

## My Experiences with Progressive Oropharyngeal Dysphagia

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*After an attack of acute bulbar polio in 1951 at age 15, the entire left side of my body and my right arm were affected. I could not swallow or talk, but was not placed in an iron lung. Following a 16-day hospitalization in Montreal, I received physiotherapy for six months, and then returned to high school. I made a good recovery, but have some residual effects in my left leg, both arms, speech and swallowing.*

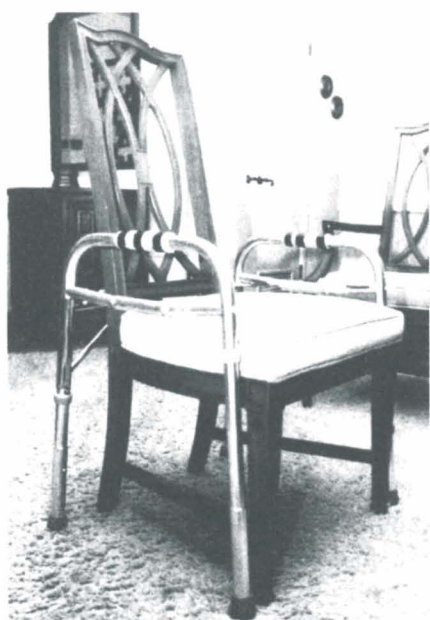
### History of swallowing problems:

**AGE 43, 1979:** My swallowing started to deteriorate. Food stuck in my throat, and I began to use liquids to assist in swallowing solid foods. Barium swallow x-rays and esophagoscopy revealed a small hiatus hernia, subsequently treated with antacid medication (Pepcid, 20mg b.i.d.). I could eat most foods without difficulty, and my swallowing remained stable for the next 17 years.

**AGE 60, LATE 1996:** My swallowing deteriorated over a month's duration to the extent that I could not eat solids, especially later in the day. I dreaded coming to supper, and the effort required to swallow solids became too great for me. I lived on a liquid diet for three weeks, lost 25 pounds, became weak, and felt awful. After three weeks, I decided that it was imperative to get more nourishment and to risk choking. I started eating pureed foods (baby foods, Boost nutritional drinks, etc.) and other very moist soft foods (boiled eggs, cream of wheat, moist toast). I had to learn how to swallow all over again. My general practitioner referred me to a cardiothoracic surgeon for an esophageal motility study because of the symptoms of the hiatus hernia and because saliva was collecting in my throat that I could not swallow.

**AGE 60, APRIL 1997:** The cardio-thoracic surgeon performed a barium swallow x-ray, esophagoscopy, and esophageal manometry. The latter two tests were performed on the operating table because the upper sphincter in my esophagus was constricted, and they could not pass tubes through my throat when I was awake. Test results revealed a very weak pharynx (only 10 % of normal strength), no hiatus hernia, a very small (1 cm.) Zenker's diverticulum, weakness in the mid-esophagus, and confirmed that the upper sphincter at the entrance to the esophagus was constricted. The surgeon told me that he could cut the upper sphincter to provide more open area, but the contraction strength would decrease by 50%. He would not guarantee that the surgery would help me because of the inherent structural weakness in the pharynx and in the mid-esophagus. I decided not to have surgery. The surgeon was an expert in his field, but I was the

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chair and around a toilet. A "sitter" is made from a "walker" and requires widening all three elements (back and both sides), so it will fit around the backs of chairs and so the arms will be sufficiently long to make it easy to sit and arise. It is also necessary to shorten the entire structure to position the arms at a comfortable height with respect to the chair/toilet seat height.

I will be happy to share details of my "sitter" (and a "walker" to "sitter" conversion) with anyone who is interested. Contact me via International Polio Network.

HAROLD J. BENZULY





first patient he had seen with the late effects of polio. After studying medical articles on dysphagia, I asked my physician to refer me to a physiatrist and to a speech/language pathologist.

**AGE 61, JULY 1997:** The physiatrist immediately referred me to a speech/language pathologist for my swallowing and to the physiotherapy department of the Ottawa Rehabilitation Centre for a chronic lower back problem, my weak left leg, and arthritic knee. In the Communications Disorder Department at the Centre, I had a bedside assessment of my swallowing by the speech/language pathologist. The following recommendations were made:

- Drink eight glasses of water per day to loosen up my saliva.
- Do not drink carbonated beverages; they are difficult to swallow.
- Do not take muscle relaxants or alcohol; they tend to relax and inhibit coordination and muscle control.
- Do not swallow foods of different consistencies together.
- Continue diet of moist, soft foods.
- Turn my head to the left (the weaker side) when swallowing.
- Eat several small meals per day instead of three large ones in order to avoid symptoms of pressure buildup in the esophagus.
- Continue taking Pepcid.
- Continue multiple swallows.
- Alternate small sips of liquids to assist the swallowing of solids. Do not take large gulps of liquid.
- Do not eat when fatigued.

**AGE 61, SEPT 1997:** The Rehabilitation Centre referred me to Ottawa General Hospital for videofluoroscopy to further document my swallowing dysfunction. Results of this study revealed moderate oropharyngeal dysphagia, consistent with dysphagia associated with the late effects of polio.

**AGE 61, OCT 1997:** My wife and I viewed the videofluoroscopy film with two speech/language pathologists, which was very beneficial. Further recommendations to help me swallow were:

- Alternate liquids and pureed/minced consistencies to facilitate swallowing/pharyngeal clearing.
- Eat slowly and eat small quantities at a time.
- Swallow several times after each mouthful to facilitate pharyngeal clearing.
- Avoid foods that do not form a cohesive bolus, (i.e., rice, lettuce).
- Eat minced, moist food.
- Use the Mendelsohn maneuver when swallowing to improve bolus flow through the pharynx. (Swallow and attempt to feel the elevation of the larynx and the feeling of the throat closing/holding one's breath. Swallow again, prolonging the elevation of the larynx during the swallow.)

**AGE 61, MARCH 1998:** I was discharged from the outpatient department at the Rehabilitation Centre after six months of physiotherapy. I also saw a pulmonologist there to determine if the function of my lungs had deteriorated as well, but it had not.

Today I am able to eat most foods (both liquids and solids) using the new strategies learned from the speech/language pathologists. I have to be careful, and am unable to socialize (talk) when eating. I avoid alcohol. I have regained all the weight I lost. I am grateful for the medical care and advice given to me over the past year and a half, and especially to fellow polio survivor, Bonnie Hatfield. ■

The Winter 1996 issue of *Polio Network News* (Vol. 12, No. 1), featured swallowing problems in aging polio survivors. For a copy, send \$3 to International Polio Network.

## Calendar

**International Polio Network (IPN)** invites all post-polio related groups to submit details of upcoming meetings. Send the name of the event, dates, location, and contact information to Sheryl R. Prater at GINI, 4207 Lindell Boulevard, #110, Saint Louis, MO (Missouri) 63108-2915, 314/534-5070 fax, or gini\_intl@msn.com.

### 1998

**Solutions for the Future: Post-Polio Syndrome, JULY 10-12,** International Plaza Hotel, Toronto, Ontario, Canada. Contact: Ontario March of Dimes, 10 Overlea Boulevard, Toronto, Ontario, Canada M4H 1A4 (800/263-3463 toll-free Ontario only, 416/425-3463 ext. 213, 416/425-1920 fax, omod@inforamp.net).

**Future Approaches for Polio Survivors, AUGUST 28-29,** Holiday Inn/Northglenn (a suburb of Denver). Contact: Mary Ann Hamilton, 1185 S. Williams Street, Denver, CO (Colorado) 80210 (303/722-6945, 303/722-7386 fax, or hamil1185@aol.com).

**Post-Polio Conference, OCTOBER 2-3,** Ramada Inn, Anderson, IN (Indiana). Sponsored by the Central Indiana Post-Polio Support Group. Contact: 765/649-0431.

**Seminar for Polio Survivors and Caregivers, OCTOBER 10,** Las Vegas, Nevada. Contact: Caroleanne Green, National Polio Care Advocates, 741 Gullwing Lane, North Las Vegas, NV (Nevada) 89031 (702/649-9361, 702/649-6824 fax, or send LSASE for packet (no registration fee)).

**International Polio Congress and Industrial Exhibition, OCTOBER 30-31,** Jena/Thuringia, Germany. Contact: Bundesverband Poliomyelitis e.V. c/o Hendrich, Thastr. 27, D-35392 Giessen, Germany (+49/30/805-3593; +49/30/8060-2251 fax, www.members.aol.com/poliomed/ or WEFMurach@aol.com).