Background

- Sicker patients have higher postoperative complication and mortality rates.
- Post-surgical complication rates have continued to decline in the U.S.
- Not all racial groups have benefited equally.

Hypothesis

Among a cohort of “sick” African American (AA) and White children, there will be no systematic difference in the rates of postoperative morbidity and mortality.

Methods

- Used data from the National Surgical Quality Improvement Program-Pediatric (NSQIP-P)
- Identified all children who underwent inpatient surgery between 2012 and 2018 with ASA physical status ≥ 3.
- Compared risk-adjusted odds ratios of postoperative mortality and complications between AA and White children.
- Bonferroni correction was applied to correct for multiple comparisons.

Results

- Total of 15,758 children (White 76.6%, AA 23.4%) underwent inpatient surgical procedures fit criteria.
- Postoperative mortality occurred in 7.4% (n = 1087) patients.

In ASA ≥ 3 pediatric patients, AA children had significantly higher rates of 30-day postoperative morbidity and mortality than White children.

Discussion

- Racial and ethnic disparities in postoperative morbidity and mortality remain significant and persistent.
- Racial differences in postoperative outcomes among the sickest pediatric surgical patients may not be entirely explained by preoperative health status.
- More studies are needed to help elucidate the mechanisms underlying such differences in post-surgical outcomes.

References