



Improving Healthcare Equity in Cardiac Valve Surgeries

Samuel Streepy*

Department of Surgery, Johns Hopkins University, Baltimore, United States of America

DESCRIPTION

Mitral and tricuspid valve surgeries are significant procedures performed to address various cardiac conditions such as regurgitation, stenosis and structural defects. While these surgeries have improved outcomes for numerous patients, disparities based on racial and ethnic backgrounds continue to affect access, treatment choices and clinical outcomes. Understanding these differences is important for improving healthcare strategies and ensuring equitable care.

Overview of mitral and tricuspid valve surgery

Mitral and tricuspid valve surgeries are performed to correct valve dysfunction. The mitral valve, located between the left atrium and left ventricle, controls blood flow from the lungs to the heart. The tricuspid valve, located between the right atrium and right ventricle, regulates blood flow from the body to the heart.

Common surgical interventions include valve repair and valve replacement, with decisions based on factors such as the extent of valve damage, the patient's overall health, and the presence of other medical conditions. Advances in minimally invasive techniques have improved outcomes, but access to these options may vary across racial and ethnic groups.

Variations in access to care

Access to mitral and tricuspid valve surgeries can differ considerably among racial and ethnic populations. Studies have shown that minority groups, particularly Black, Hispanic and Native American populations, often experience delayed referrals for cardiac evaluation and intervention. Socioeconomic challenges, geographic location and language barriers frequently contribute to these delays.

Healthcare coverage also plays a role, with patients from underrepresented groups more likely to face gaps in insurance or difficulty obtaining specialist referrals. Additionally, some populations may be less informed about available treatments due

to limited access to educational resources or healthcare outreach programs.

Differences in disease presentation

Research indicates that racial and ethnic groups may experience differences in the presentation and progression of mitral and tricuspid valve conditions.

Mitral valve disease: Studies suggest that Black patients are more likely to present with advanced mitral regurgitation and may have worse heart function at the time of diagnosis.

Tricuspid valve disease: Hispanic patients have been observed to develop tricuspid valve dysfunction more frequently in association with conditions such as pulmonary hypertension and right-sided heart failure.

These variations may arise due to genetic predispositions, environmental factors, or disparities in early detection and management.

Postoperative outcomes and recovery

Outcomes following mitral and tricuspid valve surgeries can vary across racial and ethnic groups. Black and Hispanic patients have been found to experience higher rates of complications such as infections, bleeding and longer hospital stays. Socioeconomic challenges, including limited access to follow-up care, may contribute to these disparities.

Furthermore, differences in medication adherence, lifestyle modifications and social support systems can influence recovery rates. Patients from underrepresented backgrounds may face difficulties maintaining post-surgical routines due to financial limitations or reduced access to rehabilitation services.

Influence of socioeconomic factors

Socioeconomic status plays a significant role in shaping healthcare outcomes. Minority populations are more likely to live in underserved areas with fewer cardiac care facilities. This

Correspondence to: Samuel Streepy, Department of Surgery, Johns Hopkins University, Baltimore, United States of America, E-mail: samuelstreepy@gmail.com

Received: 25-Feb-2025, Manuscript No. TPMS-25-28546; **Editor assigned:** 27-Feb-2025, PreQC No. TPMS-25-28546 (PQ); **Reviewed:** 13-Mar-2025, QC No. TPMS-25-28546; **Revised:** 20-Mar-2025, Manuscript No. TPMS-25-28546 (R); **Published:** 27-Mar-2025, DOI: 10.35248/2329-9088.25.13.385

Citation: Streepy S (2025). Improving Healthcare Equity in Cardiac Valve Surgeries. *Trop Med Surg*. 13:385.

Copyright: © 2025 Streepy S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

geographic disparity may limit access to high-volume surgical centers where outcomes are often better.

Financial barriers can also restrict patients' ability to obtain necessary medications, participate in rehabilitation programs, or attend regular follow-up appointments. These challenges collectively increase the risk of poor outcomes after mitral and tricuspid valve surgeries.

Strategies to improve equity in care

Addressing racial and ethnic disparities in valve surgery requires a combination of systemic changes and targeted interventions.

Community outreach: Expanding educational programs to increase awareness about heart valve conditions and available treatment options can help improve early diagnosis.

Enhanced referral systems: Developing streamlined referral pathways can ensure timely evaluation by specialists for patients from underserved populations.

Culturally competent care: Healthcare providers should undergo training to improve communication with diverse patient populations, ensuring clear explanations about treatment options and risks.

Insurance support: Expanding healthcare coverage and improving access to public insurance programs can reduce financial obstacles for minority patients seeking surgical treatment.

Research and data collection: Increasing participation of underrepresented groups in clinical trials can help generate data that informs treatment strategies tailored to diverse populations.