Spine Surgeon Talks Back Pain Surgery Options Transcript

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Introduction and Guest Background

I'm Dr. Greg Hall. Welcome again to Better Black Health, brought to you by Genetic Sequence Multivitamins, the only multivitamins made specifically to match the nutritional needs for African Americans.

Today we have a great guest, a spine surgeon, really all over social media, Dr. Antonio Webb from Antonio, Texas. How many times do you hear about that?

Does that come up a lot? Yeah, every once in a while it does, yeah. Antonio from San Antonio, but Dr. Webb is a board-certified, fellowship-trained orthopedic spine surgeon.

He's an author and a keynote speaker. Before attending medical school, he spent eight years in the U. S. Air Force, including a deployment in Baghdad, Iraq, my goodness, almost 20 years ago as a medic.

Following his military career, Dr. Webb attended college at University of Texas San Antonio. He went to medical school at the outstanding Georgetown University and an orthopedic residency also at University of Texas at San Antonio.

He went on to complete a spine surgery fellowship at the Texas Back Institute. Wow. Wow, wow, just ultimate and experts, right? He's been all over the world doing surgery, including Liberia, Bangkok, and Port-au-Prince, and Haiti on two separate occasions.

So just been all over the world doing things. Welcome, welcome, Dr. Webb. How are you doing today? I'm doing well, Dr. Hall. Thank you. Thanks for having me.

Very good. So you've done surgery all over the world. Do black people have stronger bones? Actually, in my experience, they do. I remember one of my patients from a couple years ago doing surgery, and she had the strongest bone that I've ever encountered.

And I had to do a decompression, which means we open up the spinal canal to give it more space. And it just took forever to drill through her bone and remove that bone.

They do. I don't know if there's any evidence that shows that, but they certainly do in my experience. Well, there is evidence. The Black people do have stronger bones, thicker bones.

Bone Strength and Surgical Outcomes in Black Patients

My father was a dentist and I sent one of my friends to go see him and the guy was a strong and he said, boy, I'm going to have to struggle when that guy's pulling his tooth because he just looked at his jaw structure and said, you know, it's going to be, I'm going to have, I'm going to really have a hard time pulling his tooth out.

So I think people do see, I mean, and then the objective evidence does show stronger bones. I mean, and you've been all over. I mean, there tends to be, you know, less calcium deficiency, and even though there's more vitamin D deficiency, the strong bones happens.

Do you also see, we have the stronger bones, but do you also see more complications in African Americans after surgery? Not necessarily after surgery.

I think it's more one of those things that may be delayed in terms of patients that come in to see us. But that can certainly lead to more complex things that we have to do.

So it could theoretically lead to more complications. But the number of African-Americans, especially spine surgery, is pretty limited. Here in town, there's only two or three of us.

And there's over 100 spine surgeons that are here. with two or three that are African-American. So certainly I can see the apprehensiveness of people that are wanting to come in, especially African-Americans.

Right, right, right. Well, you know, that's what my patients, they want to do surgery as a last resort, but many find that after the surgery, I mean, I tell patients, I always have to talk them into the first surgery.

Then usually the demystifies it. They find, oh, well, that wasn't that bad. And, oh, I got so much better. that I don't have to talk about if you've had back surgery before, even having people having repeated back surgery, the second ones and third ones, they're like, yeah, I'll be okay.

I mean, do you find that going in that black people tend to have more confidence in you just because you're black? Yeah, absolutely. Yeah, there's been multiple studies that have shown that patients, they relate better and they have better outcomes.

They do better when they are treated by providers that look like them. So I certainly see that in my practice as well. Right right and I see that in mind and there was a recent study that showed like the if there was an increased number of doctors in a black doctors in a county that all black people did better within that county not just whether they came to us or not just having an increased number of black talkers had black people do better.

So just being in the area and just being in the room. And so, you know, with this affirmative action, and I always talk about, you know, I am definitely a product of affirmative action.

Like, I don't know that I would have gotten into medical school without it, to be honest with you. Of course, once you get into medical school, affirmative action went out the window.

There was no affirmative action while I was in medical school. It was almost whatever the opposite, affirmative action, whatever, right? But right now, it's with us needing more Black doctors and then affirmative action sort of reversing it.

I'm not trying to put you on the spot or anything. Do you see that as counterproductive? It's almost like a rhetorical question. It definitely is. What's your feeling on that?

Yeah, it's definitely one of those things that we're faced up against. I certainly see the importance of having diversity and our patients are diverse that we treat.

I mean, you can't have a homogenous provider base that would serve in a diverse patient population. So this affirmative action, all these changes, I think it's going to negatively impact medicine overall.

I think a lot of programs are getting dinged and getting shut down. Just having a minority or diversity office, I think that's just stuff that really infuriates me that's happening.

Affirmative Action and Diversity in Medicine

uh people are really complaining about but it's right right they're getting rid of they want to defund diversity offices i mean so this is really um it's crazy and the patients are out there so as as you know um african americans we disproportionately take care of african americans so it's not like i'm going to bel-air You know, I mean, it's taking care of patients, you know, 85% of my patients are black and that and that and black patients seek us out.

And so it's not even like we're taking moving anybody out the way. You know, I mean, it's just let us let us learn and let us treat our patients. And so like so now are there are there differences in the orthopedic problems that black people have that you see in general?

Not to make everything about black and white and everything. But do you see do you see differences in the pattern, like less of this and more of that?

I would say a lot more. In my experience, you know, it can be a lot more comorbidities. I think certainly taking into account socioeconomic factors, and I'm not saying that all kind of black or African Americans kind of fall in this category, but certainly it can play an important role.

Specifically for orthopedics, there's been studies that show that African Americans are less likely to receive knee replacements and hip replacements.

And it kind of goes into other specialties like transplant surgery, heart failure and those things. So yeah, I mean, I certainly see it. I think the delay and the skepticism of the medical system just because of all of the issues with the medical system in the past really prevents people from coming in a lot sooner.

which can lead to like a lot more complicated cases that I see. Right, right, right. And I see that as well. I mean, if there's increased diabetes, there's increased hypertension, there's increased heart failure, and those people also tend to have back problems, neck problems, neurologic problems.

And so you have to consider all of those things and deal with those things, you know, around the surgery, perioperatively after the surgery and, you know, healing.

and their A1 sees nine, that's not good, right? Or they're smoking. I mean, if you're smoking, you're slowing down the whole healing process, aren't you?

yeah absolutely you know nicotine is a basal constrictor so what it does is it does allow blood flow to get to a certain area of your body and after surgery you need that blood flow with all those nutrients healing factors to close the wound and also if we're doing a fusion to fuse the bone together so some insurance companies are actually requiring nicotine tests before we can even do the surgery so smoking I try to I really counsel my patients.

I probably told 10 patients today, I'll probably tell another 10 patients, hey, you gotta cut that out.

Orthopedic Disparities and Smoking Risks

Yeah, that nicotine is really no good. It's also bad for your back too. Right, right, right. And I've seen that too. I have patients who are waiting on surgery because they're still trying to stop smoking.

Right. And it's almost like they say, well, it's a Gestapo. I mean, what does he care whether I smoke? I'm like, but this is all about healing the wound and having you have a good outcome.

Because if you're not going to do therapy, if you're not going to eat right, I even tell people, eat your vegetables. I mean, there are people that don't eat vegetables.

But if you're recovering for something, make yourself each recipe, eat your peas, you know, eat some fruit. If you don't even do it normally, which you should do it normally, but at least if after surgery and also leading up to surgery, do people do, you need to kind of train for surgery too, don't you?

Yeah, it's just like getting yourself in the best situation to win a fight. So surgery, I mean, it's a big deal, especially spine surgery. Just like my last patient, I literally just walked out of his room and he told, he's a truck driver and he was smoking three packs a day.

He's down to two packs. I told him, do anything. We got to get you off of that nicotine. The risks that are associated with it. And I think it's just too high risk.

And we see that all the time, all the time. And now we're talking about shifting the pain. There's a lot of people that have back pain, right? And so how do you know when you need to ask somebody to refer you to it?

Because I have this whole group of people that come to see me as the doorway to seeing a specialist. They're not even interested in me. I have a science infection.

I need to see ENT. I have a back pain. I want to see an orthopedic." And I'm like, well, give me a chance. I'm an internal medicine. I'm an internist, right?

There's some stuff I could do, but I get it. And then there's other people who don't want to go past me. I'm like, can't you do the surgery? And so how could I know?

And how do the patients know when their back pain is such that they really should ask to see an orthopedic surgeon? Yeah, great question. I would say we use some red flags.

Things that are concerning to a specialist would be if a patient has back pain associated with unexplained weight loss, night sweats, kind of those constitutional symptoms of fevers, chills, weight loss.

If a patient has a progressive weakness, they can't pick up their foot or their arm or starts to drag behind. If they have any issues with their bowel or their bladder, let's say they just lost control of their bowel or their bladder and they have back pain associated with that patient that has a fracture in their back.

Those are all signs to kind of get the patient over to the specialist a lot sooner than later. But that back pain, neck pain, that usually resolves with some conservative measures.

So if they come see me right away, I'm going to send them the physical therapy. I'm going to give them an anti-inflammatory, some activity modification.

So Dr. Hall, he was telling you exactly the thing, and I'm going to tell you too. So we're not rushing the surgery. We try the conservative options first.

And people underestimate the value of physical therapy, right? Both before and after surgery, don't they? Yeah, they do. And I actually send my patients, if we're doing surgery, I send them to the therapist, even if they had it, to at least meet with the therapist.

to what's called a pre-hab visit to just talk about some of those things they should be expecting after surgery. How do you roll over out of your bed?

How do you get moving? What should you be doing from a therapy standpoint? So it's really important before surgery and also after surgery. Right, right, and so they're showing that, also there's studies that show black people tend to have more pain.

There's more pain, it tends to be more severe, like rated more, yet there tends to be less surgery. And there's a lot of things driving that. I know there's patients that don't wanna go to surgery, but there's also, in some cases, it's this alignment of people don't wanna do surgery on them, they don't wanna have surgery yet, the benefits there.

When Back Pain Needs a Specialist

And so, do you see that at all? Yeah, I certainly see that. You know, I have patients that come in and it's like, hey, doc, you're the first person that's really listened to me or, you know, validated my concerns about my pain.

And it all boils down to just someone that you can relate to, someone that looks like you and, you know, I can relate to. the struggle and you know the day to day and that's growing up seeing my father struggle and my mom owning off drugs you know her whole life and you know so I'm accustomed to that and I understand what they're going through so I can sympathize and also be a little bit more empathetic when they're telling me what's going on so right and that that's that's so much that's so helpful I mean if people see that I mean you know come from I came from the inner city as well and and you know this allows us to I don't know, just kind of mention.

I mentioned that where I went to high school, I might know your father. You know what I mean? And that kind of makes you real. And that's like a step toward really them trusting you more.

So you mentioned that you really specialize in minimally invasive surgery. What is that? I mean, because I would imagine people would, anyone would want the most least invasive surgery, right?

So what does that mean? So minimally invasive surgery is doing a procedure in the least amount of muscle disruption and also damage to the patient or disruption to the patient as possible.

So minimally invasive procedure is people call it different things but in general it's usually a smaller incision doing the least amount of surgery as possible so if the patient has let's say five levels of their spine are arthritic and broken down and a lot of the cushion is worn out well we don't want to really address every single five level in an operation i would try to figure out what's the most symptomatic level what level is causing most of their symptoms, and I address that.

So that's a formal minimally invasive surgery, but the more commonly understood language is using a really small incision. I try to do that as much as I can, but there are some patients that come in and they have severe compression.

It's too advanced where I can't do all of that through a really small incision, so it has to go to the traditional open procedure. Right and you sometimes in those small incisions you're looking at a TV screen like almost like a video game Like you're looking at the ends.

You're not looking at it, but you're looking at something indirectly Yeah, I do some minimally invasive procedures through a really small tube. It's 18 millimeters about this big here and I can remove the pressure off of the nerve.

But there are a lot of new technologies and innovation that are advancing the way we deliver spine care. There's robotics, I use a robot in surgery from time to time.

Minimally Invasive Spine Surgery and Technology

There's computer guided navigation. A lot of, looks like a computer screen where we're able to see the patient's anatomy on the computer screen where we do the surgery where it's very accurate and precise.

Right, right, right. So listen, I was telling you that people don't know that the number one cause of death for Black males from 1 to 44 is a gunshot wound.

That's the, you know, the number one cause is being murdered. That's the homicide is the number one cause of death. That's what it's the number one cause of death for Black males from 1 to age 44. In these United States, is homicide, right?

It's being shot. And so I unfortunately have too many 30-year-old African-American males that have gunshot wounds and they're paralyzed from wherever the wound is down.

Most of them, it's neck. You know what I mean? Most of them are up upper and lower. And that's probably why I see them because I'm seeing them in the nursing home.

They need more care. But is there anything on the horizon for them? I mean, with all these gunshot wounds out here in terms of the spinal regeneration, is there any hope That's a great question.

My personal family member, my mom, was actually shot and she's paralyzed from her waist down due to her drug addiction. This happened when I was in medical school.

So it's certainly something that lies near and dear to my heart. There's been a lot of research and literature surrounding spinal cord injury and specifically looking at stem cells and other agents that they can inject into the

spinal cord to kind of regenerate those cells.

But unfortunately nothing's been proven yet. I saw recently that Elon Musk came out with this what's called Neuralink. That's a little chip that they place into your brain to see if your brain function can actually control your thoughts and also the movement, which the patient has already underwent the implant into his brain, which I'm not advocating for that.

I'm just saying that there's some stuff out there that people are looking at to see about helping patients that have spinal cord injury. Right, right, right.

Well, that's all these guns. I mean, I try to stay very apolitical, but you cannot decrease the number of gunshot wounds with an increasing number of guns, right?

It's just not going to happen. And we're, as a doc, we're left with what's left after someone disrespected me and I shot him.

Spinal Cord Injury Research and Social Media Outreach

I mean, it's like, come on now, right? So it's just too much of that. So you have this big following on social media. How did that get started? I don't think I have a huge following.

I'm trying to grow. Everything around it. But how did you get started in that? Yeah, actually, I've always loved videography and cinematography. And it just I realized that on YouTube, there weren't a lot of doctors kind of blogging or talking about their day when I first started.

And then I just saw that there was a niche and kind of ran with it and started off shooting videos in my car and my phone just trying to give advice to students that came behind me and just kind of taking off from there.

And, you know, this point, you know, I actually have a course coming out that is teaching other doctors how to use social media. It's called social medias for doctors.com.

And that's hopefully launching that soon to kind of teach other doctors how to use social media. Well, that's going to be great. Social media is not going away.

It is not going away. And so that would be a great thing. There's going to be this future stars in medical school and in residency. And give my son credit.

My son followed you. He's going to be starting medical school. And he said, you got to reach out. So I'm like, whatever, he's not going to answer. And I emailed you and you answered.

So it was like, really, really great to see that you can actually reach out to people that are on. And, you know, it's such a service because people learn so more, they get excited.

I mean, orthopedics is one of the things he's thinking about now, literally because of you. And so it's one of those, if you can't see it, You can't even imagine that, you know, everyone can't be LeBron James, right?

Someone may have to be a spinal surgeon, you know, and that's an incredible thing to see. And so being able for us to get to the black community and say, you know, we black doctors, we are out here, we care, we spend a lot of extra time, you know, making sure our community stays healthy.

It's really important. So where can people find you on social media? Yeah, social media is just my name, AntonioWebMD. That's kind of YouTube, Instagram.

My website is AntonioWebMD.com. And yeah, that's kind of where most people can find me. That's great. And if they're wanting to get care from you, they'd have to come to Texas, though.

I mean, all this cross-state stuff, is that allowed or how does that work? Yeah, I actually have a large percentage in my practice that is their travel.

they travel pretty far to come in and if it's surgical for surgery and then they head back but but yeah patients come down all the time and it's always a kind of great reason to come down to sunny San Antonio.

Right right well that absolutely sounds great well it's it's sunny and hot here in Cleveland as 92 degrees is not normally like this in June, but it's been so great to have you, Dr.

Antonio Webb. You're going to find him at antoniowebmd.com. Look for that, and you can follow him at YouTube, at youtube.com slash antoniowebmd, and Instagram, all those good places.

Thanks so much for joining us today. Yeah, you're very welcome, Dr. Hall, and thanks for having me.