DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Caroline Goodner: Nothing to disclose; Kathryn Williams: Nothing to disclose; Danny Mounir: Nothing to disclose.

23 Racial and ethnic differences in obliterative procedures to treat vaginal prolapse
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OBJECTIVES: To determine racial and ethnic differences in the proportion of patients undergoing obliterative procedures to treat vaginal prolapse.

MATERIALS AND METHODS: This is a retrospective cohort study of surgical cases from 2010 to 2018 from the American College of Surgeons National Surgical Quality Improvement Program, a nationally validated database. Cases were identified by Current Procedural Terminology (CPT) codes for an obliterative or reconstructive apical prolapse procedure. Cases were excluded if there was a CPT, ICD-9, or ICD-10 code suggesting concomitant surgery for gynecologic cancer. We obtained perioperative characteristics and 30-day complications from the database. Modified Poisson regression was used to calculate risk ratios (RRs) and 95% confidence intervals (CIs), adjusting for potential confounders selected a priori.

RESULTS: We identified 45,865 surgical cases, of which 10% involved an obliterative procedure. Whereas the majority of patients (71%) were non-Hispanic White, 9% were Hispanic, 5% were non-Hispanic Black, and 3% were non-Hispanic Asian. Black patients had a higher prevalence of most comorbidities, including obesity (56%), diabetes (22%), and hypertension (61%), and were more likely to have an ASA classification ≥3. In the unadjusted model, Asian and Black patients were more likely to undergo an obliterative procedure compared with White patients (RR = 2.4, 95% CI = 2.1-2.7 and RR = 1.2, 95% CI = 1.4-1.3, respectively). These relative risks were largely unchanged when controlling for age, body mass index, diabetes, ASA classification, and concurrent hysterectomy (Table). Adding year of procedure, smoking and hypertension to the model, which differed between groups at baseline, had no appreciable effect on the relative risk. Although not statistically significant in the unadjusted model, in the adjusted model, Hispanic patients were 20% more likely to undergo an obliterative procedure compared to White patients (RR = 1.2, 95% CI = 1.04-1.3). Overall, 9% of patients experienced a postoperative complication. For reconstructive procedures, the adjusted risk of a complication was similar for Hispanic, Black, and Asian patients compared with non-Hispanic White patients. However, for obliterative procedures, the adjusted risk of any complication was lower for both Hispanic patients (RR = 0.51, 95% CI = 0.36-0.72) and Asian patients (RR = 0.46, 95% CI = 0.30-0.72) compared to White patients.

CONCLUSION: Our study identified racial disparities in patients undergoing obliterative procedures for vaginal prolapse. This highlights the need for additional studies to better understand whether such disparities are attributable to differences in preference or if these disparities are due to inequity in care for non-White patients, with the ultimate goal of ensuring equity in surgical access and shared surgical decision making.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
William D. Winkelman: Nothing to disclose; Michele R. Hacker: Nothing to disclose; Mallika Anand: Nothing to disclose; Roger Lefevre: Nothing to disclose; Monica Richardson: Nothing to disclose.

Table 1: Risk of obliterative procedure for each race/ethnicity compared with non-Hispanic White patients, n=45,865

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Incidence of obliterative procedure</th>
<th>Incidence of reconstructive procedure</th>
<th>Crude Risk Ratio</th>
<th>Adjusted Risk Ratio*</th>
<th>Adjusted Risk Ratio**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic n=28,852</td>
<td>375 (9)</td>
<td>308 (9)</td>
<td>0.97 (0.88 – 1.1)</td>
<td>1.2 (1.04-1.3)</td>
<td>1.2 (1.04-1.3)</td>
</tr>
<tr>
<td>Non-Hispanic White n=25,000</td>
<td>296 (9)</td>
<td>295 (9)</td>
<td>Reference</td>
<td>Reference</td>
<td>Reference</td>
</tr>
<tr>
<td>Non-Hispanic Black n=25,353</td>
<td>247 (10)</td>
<td>216 (9)</td>
<td>1.2 (1.04 – 1.3)</td>
<td>1.4 (1.2-1.7)</td>
<td>1.4 (1.2-1.7)</td>
</tr>
<tr>
<td>Non-Hispanic Asian n=25,380</td>
<td>279 (10)</td>
<td>255 (9)</td>
<td>2.4 (2.1-2.7)</td>
<td>2.3 (2.1-2.7)</td>
<td>2.3 (2.1-2.7)</td>
</tr>
<tr>
<td>Non-Hispanic Other n=45</td>
<td>80 (17)</td>
<td>80 (17)</td>
<td>1.0 (0.7-2.4)</td>
<td>1.0 (0.7-2.4)</td>
<td>1.0 (0.7-2.4)</td>
</tr>
<tr>
<td>Non-Hispanic Unknown n=480</td>
<td>526 (13)</td>
<td>462 (9)</td>
<td>1.2 (1.1-1.3)</td>
<td>1.0 (0.96-1.3)</td>
<td>1.0 (0.96-1.3)</td>
</tr>
</tbody>
</table>

*Adjusted for year, body mass index, diabetes (yes/no), ASA classification (ICD-9 or ICD-10), concurrent hysterectomy
**Further adjusted for year of procedure, smoking and hypertension requiring medications

24 Reoperation rates of prolapse surgery in rural versus urban hospitals
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OBJECTIVES: To compare the reoperation rate in rural versus urban hospitals for patients who underwent procedures for apical prolapse.

MATERIALS AND METHODS: We used the Cerner Health Facts nationwide electronic medical record database to identify all patients who underwent procedures for apical prolapse between January 1, 2010, and November 30, 2018. These patients were divided into two...