Racial and Ethnic Disparities in Elective vs. Emergent Small Bowel Resection for Intestinal Obstruction and Ileus: A 2018–2023 New York State Analysis

Arshia Hamzehpour MS, Maya Hamaker, Rachel Stern MD, Heather Galindo MD, Indraneil Mukherjee MD, and Christopher Esposito MD

Department of Surgery, Staten Island University Hospital

Northwell Staten Island University Hospital

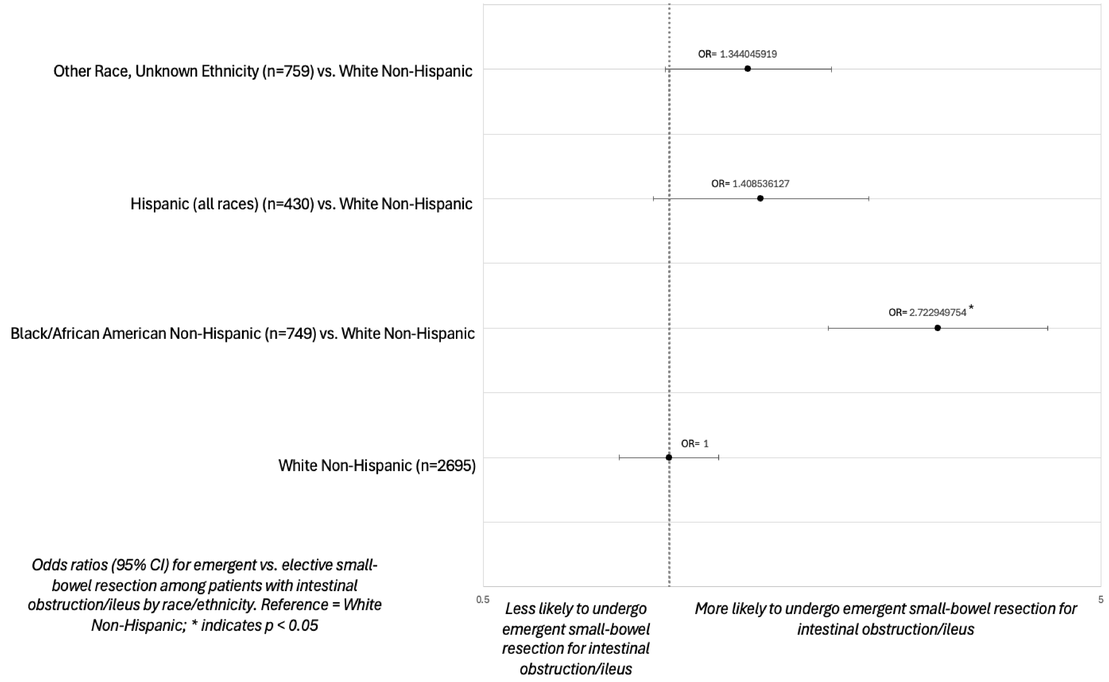
BACKGROUND

Intestinal obstruction and ileus are among the most common surgical emergencies, frequently requiring small bowel resection when conservative management fails. Emergent small bowel resections are associated with significant morbidity and mortality compared to elective procedures. Prior research has identified disparities in surgical urgency across racial and ethnic groups. This study examines differences in the likelihood of undergoing emergent versus elective small bowel resection for intestinal obstruction and ileus 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. Adult patients undergoing small bowel resection for intestinal obstruction or ileus 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 small bowel resection across racial/ethnic groups, with White Non-Hispanic patients serving as the reference group.

RESULTS



*Odds ratios (95% CI) for emergent vs. elective small-bowel resection among patients with intestinal obstruction/ileus by race/ethnicity. Reference = White Non-Hispanic; * indicates $p < 0.05$*

Black Non-Hispanic patients had significantly higher odds of undergoing emergent small bowel resection compared to White Non-Hispanic patients (OR: 2.72, $p < 0.001$). Hispanic patients of all races (OR: 1.41, $p = 0.095$) and patients in the Other/Unknown category (OR: 1.34, $p = 0.061$) demonstrated increased odds of emergent procedures, though these did not reach statistical significance.

DISCUSSION

These findings highlight racial and ethnic disparities in the urgency of surgical management for intestinal obstruction and ileus. Black Non-Hispanic patients were disproportionately more likely to undergo emergent small bowel resection compared to White Non-Hispanic patients, while Hispanic and Other/Unknown groups showed non-significant trends toward increased emergent procedures. Potential contributing factors may include differences in healthcare access, referral patterns, socioeconomic barriers, and systemic inequities. Further research is warranted to clarify these associations and to develop interventions aimed at ensuring equitable access to timely elective surgical care for patients with intestinal obstruction and ileus.

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