

Department of Surgery
2026 Research Day
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Title:

Disparities in Emergent Versus Elective Inguinal Hernia Repair: A Decade of Statewide Data

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Background:

Emergent inguinal hernia repairs are associated with higher morbidity and mortality. Medicaid patients access elective surgeries, such as spine surgery, less frequently than commercially insured patients. We hypothesize that similar disparities may affect rates of emergent vs elective inguinal hernia repair.

Methods:

Using the New York Statewide Planning and Research Cooperative System database, we identified adults who underwent inguinal hernia repair from 2013-2022. Socioeconomic factors and comorbidities were compared between emergent and elective cases using chi-square tests. Significant variables were analyzed using multivariable logistic regression.

Results:

Of 83,705 cases, 93.9% were elective and 6.1% were emergent. Older adults underwent emergent repair more frequently, with 9.42% of patients > 70 years presenting emergently ($p < 0.0001$). Rates of emergent repair were higher in marginalized racial and ethnic groups, particularly in Black patients compared to White patients (OR 1.87, 95% CI 1.71-2.05, $p < 0.0001$) and Hispanic patients compared to White, non-Hispanic patients (OR 1.48, 95% CI 1.36-1.62, $p < 0.0001$). Patients with commercial insurance were less likely to present emergently than patients insured through Medicaid (OR 0.41, 95% CI 0.38-0.45, $p < 0.0001$) or Medicare (OR 0.83, 95% CI 0.76-0.91, $p < 0.0001$).

Conclusions:

Markers of socioeconomic disadvantage and specific frailty-associated comorbidities are independently associated with higher rates of emergent inguinal hernia repair. Future work to address potential gaps in access to elective care may reduce preventable morbidity.