

A Chance “To Get Her Life Back”

by Tracy H. Stanton

Imagine what your life would be like if suddenly you were unable to swallow food or liquids. If you tried constantly to eat but always ended up vomiting, often numerous times during each meal. Such was the case for Deborah Clemente of North Myrtle Beach.

Fortunately, Deborah was able to “get her life back” thanks to the expertise of Gastroenterologist Dr. J. Moss Mann of Pee Dee Gastroenterology and General Surgeon Dr. Amy Murrell of Pee Dee Surgical Group.

Deborah said she began having difficulty swallowing in March of 2006. “Over time, it progressed to the point that I was unable to eat and I had significant trouble swallowing. A previous endoscopy (EGD) ordered by a physician near my home did not reveal anything abnormal. But, you know something is wrong when you can’t eat or swallow.

“In late 2006, my family physician referred me to Dr. Mann and he diagnosed me with a condition called achalasia. He said I was a classic case. Although I had already undergone numerous tests from endoscopy to barium swallows, Dr. Mann asked if I would go through the battery of tests one more time to confirm his diagnosis,” said Deborah.

Dr. Mann explained, “What Deborah described when she came to see me was dysphagia, which is difficulty swallowing, but it had progressed in

frequency and severity. It had also gone from being just solids to both solids and liquids. Anytime, a patient has progressive dysphagia to solids and liquids, you begin to look for a motor or muscle disorder.”

Achalasia is fairly uncommon, according to Dr. Mann. It is under-diagnosed and diagnosis is often delayed because the patient will undergo numerous endoscopies that do not provide an answer. There is a typical endoscopic appearance that gastroenterologists sometimes find in these patients, but in Deborah’s case, the results were not definitive that it was achalasia. Based on her symptoms, however, Dr. Mann felt there was a strong indication that she had a muscle disorder of her esophagus.

Dr. Mann then arranged for Deborah to have an esophageal motility study, where

a long slender catheter is inserted down the esophagus nasally. Deborah had to swallow a liquid ten times. The catheter has gauges that measure pressure at different levels as the liquid goes down the esophagus.

What Dr. Mann found was that Deborah’s esophagus was not working to move food or liquid down. Also, the pressure at the end of her esophagus was abnormally high.

Dr. Mann then spoke to General Surgeon Dr. John Sonfield of Pee Dee Surgical Group to see if he or any of his colleagues performed the surgery to correct Deborah’s condition. Dr. Sonfield told him that Dr. Amy Murrell had experience in performing this particular procedure.

Dr. Murrell explained, “Achalasia is a motility disorder of the esophagus, the tube that food travels through



Deborah Clemente and Dr. Amy Murrell.



Dr. J. Moss Mann

to get from the mouth to the stomach. With achalasia, this movement is impaired. The valve between the esophagus and stomach, known as the Lower Esophageal Sphincter (LES), does not relax and remains very tightly contracted. The second abnormality seen in achalasia is that the esophagus doesn’t contract to “push” the food down into the stomach,” said Dr. Murrell.

“Because of these abnormalities, it was difficult for the food Deborah swallowed to get down to the end of the esophagus and once it got there, the closed sphincter prohibited the food from moving into her stomach.”

According to Dr. Murrell, treatment of achalasia is aimed at relaxing the LES. Unfortunately, there is not a medication that will accomplish this. There are three main treatment options for the condition. However,

two of the three must be frequently repeated because they are not permanent solutions. In addition, there is a risk of the esophagus being torn with one of these options, said Dr. Murrell.

“The only permanent solution to achalasia and the preferred treatment option for patients like Deborah is to surgically perform a Heller Myotomy. This surgery is performed laparoscopically with five small incisions in the abdomen. The LES muscle is divided, leaving it in a relaxed, or open position, which allows food to pass from the esophagus down into the stomach.

To decrease reflux postoperatively, a partial wrap of the stomach around the esophagus is added to the procedure,” said Dr. Murrell.

“When I went to see Dr. Murrell, she said ‘I can fix this.’ She drew the entire procedure out for me and explained it in detail. She also told me that I would have to take an acid blocker medication for the rest of my life, but that is a small price to pay to become a whole person again,” said Deborah.

“Dr. Murrell was also very approachable. This procedure was the chance to get my life back, and I didn’t have any fear because Dr. Murrell exuded so much confidence.”

Heller Myotomy

Deborah’s surgery in mid January of 2007 was the first time a laparoscopic Heller Myotomy had been performed at McLeod. One of the most advanced laparoscopic procedures performed today, only a few surgeons in South Carolina have been trained to perform this operation.

“I don’t regret anything,” said Deborah. “This surgery and Dr. Murrell offered me hope and the light at the end of the tunnel so to speak. I had begun to feel like the situation was hopeless.”

Deborah said recovery from the surgery was a little rough right after the operation. “I couldn’t eat or drink for the first 48 hours then I went on liquids for a while eventually progressing to soft foods. Every week I could try something new – best of all I don’t throw up anymore. The last thing to eat has been

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–Deborah Clemente

meat. A month after the surgery, I actually tried a small piece of filet and it was like the best experience ever,” said Deborah.

“I’ve gained my strength back, and finally feel like a real person again. My quality of life now is just a miracle. Dr. Murrell is my hero. I thank God that she moved back to this area because she knew how to perform this surgery.

“I consider Dr. Mann and Dr. Murrell my doctors and McLeod is my hospital now. They are very open with their patients and they actually talk to you as a person. Both of them were genuinely concerned and were determined to find out what was wrong with me,” added Deborah.

The mother of five children and seven grandchildren, Deborah said that all of her grandkids knew that Grandma had a problem with her throat. “I don’t have a problem now,” Deborah tells her grandkids. “Dr. Murrell fixed me. I truly have my life back.”