

Poster 8: Non-English language as a barrier to postoperative pain management Rachel Levy, MD – UCSF

Topic: Financial Toxicity and Disparities

Objectives

To investigate the effect of language on immediate postoperative pain management by comparing pain assessment and perioperative opioid use in non-English speakers (NES) and English speakers (ES).

Methods

This was a retrospective cohort study comparing perioperative outcomes between NES and ES. We abstracted data from the medical records of all adult gynecologic oncology open surgical patients between 2012 and 2020. Opioid use is expressed as oral morphine equivalents (OME). Proportions are compared using chi-square tests and mean values are compared using two sample t tests. Of note, interpreter services are widely available in our institution.

Results

Between 2012 and 2020, 1203 gynecologic oncology patients underwent open surgery and 181 (15.1%) were NES and 1018 (84.9%) were ES. There was no difference between the two cohorts with respect to mean body mass index, preoperative opioid use, surgical procedure performed (hysterectomy, bowel resection, and adnexal surgery), length of stay, and postoperative emergency room visits or inpatient readmissions. The NES group was slightly younger (53.6 vs 56.0 years old, p=0.03). There was no difference between cohorts in OME administered intraoperatively, nor use of postoperative opioid-sparing modalities (transversus abdominis plane blocks, epidurals, or patient controlled analgesia). However, in the postoperative period, NES used fewer OME per day (54.6 vs 74.0 OME, p=0.02), and NES received fewer prescribed OME at time of discharge (575.5 vs 780.6 OME, p=0.04). NES had their pain assessed less frequently (average 7.7 vs 9.2 checks per day, p< 0.001). Average pain scores were also lower for NES (2.2 vs 2.8 out of 10, p< 0.001).

Conclusions

Patients who do not speak English may be at risk for under-treated pain in the immediate postoperative setting. Language barrier, frequency of pain assessments and provider bias may perpetuate disparity in pain management.

Abstract Table or Graph

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