

Socioeconomic disparities seen for timing of preoperative hemodialysis

August 2 2023, by Lori Solomon



There are significant age-, sex-, race-, and social deprivation-related

disparities in the timing of preoperative hemodialysis for patients with end-stage kidney disease (ESKD), according to a research letter published online July 28 in *JAMA Network Open*.

Vikram Fielding-Singh, M.D., J.D., from the Stanford University School of Medicine in California, and colleagues used data from the United States Renal Data System to identify 338,391 adults with ESKD receiving hemodialysis undergoing surgical procedures (1.12 million procedures) from Jan. 1, 2011, to Sept. 30, 2018.

The researchers found that 81.9 percent of procedures had a shorter (zero- or one-day) interval between the last outpatient hemodialysis treatment and surgery, while 18.1 percent had a longer (two- or three-day) interval. Older patients had longer hemodialysis-surgery intervals (age 60 to 79 years: adjusted odds ratio [aOR], 1.08; age 80 years or older: aOR, 1.13) versus patients aged 18 to 39 years.

Significantly longer intervals between hemodialysis and [surgery](#) were seen for women (versus men: aOR, 1.06), non-Hispanic Black race (versus non-Hispanic White: aOR, 1.17), and each increasing decile of social deprivation index (aOR, 1.02).

"Given that a longer interval between preoperative [hemodialysis](#) and surgical procedures is associated with higher postoperative mortality, these findings are concerning and identify a possible avenue to improve equity in surgical outcomes for [patients](#) with ESKD," the authors write.

One author disclosed ties to the pharmaceutical industry.

More information: Vikram Fielding-Singh et al, Disparities in the Timing of Preoperative Hemodialysis Among Patients With End-Stage Kidney Disease, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.26326](#)

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