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Black children half as likely to undergo surgery, twice as likely to die during reoperation
By Rob Goodier

NEW YORK (Reuters Health) - Black children in the U.S. are twice as likely to die during unplanned reoperations as their white peers, but half as likely to undergo surgeries in the first place, according to data from two independent studies.

The research, presented on October 3 at the virtual annual meeting of the American Society of Anesthesiology, builds upon a growing body of evidence showing worse surgical outcomes for Black patients.

In light of the evidence, physicians should maintain an acute awareness of this racial disparity, said the lead author of the reoperation-mortality study, Dr. Brittany Willer of Nationwide Children's Hospital in Columbus, Ohio.

"Treat these children with an increased vigilance knowing they are at higher risk for mortality," she told Reuters Health by email.

Dr. Willer and colleagues analyzed data on more than 10,000 children who underwent surgery, then returned for reoperation. The study group represented all those who met inclusion criteria in a cohort of nearly 277,000 children entered into the U.S. National Surgical Quality Improvement database from 2012-2017.

The study group was composed of 19.3% Black children and 80.7% white children. Black patients had significantly higher risk of dying during reoperation, with a failure to rescue rate of 3.7% vs. 1.6% (adjusted odds ratio, 2.03).

When divided into three groups of early, intermediate and late return to the operating room, Black children in the early and intermediate groups had higher mortality rates.

The mortality rate in Black children with early reoperation was 8.9% compared to 3.4% in white children (aOR, 2.38); in the intermediate group, the rates were 2.2% and 1.1% (aOR, 1.8).

The findings suggests physicians should try to identify factors that place children at highest risk for an unplanned reoperation, the researchers say, noting that interventions focusing on morbidities occurring shortly after operation may have the biggest impact on disparities.

In the other study, Dr. Ethan Sanford and colleagues at the University of Texas Southwestern Medical Center in Dallas found that minority children in the United States are significantly less likely to have surgery compared to white children.

Using multivariable logistic regression models on data from more than 227,000 children in the U.S. National Health Interview Survey from 1999-2018, the team found 4.9% underwent surgery in the

previous 12 months.

The adjusted odds ratio for surgery among non-Hispanic Black children was 0.58 (95% confidence interval, 0.53 to 0.63). Asian children fared similarly, with an aOR of 0.42, as did Hispanic children, who had an aOR of 0.65.

"Anesthesiologists are aware that racial disparities do exist in our specialty," and ASA is moving forward, said Dr. Crystal Wright, chair of ASA's Committee on Professional Diversity and an anesthesiologist at MD Anderson Cancer Center in Houston, Texas, who was not involved in either study.

The society and the profession have taken great strides in the last two or three years to address racial disparities in outcomes, including conversation about new policies designed to ease the differences, Dr. Wright told Reuters Health by phone.

"While we know medicine is not perfect in recognizing racial disparities, there is forward progression. And that should make everyone hopeful about where we are along the continuum in having conversations about racial disparities and racial bias," Dr. Wright said.

SOURCE: <https://bit.ly/35q0bMN> and <https://bit.ly/3mauXQo> Anesthesiology 2020, presented October 3, 2020.