

Surgical Prognostication of Advanced Pressure Ulcers by Race: A Disparity or Rarity?

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Aims

- To assess if racial identity influences the degree of follow up and closure following surgical debridement in patients with advanced pressure ulcers (PU)
- To provide more accurate surgical prognostication for patients, decisionmakers, and providers

Conclusions

- African Americans are more likely to develop advanced PU
- African Americans had a similar degree of follow up when compared to their White counterparts and a superior degree of follow up when compared to their Other counterparts
- Race appears to have no bearing on PU closure following surgical intervention as closure was rare across all races

Methods

Design

- Retrospective study
- Surgical debridement between 2017 and 2022
- Stage 3 and 4 PU: sacrum, ischium, trochanter, leg, chest, and back
- 76 patients met criteria

Primary Outcomes

- Follow up and closure by 1 month, 3 months, 6 months, 9 months, 1 year, and 2 years amongst those who defined their racial identity as African American, White, and Other

Results

Demographics

- 52.6% male
- Average age: 61 years old
- Average BMI: 27.1 kg/m²
- 23.7% quadriplegic or paraplegic
- African American: 68.4%
- White: 21.1%
- Other: 10.5% → 62.5% ethnically Hispanic

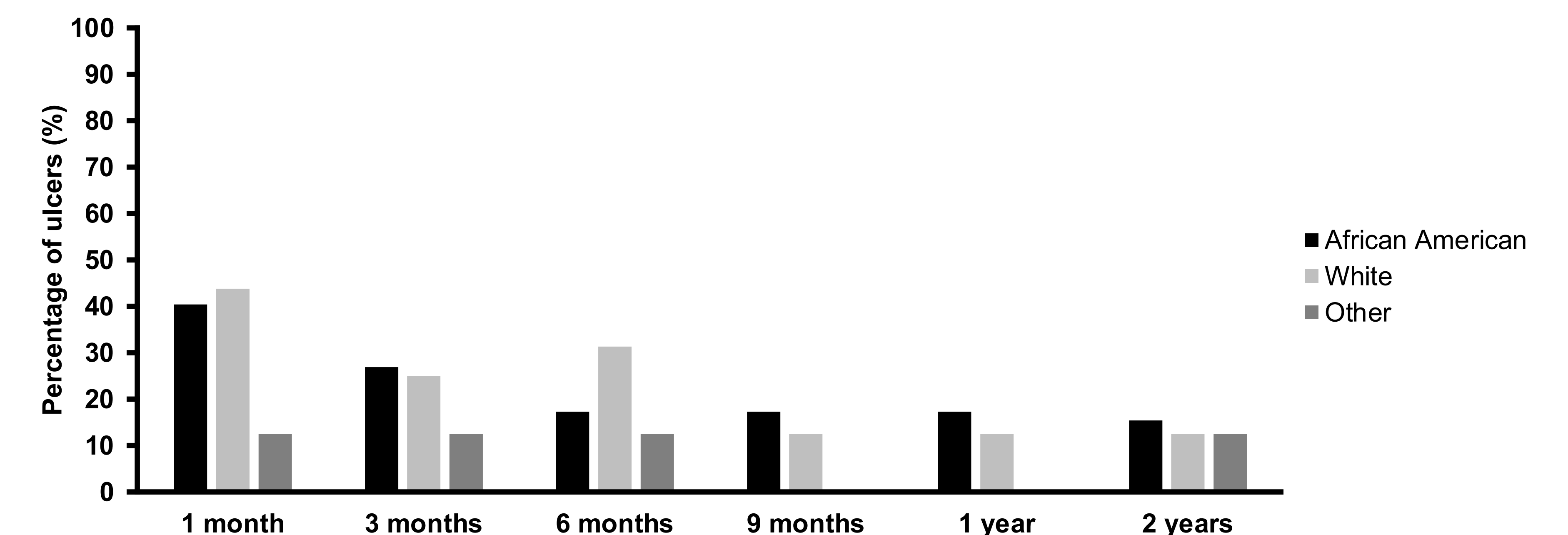
Follow Up and Closure

- Prevalence of follow up at 1 month, 3 months, 6 months, 9 months, 1 year, and 2 years was respectively:
 - African American: 40.4%, 26.9%, 17.3%, 17.3%, 17.3%, 15.4%
 - White: 43.8%, 25%, 31.3%, 12.5%, 12.5%, 12.5%
 - Other: 12.5%, 12.5%, 12.5%, 0%, 0%, 12.5%
- The number of PU closed by 3 months and 6 months was respectively:
 - African American: 1, 2
 - White: 0, 0
 - Other: 0, 1

Figure 1: Pressure ulcer staging



Figure 2: Short- and long-term follow up by race



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