With respect to patients from ethnic minority backgrounds, there are certain factors that contribute to health inequities and poorer outcomes. Some of these are attributable to cultural socio-economic and lived experiences. The other side of the health inequities equation fall under the umbrella of institutional racism. Raising awareness of these issues through sharing patient stories is important in order to improve outcome. Ascertaining what matters to the individual patient is important, even more so when you have limited experience of that patient's influencing culture and beliefs.

When it comes to surgery, there are similar issues with respect to dermatology, but beyond that there are issues like keloid scarring, complications that aren't as obvious but are potentially life-threatening.

The way you cut a patient matters. Darker skin is more prone to keloid scarring and other issues that are not readily discussed or highlighted in medical texts. The problem with changes in skin colour as a symptom of complication is a big one because with respect to darker skin, by the time the change is visible on the skin things are really serious. For example, after amputations, how is healthy blood flow assessed? Changing skin colour will not be a feasible measure with respect to dark skin.

So here are some of the stories. A 37 year old Black woman had a bilateral mastectomy with immediate reconstruction using DIEP flap. Now one of the ways of checking for the complications like necrosis is to do with a changing skin colour. A lot of surgeons are not aware of this but fortunately, her surgeon, who was also of an ethnic minority background realised that a change in skin colour would not be an appropriate way to check for the complications. He therefore used an implantable doppler to assess blood flow because capillary refill is much harder to discern in darker skin.

Another Black woman in her 60s, she had a hip replacement and she had got bad scarring from it. Initially, she was prescribed topical creams which didn't aid the healing of the scar. Another doctor who is of a similar background asked that her to try unrefined shea butter which worked really well. Now here's the caveat, no one is saying that unrefined shea butter is the magic pill, but there needs to be an understanding that there are complications and there is scaring that the current treatments being offered might not necessarily be as effective.

**Points to remember:**

* Keloid scarring is an issue more common with darker skin
* Find ways to discern complications that are not as obvious yet potentially life threatening
* Capillary refill is harder to discern on darker skin