

**MetroHealth Medical Center**

**RESEARCH DAY 2023**

**Abstract Submission Form**

**Poster Title:** A Critical View: Examining Disparities Regarding Timely Cholecystectomy

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**Location of Laboratory:** MetroHealth Main Campus

**Category:** Clinical Research

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**Objectives:** Implicit bias may prevent patients with abdominal pain from receiving optimal workup and treatment. We hypothesized that patients from socially disadvantaged backgrounds would be more likely to experience delays in receiving operative treatment for cholecystitis. To study this question, we examined factors related to having a Prior ED Presentation for Abdominal Pain (PEDPAP) within 3 months of urgent cholecystectomy.

**Methods:** We performed a retrospective analysis of consecutive patients who received an urgent cholecystectomy at an urban safety net public hospital between 7/2019-12/2022. The main outcome of interest was PEDPAP within 3 months of the index cholecystectomy. We examined patient age, gender, race/ethnicity, insurance, preferred language, and employment status. Bivariate comparisons and logistic regression were used to determine the relationship between patient factors and PEDPAP.

**Results:** Of 508 cholecystectomy patients, 138 (27.2%) had a PEDPAP in the 3 months preceding their surgery. In bivariate analysis, younger age, Black race, Hispanic ethnicity, non-English preferred language, and type of insurance (all  $p < 0.05$ ) were associated with PEDPAP. Employment status was not associated with PEDPAP. In regression, younger age, Black race, Hispanic ethnicity, and having Medicare or being uninsured were associated with higher odds of having a PEDPAP. Due to collinearity between language and ethnicity, this was not included in the model.

**Conclusion:** More than 1 in 4 patients had an evaluation for abdominal pain within 3 months of having an urgent cholecystectomy, and these patients were more likely to be from socially disadvantaged backgrounds. Standardized evaluation pathways for abdominal pain are needed to reduce disparities from institutional or implicit bias.