SWALLOWINGNEWS

The Newsletter of The Center for Swallowing Disorders

VOLUME 1 DECEMBER 1991 NUMBER 2

Director's Forum

Center For Swallowing Disorders - University of South Florida Medical Center

H. Worth Boyce, Jr., M.D. - Professor of Medicine and Director

What Is A Hiatal Hernia?

A hernia is a protrusion of an organ through a wall of a cavity in which it is enclosed. In the case of a hiatal hernia, a portion of the upper stomach protrudes through a teardrop-shaped hole in the diaphragm located where the esophagus and the stomach join. (Figure 1)

What Causes Hiatal Hernia?

Most hiatal hernias are due to unknown cause but are believed due to weakening of supporting structures related to the aging process. An increased pressure in the abdominal cavity produced by coughing, vomiting, straining at stool, sudden physical exertion, pregnancy, obesity, or excess fluid in the abdomen may contribute to causing the condition.

Who Gets Hiatal Hernia?

Hiatal hernias may develop in people of all ages and both sexes, although it is considered to be a condition of middle and older age. In fact, the majority of otherwise normal people past the age of 50 have small hiatal hernias.

Are Hiatal Hernias and Heartburn Associated?

For years, many people including some doctors, thought that heartburn was a result of having a hiatal hernia. It is now known that small hiatal hernias are common and usually harmless. While heartburn is sometimes associated with hiatal hernia, it is not caused by it. Although not a direct cause, hiatal hernias are present in nearly all patients with esophagitis, esophageal stricture and the condition called Barrett's esophagus.

Heartburn occurs when the sphincter (valve) located at the junction of the esophagus and the stomach (called the lower esophageal sphincter or LES) either relaxes inappropriately or is very weak. This allows the highly acidic contents of the stomach to back up (reflux) into the esophagus. This backwash of stomach contents irritates the lining of the esophagus and causes heartburn. Esophagitis (inflammation of the lining of the esophagus) and esophageal strictures result from acid injury in some patients.

Are There Any Complications Associated With Hiatal Hernia?

Most hiatal hernias do not need treatment. However, if the hernia is in danger of becoming strangulated (constricted in such a way as to cut off the blood supply) or is complicated by esophagitis (inflammation of the esophagus), treatment becomes necessary.

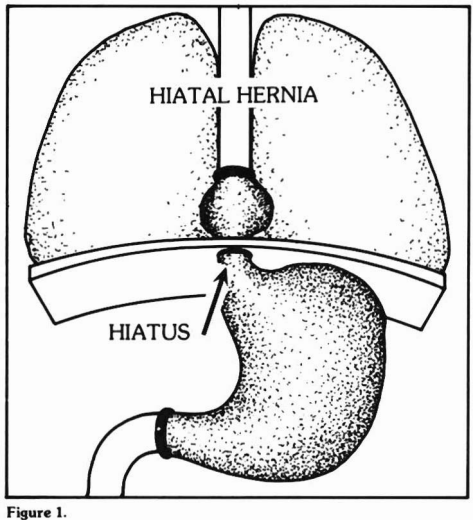

Figure 1.

Treatment of esophagitis is necessary to prevent ulceration from developing in the lining of the esophagus. When these ulcerations heal, they can leave scars (strictures) that can make it difficult or impossible to swallow. In some people, long-term esophagitis may result in Barrett's esophagus, a condition known to predispose to cancer in some patients. Most cases of heartburn and esophagitis respond to antacids, weight reduction, and a common sense approach to eating, drinking, and other lifestyle habit changes. Remember, if prolonged use of antacids becomes necessary, see your doctor. Long-term use or high doses of antacids can produce side effects like diarrhea, altered calcium metabolism, and magnesium retention.

Proper treatment should include antireflux measures (elevation of the head of the bed, no lying down for 90 minutes after meals); reduction of stomach acid by H-2 blockers (Tagament, Zantac, Pepcid, Axid) or the most potent acid production inhibitor, Prilosec; improve stomach emptying by reducing dietary fat and in some patients use of metoclopromide (Reglan), a drug that improves stomach emptying and also may increase resistance of the esophageal sphincter to acid reflux.

In 10 percent or less of patients, symptoms and/or esophagitis do not respond to medical treatment. If the esophagitis persists, after adequate medical therapy, your doctor may recommend surgery to restore the stomach to its proper position (reduce the hernia) and strengthen the area around the opening.

Faculty and Staff

Director ..... H. Worth Boyce, Jr., M.D.
(Gastrenterology) Professor of Medicine

Physician Assistant ..... Richard Davis, Jr., PA-C

Patient Care Coordinator ..... Janet L. Jones

Administrative/Research ..... Candace K. Harley
Coordinator

Consultants

Otolaryngology ..... James N. Endicott, M.D.
Professor of Surgery and
Director, Division of
Otolaryngology

Radiology ..... Martin L. Silbiger, M.D.
Professor and Chairman
Department of Radiology

Neurology ..... Leon D. Prockop, M.D.
Professor and Chairman
Department of Neurology

Speech Pathology ..... Paula A. Sullivan,
M.S., CCC/SP
Coordinator, Speech Pathology Services

Dr. Worth Boyce Appointed To Culverhouse Chair

H. Worth Boyce, Jr., M.D., Professor of Medicine and Director of the Center for Swallowing Disorders, has been named to the Hugh F. Culverhouse endowed Chair in Esophageal Disorders at the University of South Florida.

Hugh Culverhouse, attorney and owner of the Tampa Bay Buccaneers football team, endowed the chair after a swallowing problem led him to seek help from Dr. Boyce. Mr. Culverhouse also has been the primary individual benefactor to the Center and through his efforts, the Center has received several generous support grants that have assured its continued operation over the past four years.

A search committee recommended Dr. Boyce for the endowed chair and USF President Francis T. Borkowski made the appointment.

"I'm very pleased that Worth Boyce has accepted the Culverhouse Chair in Esophageal Disorders," President Borkowski said. "His accomplishments are well known nationally and internationally. In fact, he is regularly cited as one of the country's finest physicians in this field."

Hugh Culverhouse said he was delighted that Dr. Boyce was appointed to the chair. "Dr. Boyce is unique as a clinician and researcher in his specialty." "We are therefore pleased that our support will make it possible for him to continue his work as a member of the USF medical team," Hugh Culverhouse said.

"The Culverhouse gift will spur on the progress of the USF Center for Swallowing Disorders, especially in its teaching and research efforts," said Dr. Ronald P. Kaufman, USF's Vice President for Health Sciences. "Hugh Culverhouse has helped us honor Dr. Boyce and contributed to helping people with the common and very often serious problems of swallowing," Dr. Kaufman said.

The Chair directly supports the USF Center for Swallowing Disorders and future chairholders will be expected to be director of The Center. In 1986, Mr. Culverhouse launched a fund drive to help Dr. Boyce create the USF Center for Swallowing Disorders, which uses a multidisciplinary team to diagnose and treat disorders ranging from heartburn to cancer.

Dr. Boyce received his M.D. degree in 1955 from Bowman Gray School of Medicine at Wake Forest University. He achieved the rank of Colonel in the U.S. Army and retired in 1975 after 20 years active service. During his last nine (9) years of Army service, Dr. Boyce served as Chief of Gastroenterology at Walter Reed Army Medical Center and consultant in Gastroenterology to the U.S. Army Surgeon General. He has published 60 articles in refereed journals, four books, and 25 book chapters.

He moved to USF in 1975 to serve as the Director of the Division of Digestive Diseases and Nutrition, a position from which he resigned in June, 1990 in order to concentrate on his work in the Center for Swallowing Disorders.

Since opening in 1987, the USF Center for Swallowing Disorders has treated more than 1,000 patients referred by other physicians. Those patients have been referred from 20 states and four foreign countries.

Diseases Which Affect Swallowing

Richard H. Davis, P.A.-C
Instructor of Medicine

ALS (Amyotrophic Lateral Sclerosis)

ALS, more commonly known as Lou Gehrig's Disease, is a progressive motor neuron disease (degenerative nerve and muscle disease) of unknown cause. This disorder affects 1-2 people per 100,000 population. The initial symptoms may include weakness of the arms or legs, often progressing to atrophy (wasting of the muscles) and fasciculations (fine tremors). Later, as the disease progresses, the muscles of chewing and swallowing as well as movements of the face and tongue may be impaired. When this occurs, normal swallowing and speech are affected.

Since there is no known cure at present, treatment of this debilitating disease involves supportive therapy to maintain nutrition and improve the quality of these patient's lives. Early on, techniques such as exaggerated articulation and conservation of speech are employed. As difficulty speaking worsens, many patients are taught to use an alphabet board or memo writing device.

Dysphagia (difficulty swallowing) symptoms may initially begin with poor lip closure and decreased control of tongue

movement in the oral phase of swallowing. As symptoms progress, poor motility of the muscles of the pharynx (back of throat) may occur. This problem may be managed by head positioning and alteration of food consistency and temperature. However, when symptoms of aspiration (entry of food and fluid into the windpipe) occur, usually heralded by pneumonia, these methods are usually not helpful and an alternate feeding route must be obtained to protect the patient's airway. Careful periodic monitoring of these patients is essential.

For more information regarding research, patient support and public awareness, you may contact the Amyotrophic Lateral Sclerosis Association, 21021 Venture Boulevard, Suite 321, Woodland Hills, California, 91364. If you, a family member, or friend have ALS, you may contact the Tampa Bay ALS Association at (813) 875-4097.

In future editions of the Newsletter we will be highlighting other diseases which affect swallowing.

Concerns For Cancer Risk In Our Patients

Janet Jones
Patient Care Coordinator

The advances in medicine through research and technology have led to the emergence of many highly specialized or tertiary level medical treatment facilities, such as our Center for Swallowing Disorders. Each of these specialized medical treatment facilities will address a very specific symptom or condition. We, therefore, would like to urge all of our patients to have a primary care physician (general medical, family practice, or general internist) whom they will see at least annually to oversee and coordinate his/her total medical care.

In talking with our patients and their families, we have found a lack of awareness toward the importance of cancer related checkups for early detection of cancer in people without signs or symptoms.

Listed below are the American Cancer Society's guidelines for cancer related checkups and we suggest you talk with your primary care physician and ask how these guidelines may relate to you:

WOMEN

Breast:

1. Self breast exam every month.
2. Exam by medical doctor every 3 years.
3. Mammogram breast x-ray.
   ages 35 to 39: baseline exam.
   ages 40 to 49: one every 1 to 2 years.
   ages 50 and over: one every year.

Uterus and Cervix:

1. Pelvic exam every 3 years.
2. Pap smear, starting at age 18 years (earlier if sexually active): 3 consecutive normal annual exams, then less frequently as recommended by your doctor.

Endometrim:

1. At menopause. An endometrium tissue sample to be done if at risk. (Discuss with gynecologist)

Things To Remember

1. **OFFICE HOURS:** 8:30 a.m. till 4:30 p.m. Monday through Friday.

   Our office is **closed on weekends** so it is important to make sure any medication refills are called to us during our regular office hours.

   Also, our emergency telephone number for after hours is (813) 974-2201. Please remember these calls will be responded to by one of our gastroenterology residents who will in turn contact the appropriate attending physician on call.

2. **BILLING:** Individuals who may have any problems with their accounts should contact the Patient Relations Department of the University of South Florida Medical Clinics at (813) 974-3573 between the hours of 10:00 a.m. till 4:00 p.m. Monday through Friday. For those patients who are from out-of-town, a new toll-free number has been added for you to call with billing questions. The number is 1-800-933-8672. This number is for calls originating in Florida and is **only for billing questions.**

3. **DILATIONS:** For our patients who receive periodic esophageal dilations: Please try to anticipate and contact our office at least 2 to 3 weeks in advance of your need for dilation if at all possible. We have been having to schedule routine cases 2 to 3 and sometimes 4 weeks in advance due to our heavy patient load. We do not want any of you to suffer unnecessarily, so please help us with your appointment needs.

MEN

Prostate

1. Annual prostate exam by your doctor (digital, finger exam).
2. Blood test - PSA (prostate specific antigen) every year after age 45.

Testicles:

1. Annual testicular self exam starting at age 15.

MEN AND WOMEN

Colon and Rectum

1. Digital rectal exam by your doctor annually.
2. Stool test (hemoccult) for blood annually after 50 years of age.
3. Flexible sigmoidoscopy
   Initial exam at age 50
   After 2 negative exams (one year apart), repeat every 3 years or sooner depending on risk factors.

Some people are at higher risk for certain cancers than others and will require testing at an earlier age or more often. Be sure your primary care physician has all of your medical records and is aware of your family history.

For more information about increased risk, please contact your primary care physician or the American Cancer Society at 1-800-ACS-2345.

Continuing Medical Education

During the past year, members of the Center for Swallowing Disorders staff have continued their active participation in undergraduate and graduate medical education at regional, national, and international meetings. These presentations on topics related to swallowing disorders require considerable research and time to prepare teaching slides and videotapes. Contributions to the medical literature in journals and textbooks also have been significant.

Lecture Presentations by CSD Staff

1. June 2-4, 1991: ASCP Surgical Pathology Course, Minneapolis, MN. Clinical Gastrointestinal Endoscopy. (Boyce).
2. June 6, 1991: Norfolk Gut Club, Norfolk, VA. Managing Difficult Esophageal Strictures. (Boyce).
3. August 6, 1991: University of South Florida MKSAP Course, Lake Buena Vista, FL. Disorders of the Esophagus. (Boyce).
4. October 12-13, 1991: ACG Postgraduate Course, Boston, MA. Esophageal Malignancies and Premalignant Conditions. (Boyce).
5. November 14-16, 1991: Endoscopy Unit Design Course, Duke University, Durham, NC. Quality Assurance in the GI Unit.
6. November 17, 1991: Southern Medical Association, Atlanta, GA. McHardy-Ruffin Annual Lecture, The Obstructed Esophagus: Update on Diagnosis and Treatment. (Boyce).

Postgraduate Courses Sponsored by the CSD

1. July 17-19, 1991: Clinical Esophagology: Diagnosis and Therapy of Esophageal Disorders. Sheraton Sand Key Hotel, Clearwater Beach, FL.
2. March 19-21, 1992: Clinical Esophagology. Ritz Carlton Buckhead, Atlanta, GA.

Contributions to Medical Literature

1. Ihse I, Gibson RN, Boyce HW Jr., Lees WR, VanSonnenberg E.: The Role of Imaging in the Non-operative Staging of Gastrointestinal Tumors. Working Party Reports, World Congresses of Gastroenterology 1990:51-56
2. Boyce GA, Boyce HW Jr.: Esophagus - Anatomy and Structural Anomalies, In: Yamada T, Alpers DH, Owayng C, Powell DW, Silverstein FE, eds. Textbook of Gastroenterology, J.B. Lippincott Company, Philadelphia, Pennsylvania, 1990.
3. Boyce HW, Jr.: Drug-Induced Esophageal and Gastric Damage, In: Tytgat and van Blankenstein, eds. Current Topics in Gastroenterology and Hepatology, Georg Thieme Verlag Stuttgart, New York, 1990, pp 170-195.
4. Boyce HW, Jr.: Achalasia; Achalasia, Failures of the Heller Operation; Achalasia of the UES Oropharyngeal Dysphagia; Diffuse Esophageal Spasms (DES), In: R. Giuli, RW McCallu, DB Skinner, eds. Primary Motility Disorders of the Esophagus, Joh Libbey Eurotext, Paris, 1991.
5. Rice TW, Boyce GA, Sivak MV: Preoperative Staging of Esophageal Carcinoma by Endoscopic Ultrasonography. J Thoracic Cardiovasc Surg 1991: 101;536.

Center for Swallowing Disorders
University of South Florida

USF Health Sciences Center
12901 Bruce B. Downs Blvd., MDC Box 72
Tampa, Florida 33612

Bulk Rate
Non-Profit Organization
U.S. Postage
PAID
Tampa, FL
Permit No. 1632