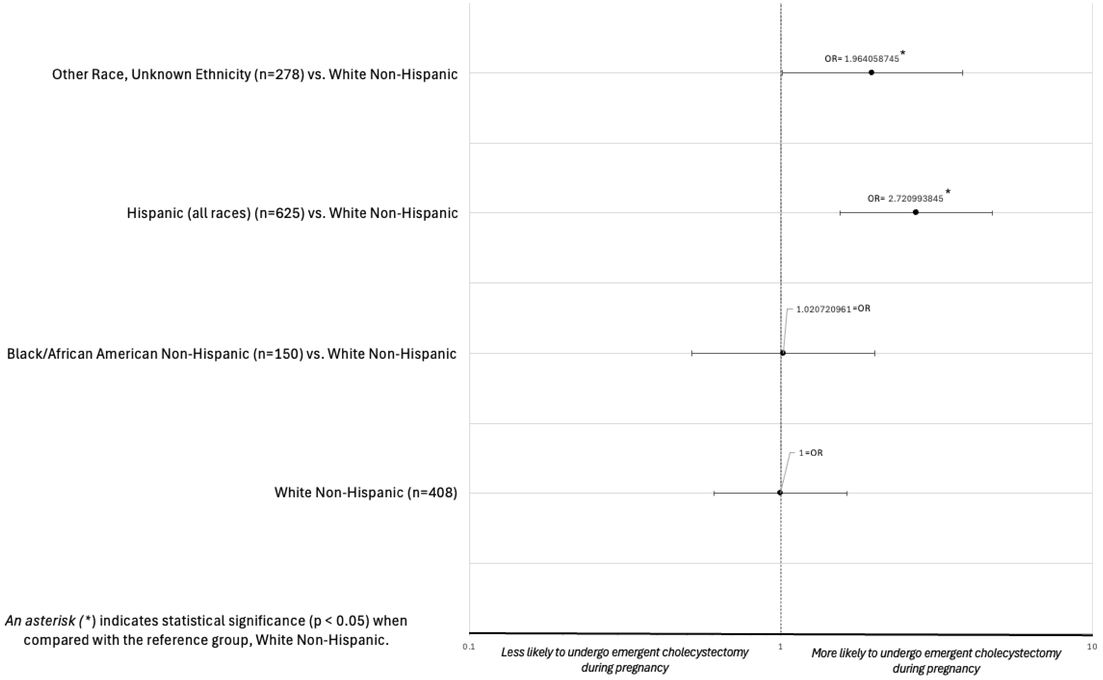
BACKGROUND

Cholecystectomy is one of the most commonly performed abdominal surgeries and may be required during pregnancy for symptomatic gallbladder disease. Emergent procedures are associated with higher maternal and fetal morbidity compared to elective operations. Prior research has suggested disparities in surgical urgency across racial and ethnic groups. This study examines differences in the likelihood of undergoing emergent versus elective cholecystectomy among pregnant patients in New York State from 2018 to 2023.

METHODS

A retrospective analysis was conducted using 2018 to 2023 New York Statewide Planning and Research Cooperative System (SPARCS) inpatient discharge data. Pregnant adult patients undergoing cholecystectomy were included. Patients were categorized by race/ethnicity and surgical urgency (elective vs. emergent). Odds ratios (ORs) with 95% confidence intervals (CI) were calculated to assess differences in emergent cholecystectomy across racial/ethnic groups, with White Non-Hispanic patients serving as the reference group.

RESULTS



Hispanic patients of all races had significantly higher odds of emergent cholecystectomy compared to White Non-Hispanic patients (OR: 2.72, $p < 0.001$). Patients in the Other/Unknown category also demonstrated increased odds (OR: 1.96, $p = 0.047$). In contrast, Black Non-Hispanic patients showed no significant differences (OR: 1.02, $p = 0.953$).

DISCUSSION

These findings highlight disparities in surgical urgency for pregnant patients undergoing cholecystectomy in New York State. Hispanic patients were disproportionately more likely to undergo emergent procedures, and patients in the Other/Unknown category also demonstrated increased odds. Black Non-Hispanic patients did not differ significantly from White Non-Hispanic patients. Contributing factors may include differences in healthcare access, referral patterns, socioeconomic barriers, and systemic inequities. Further research is warranted to better understand these disparities and to develop targeted interventions to ensure equitable access to timely elective surgical care for pregnant patients requiring cholecystectomy.

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