Racial Disparities in Spine Surgery: A Systematic Review
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INTRODUCTION:
Racial disparities in access, outcomes, and quality of health care have been increasingly substantiated by research over the last few decades. These disparities have been found across multiple surgical subspecialties, including spine surgery. The aim of this study was to synthesize previous studies evaluating racial disparities in spine surgery.

METHODS:
We queried PubMed, Embase, Cochrane Library, and Web of Science for literature on racial disparities in spine surgery. Our systematic review was constructed in accordance with Preferred Reporting Items and Meta-Analyses (PRISMA) guidelines and protocol. The main outcome measures were adverse postoperative outcomes, surgical management, readmissions, and length of stay.

RESULTS:
A total of 1,753 publications were assessed. Twenty-two articles met inclusion criteria. Twenty of the articles found a disparity between Caucasians (CAs) and African Americans (AAs). When compared to CAs, AAs had higher odds of postoperative complications including mortality, cerebrospinal fluid leak, dural tear, neurologic deficit. When compared to CAs, AAs were found to have higher odds of adverse discharge disposition and delay in diagnosis. When compared to CAs, AAs had lower odds of receiving spine surgery. When compared to CAs, AAs were found have increased odds of readmission and longer length of stay.

DISCUSSION AND CONCLUSION:
This systematic review found that when compared to CAs, AAs had higher odds of adverse postoperative outcomes, increased length of stay, readmission, delay in diagnosis, and adverse discharge disposition. Compared to CAs, AAs had lower odds of receiving spine surgery.