INTRODUCTION
Disparities in surgical outcomes have been linked to race, insurance status, and even median household income. There is a paucity of data on the effect of disparities on outcomes after ventral/incisional hernia repair. We hypothesize that race, insurance status and median household income will be directly correlated with surgical outcomes.

METHOD
A retrospective case study will be performed utilizing the Prisma Health Hernia Database and the Abdominal Core Health Quality Collaborative (ACHQC) Database. Patients who underwent ventral/incisional hernia repair from 2010-2021 will be analyzed for Surgical Site Occurrence (SSO), Surgical Site Infection (SSI), Surgical Site Occurrence/Infection Requiring Procedural Intervention (SSOPI), Length of Stay (LOS), hernia recurrence and 30-day readmission. Controlling for medical comorbidities, comparisons will be made on surgical outcomes between race, insurance status, and median household income. Median household income for each zip code was established using 2019 data from the United States Census Bureau.

The current project had 2 goals:

1. Use data from two distinct ventral hernia repair databases and analyze the correlation between race, insurance status, and median household income with ventral hernia repair surgical outcomes.

2. Interpret data collection findings to better understand racial disparities in ventral hernia repair outcomes.

RESULTS
While all the surgical outcomes and demographic data (race/insurance/income) have been collected, the study is still ongoing and awaiting analysis of results. Within the next couple of weeks data will be finalized.

Patient Demographics:
- Prisma Health patients with hernia repair prior to 2018
- Over 1200 records
- Patients from South Carolina, North Carolina, Georgia, Tennessee and Florida.

DISCUSSION
These research findings will highlight differences in disparities and hernia repair outcomes. However, other factors may also contribute to racial disparities in postoperative outcomes after a ventral hernia repair. Further investigation into racial disparities and surgical outcomes is necessary.

REFERENCES