Introduction

- Orthopedic clinical research in the past decade presents limited knowledge on the effect of language barriers on healthcare adversities, treatment outcomes, and patient quality of life.\textsuperscript{1,2,3}
- This unique pilot retrospective study aims to study the risk and incidence of orthopedic postoperative complications between English speakers and non-English speakers.
- We hypothesize that there will be a higher risk and incidence of postoperative orthopedic complications in non-English speakers, due to the increase of people facing language barriers.\textsuperscript{4}

Methods

- This study received Institutional Review Board approval from Thomas Jefferson University as exempt status - iRISID-2023-1942.
- Quantitative analysis was conducted on patients’ data collected from Jefferson Health - East Region in New Jersey.
- A Qlik database of patients admitted for orthopedic procedures was accessed.
- Postoperative complications were analyzed based on the primary language spoken, demographics, and average length of stay (LOS) for fiscal years 2020 through 2022.
- The patient population was 2,497, for which there were 2,449 English-speaking patients (Mean age: 69 ± 13.18), and 48 non-English speaking patients (Mean age: 75 ± 13.28).

Results

Risk and Incidence

- The incidence of orthopedic postoperative complications was higher in non-English speakers (18.75%) than in English speakers (9.31%) \(p\text{-value: 0.027}\).

- The average LOS was also higher in non-English speakers (5 days) than in English speakers (3 days).
- The most common complication was genito-urinary-related complications, usually kidney failures, in both the English speaking group and Non-English speaking group.

References

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