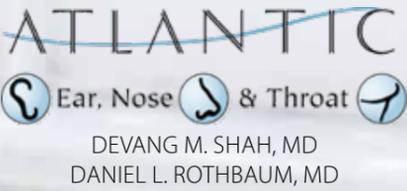


Defeating Dysphagia

The 22 years he spent serving in the US Army wasn't enough for John Arket. After officially retiring from active duty in 1970, John spent the next 27 years working for the Department of the Army as a logistics supply specialist.



"It's kind of funny," John relates. "I spent my entire working life working for the government in one capacity or another. I wound up making a career out of it, and I can tell you I never regretted a day of it. I enjoyed it all."

All of John's 27 years with the Department of the Army were spent in Europe, most of them near Frankfurt, Germany. It wasn't until he left military life altogether and retired for good that he returned to the United States and began to call Florida home.

"I wanted to go to Arizona, build a log cabin and live near the mountains, but the general put her foot down," John says with a chuckle, referring to his wife. "She wanted to live in Florida, so that's how we got here."

Now 89, John says he was enjoying retired life rather well until last February, when a problem developed one day while he was at the barber shop waiting to get a haircut. While reading a magazine, he suddenly went blind for about 30 seconds.

"That scared the heck out of me, so I went to my eye doctor to see what had happened," John relates. "He told me, *You had a stroke*. It wasn't a serious stroke, but it was enough to start a whole bunch of problems."

The most serious of those problems had to do with John's ability to swallow. Shortly after suffering the stroke, he began struggling to swallow anything other than the most liquefied of foods.

"It was like I had a blockage of some kind in my throat," John describes. "The food would just get stuck there, and I couldn't get it down. For a long time, I couldn't eat hardly anything, and after a while, I started to lose a lot of weight."

"I eventually lost forty pounds because of this swallowing problem, but after losing about thirty-five pounds is when I figured something serious might be going on. I was thinking, *This might be it for me*, so I finally went to see my primary care doctor."

John's primary care doctor referred John to Atlantic Ear, Nose & Throat.

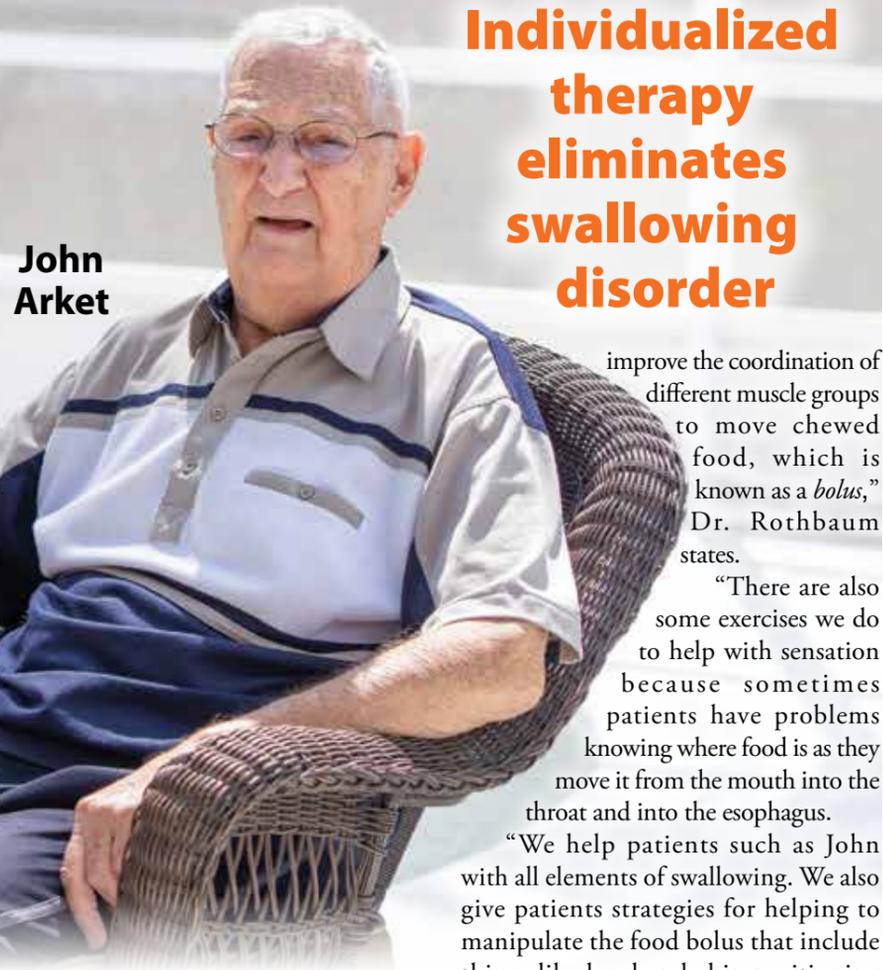
That's where he first saw Daniel L. Rothbaum, MD, who, after an initial evaluation and examination, recommended John undergo a neurological follow-up.

"Given that he'd had a stroke, it was possible he might have had other deficits, so I wanted to make sure he had a neurological follow-up," Dr. Rothbaum states. "Thankfully, John checked out well with his neurologist. He then came back to see us."

A Deeper Dive

During John's second visit, Dr. Rothbaum dove deeper into his swallowing issue by conducting a series of tests that determined the problem to be *dysphagia*, a swallowing disorder caused by conditions such as a stroke, head injury or dementia.

One of the tests he conducted is called a *fiberoptic endoscopic evaluation of swallowing*, or *FEES exam*, which



John Arket

Individualized therapy eliminates swallowing disorder

improve the coordination of different muscle groups to move chewed food, which is known as a *bolus*," Dr. Rothbaum states.

"There are also some exercises we do to help with sensation because sometimes patients have problems knowing where food is as they move it from the mouth into the throat and into the esophagus."

"We help patients such as John with all elements of swallowing. We also give patients strategies for helping to manipulate the food bolus that include things like head and chin positioning and things like that."

Back to Normal

Swallowing therapy sessions typically last about 30 minutes each and are usually scheduled three times a week for eight to ten weeks. John completed his treatment in about half that time because he showed significant improvement quickly.

"We always like to confirm that the patient is responding the way we want them to, so we did the FEES exam on John again after four weeks, and he did terrific," Dr. Rothbaum states. "His deficits had basically resolved as a result of the therapy by then."

"Yes, it worked out really well for me," John confirms. "After about four weeks of working with the therapist and doing the exercises at home, the swallowing problem was gone. Now, I'm eating anything I want, and my weight is back up to one hundred eighty pounds."

"It's funny. Just the other night, I got up around midnight and had a big bowl of cereal. When this first started, I wouldn't have been able to do that. They did a great job at Atlantic Ear, Nose and Throat of getting me fixed up."

"Dr. Rothbaum and all the people there were really good to me. I could not ask for better people, and I'm awfully glad they were there for me when I needed them."

FHCN article by Roy Cummings. Photo by Nerissa Johnson. mkb

looks at the act of swallowing as it occurs between the mouth and the voice box and how the food is processed and passed from one area to the next.

Dr. Rothbaum also conducted an *esophagram* that looks at the area between the voice box and the stomach. Those studies showed Dr. Rothbaum that John's issue was rooted primarily in his inability to get food into his esophagus.

"The esophagus is the food tube between the voice box and the stomach," Dr. Rothbaum educates. "It has muscles that help the food move to the stomach, and if those muscles aren't functioning properly, it can impair the transit of food."

"He had some problems there, but the bigger issue had to do with the process of getting food to the esophagus. He didn't have a lot of coordination of the tongue, so he was having difficulty manipulating and processing food in the mouth."

"Putting all that together, we decided to treat him by focusing on rehabilitating the swallowing process between the mouth and esophagus through special *therapy for swallowing*, which he did with us right here in our office."

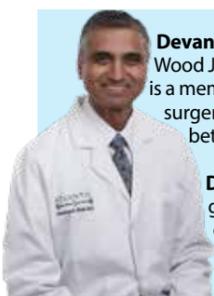
Swallowing therapy is an individualized physical rehabilitation program conducted by a certified speech-language pathologist during which sensory and motor exercises are used to strengthen the swallowing muscles.

"We use a number of modalities, some of which are exclusive to our practice, meaning we're the only practice in the area that helps patients strengthen muscles and



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"After about four weeks of working with the therapist and doing the exercises at home, the swallowing problem was gone."
 — — — — —

- John



Devang M. Shah, MD, (left) is board certified in otolaryngology. After receiving his medical degree with honors from Robert Wood Johnson Medical School, he completed his surgical internship and residency at Johns Hopkins Hospital in 1997. Dr. Shah is a member of the American Academy of Otolaryngology – Head & Neck Surgery and has served as chair of the department of surgery at Florida Hospital Fish Memorial, Orange City. He coauthored several journal articles investigating the relationship between microscopic inner-ear structures and hearing function and has presented his work at research conferences.

Daniel L. Rothbaum, MD, (right) is board certified in otolaryngology and specializes in facial plastic surgery and otolaryngology. He's a leader in balloon sinus dilation surgery in Central Florida. Dr. Rothbaum graduated magna cum laude from Harvard College in Cambridge, MA with a degree in social studies. He received his Medical Doctorate (MD) degree from Yale School of Medicine in New Haven, CT. Dr. Rothbaum completed his internship and residency training at the Johns Hopkins Hospital in Baltimore.



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