



Exploring health inequalities in patients undergoing complex abdominal wall hernia (CAWH) surgery

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Background

BJS 2018; 105: 959–970

Systematic review of the influence of socioeconomic deprivation on mortality after colorectal surgery

T. E. Poulton^{1,2} , T. Salih³ , P. Martin^{1,2}, A. Rojas-Garcia², R. Raine² and S. R. Moonesinghe^{1,2,4}

- Patients from more deprived backgrounds
- Have higher mortality rates both in the perioperative period and more longterm
- More likely to be co-morbid
- More acutely unwell at the time of surgery

British Journal of Anaesthesia, 124 (1): 73–83 (2020)

doi: [10.1016/j.bja.2019.08.022](https://doi.org/10.1016/j.bja.2019.08.022)

Quality and Patient Safety

QUALITY AND PATIENT SAFETY

Socioeconomic deprivation and mortality after emergency laparotomy: an observational epidemiological study


Thomas E. Poulton^{1,2,*}, Ramani Moonesinghe^{1,2,3}, Rosalind Raine⁴, Peter Martin^{1,4} for the National Emergency Laparotomy Audit project team[†]

Background

Association of socioeconomic status with 30- and 90-day readmission following open and laparoscopic hernia repair: a nationwide readmissions database analysis

Surgical Endoscopy (2022) 36:5424–5430
<https://doi.org/10.1007/s00464-021-08878-0>


2021 SAGES ORAL

James W. Feimster¹ · Brandt D. Whitehurst¹ · Adam J. Reid¹ · Steve Scaife¹ · John D. Mellinger^{1,2} 

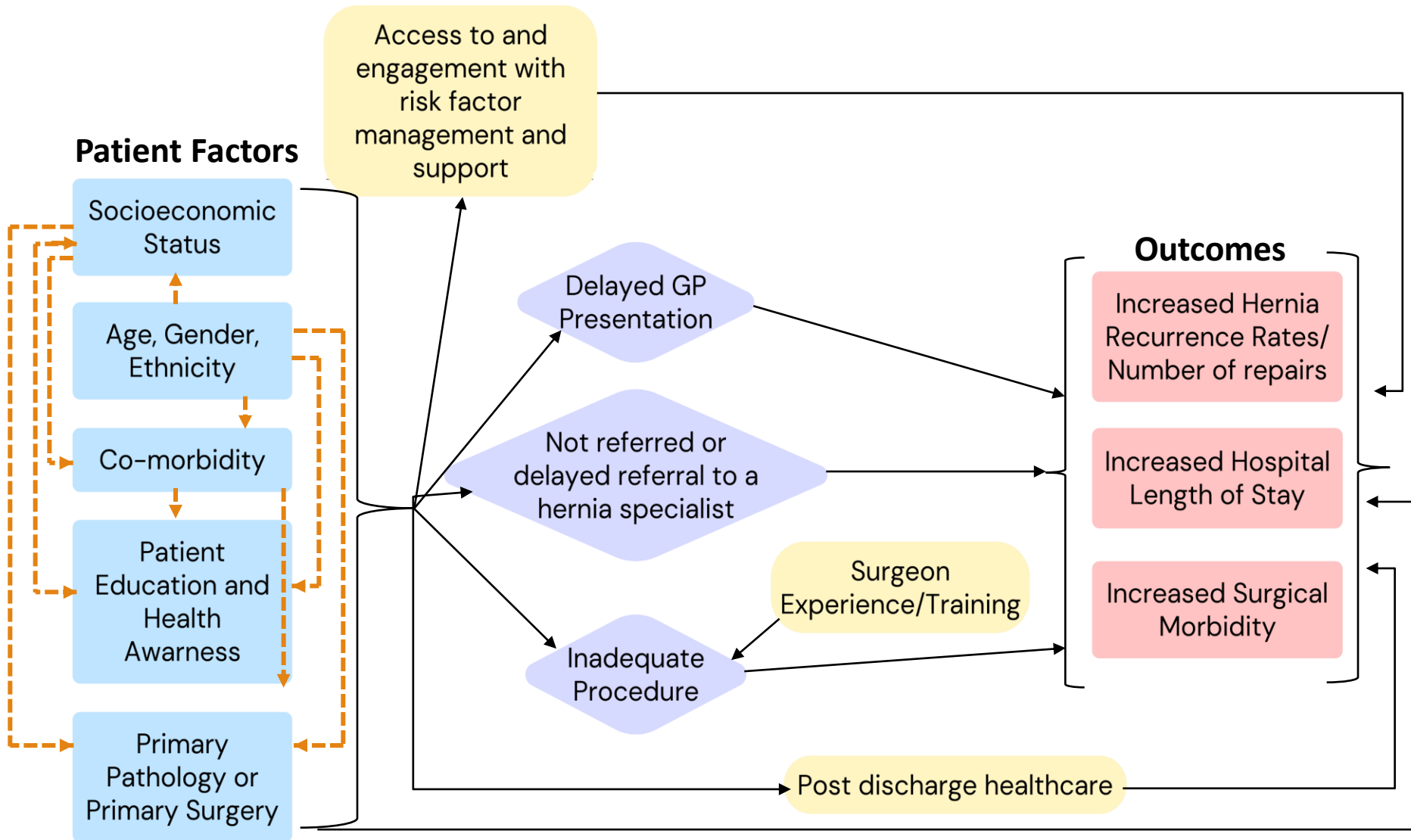
- Socioeconomic status is an independent predictor of readmission at 30 and 90 days following open and laparoscopic repair
- Women experienced more adverse events after surgery despite being less co-morbid and younger than men.

Sex disparities in the treatment and outcomes of ventral and incisional hernia repair

Surgical Endoscopy
<https://doi.org/10.1007/s00464-022-09475-5>

Ryan Howard^{1,2}  · Anne Ehlers^{1,2} · Lia Delaney³ · Quintin Solano³ · Mary Shen^{1,2} · Michael Englesbe^{1,4} · Justin Dimick^{1,5} · Dana Telem^{1,5}

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How the work aligns to and supports the NIHR ARC NWC, and PCC theme, priorities...

- 1) Mapping of inequalities in complex ventral hernia surgery **REGIONALLY**
 - Multicentre retrospective cohort study: Exploring health inequalities in patients undergoing complex ventral hernia surgery.

- 2) Mapping of inequalities in complex ventral hernia surgery **WORLDWIDE**
 - Systematic review and meta-analysis: Age, race, sex and socioeconomic status as predictors of poor outcomes of ventral hernia repairs

- 3) Study highlighting inequalities **LOCALLY**
 - In planning stage
 - Qualitative study with the aim to identify areas for improvement in the uptake/engagement with prehabilitation

How does the research continue to be informed by the HIAT/ for equity tool?

Mapping Health Inequalities

Local, regional and global mapping of inequalities in this field

Adopting an Equity Lens

Research is inclusive of patients from all backgrounds, representative of all service users

Designing and conducting research sensitive to inequalities

PPI to inform research design

Prioritising inequality findings in reporting and dissemination

Dissemination amongst clinicians, service providers and users

Principles for research that is sensitive to intersectional inequalities

Qualitative research design needs to capture the complexities in patients' experience of prehabilitation

Engagement with PPI

Patient, Carer & Public Involvement and Engagement (PCPIE) meeting (National Institute of Academic Anaesthesia (NIAA))

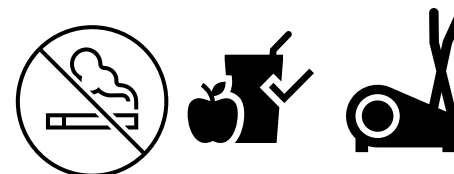
Informal interviews with patients in tertiary abdominal wall clinic



All advisors felt the research concept was important and valid.



Patients' familial support networks play a crucial part in successful peri-operative optimisation.



Access and engagement with primary and secondary care facilities, and community support for risk factor modification is likely to vary within geographical regions and with socioeconomic backgrounds

Successes, Opportunities, Challenges

Successes	Agreement from three sites for retrospective study. Progress in systematic review/meta-analysis.
Opportunities	Carry out prospective qualitative research study within existing Prehabilitation programme in the North West. Engaging with Public advisors in research co-design.
Challenges	HRA approval for retrospective study. Heterogeneity of published literature for meta-analysis and non-standard definitions and outcome reporting in hernia literature.