

Disclaimer: This material is provided to offer information regarding dysphagia. Material is for general information purposes only and it is recommended that advice of a professional Speech Pathologist be sought regarding specific cases. This material was last updated in October 2008.

References:

Anatomy and physiology of the larynx [Image](2008). Retrieved October 12, 2008, from <http://www.getbodysmart.com/ap/respiratorysystem/larynx/menu/menu.html>

DYSPHAGIA

Patient and Carer Information



Dysphagia

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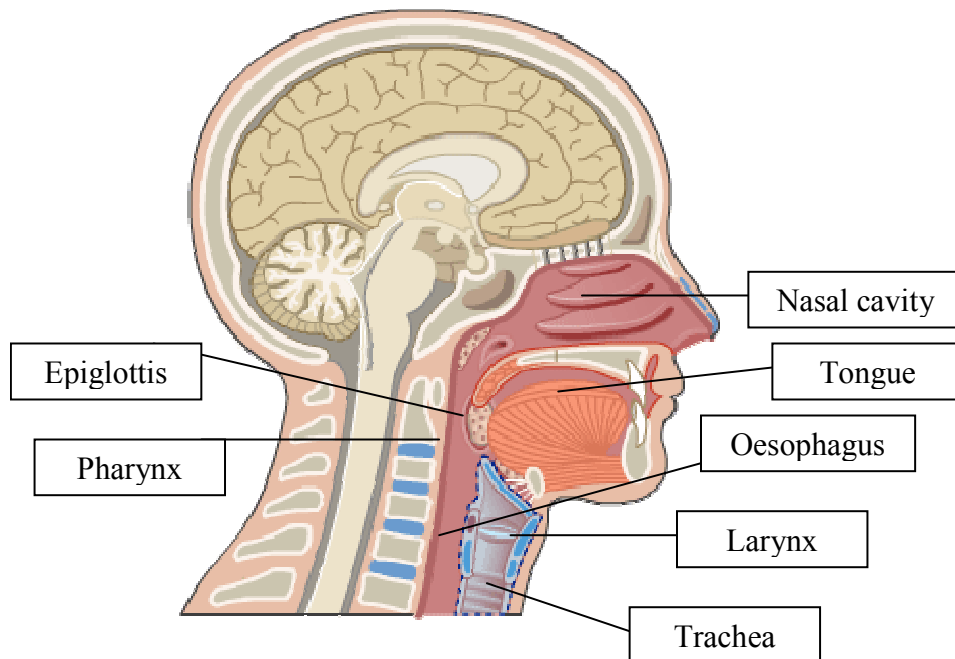


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Definition

Dysphagia is a medical term for difficulty with swallowing food, drinks or saliva

A diagram of the structures involved in swallowing



Adapted from the image of the larynx (Anatomy and physiology of the larynx, 2008)

Oesophageal Sphincters	The rings of muscle that close off the top and bottom of the oesophagus
Oesophagus	The tube through which food or liquid travels from the throat to the stomach
Penetration	Food, drink or saliva entering the airway above the voice box
Pharynx	The cavity connecting the nose, mouth, and larynx
Reflux	Digestive juices, food, and liquids moving backward from the stomach into the oesophagus, and possibly into the mouth
Soft Palate	The soft, squishy area on the roof of your mouth near the back
Speech Pathologist	An allied health professional specialising in the areas of speech, language, voice and swallowing
Trachea	The windpipe
Tracheostomy	Surgery to create an opening (stoma) in the windpipe. The opening itself may also be called a Tracheostomy

A glossary of terms related to Dysphagia

Aspiration	Food, drink or saliva entering the airway below the voice box
Videofluoroscopic Evaluation of Swallow	A moving x-ray of a person's swallowing ability from the mouth to the oesophagus
Dehydration	Excessive loss of water from the body
Dietitian	A health professional who can advise on healthy eating and special diets
Ear Nose and Throat Specialist	A medical doctor who specialises in the treatment of the ears, nose, and throat. Sometimes also referred to as an otolaryngologist or otologist
Epiglottis	Flap of cartilage in the back of the throat that prevents food from entering the airway
Gastroenterologist	A doctor who specialises in issues related to the gastrointestinal system, including the intestines, stomach, liver, and other organs
Larynx	The voice box
Malnutrition	Condition caused by not eating enough food or not eating a balanced diet
Modified Diet	A diet altered to take into consideration medical/swallowing problems

Causes of Dysphagia

Swallowing is a very complex and fast process. It takes about 2 seconds. It involves many different muscles and nerves of the face, mouth and throat.

Dysphagia is often caused by medical problems that result in problems with these muscles and nerves. These include:

- Stroke
- Head Injury
- Neck Injury
- Surgery or radiotherapy to the head or neck
- Medication
- Cancer
- Surgery to create an opening in the windpipe
- Neurological conditions
- Developmental disability

Dysphagia can be long term or temporary.

Signs and Symptoms of Dysphagia

- Drooling
- Food falling out of your mouth when eating or drinking
- Difficulty chewing
- Difficulty moving food around your mouth
- Trouble swallowing saliva
- Choking
- Difficulty starting a swallow
- Pain on swallowing
- Coughing whenever you try to swallow food or drink
- Food or drink coming out of the nose
- Constant throat clearing
- Food 'sticking' in your throat or chest
- Wet or gurgly voice
- Heartburn
- Chest infections

FOOD

Soft Food: Food may be naturally soft or may be cooked or cut to alter its texture. For example: *sandwiches without crust and with soft fillings, steamed vegetables or fish.*

Minced and Moist Food: Food is soft, moist and is mashed with a fork, or is minced. Lumps are smooth and rounded. For example, *mashed potato or minced casserole.*

Smooth puree: Food is smooth, moist and lump free. It may have a grainy quality. For example, *pu-
reed fruit or pureed vegetables.*

A description of each consistency and thickened fluids

The Australian Standards were developed by the Speech Pathology Association of Australia and the Dietitians Association of Australia. These are the definitions of the different consistencies in a modified diet:

FLUIDS

Mildly Thick: Fluid runs freely off the spoon but leaves a mild coating on the spoon. For example: *milkshake*

Moderately Thick: Fluid slowly drips in dollops off the spoon. For example: *custard, room temperature honey or a thickshake.*

Extremely Thick: Fluid sits on the spoon and does not flow off it. For example: *pudding or mousse.*

Dysphagia can often lead to other problems such as:

- Weight loss
- Not eating enough food or not eating a balanced diet
- Excessive loss of water from the body
- Chest infections

Treatment Options

Speech Pathologists can assess the severity of swallowing problems. They can give you strategies to manage the problem. These may include:

- **Changing the way you eat or drink**
- **Changing the consistency of food and/or drink**
- Someone assisting you when eating
- Using different utensils
- Surgery in some more severe cases

Strategies that may help with swallowing problems:

- Sit upright when eating
- Make sure dentures are properly fitted
- Avoid food that is difficult to swallow
- Cut food into smaller pieces
- Use different utensils, such as a special cup or spoon
- Avoid using a straw to drink
- Take smaller bites or portions
- Chew food well
- Tilting or turning the head when eating
- Wash down solids with liquids
- Swallow everything in your mouth before taking the next bite

What happens after the Videofluoroscopy?

Your speech pathologist will decide on your management plan using the results. This includes **the most suitable food and drink consistencies and any strategies that will help** you to swallow safely.

The need for modified diets

A modified diet is often needed for swallowing difficulties to **reduce the risk of choking**. For example, making fluids thicker is one way of modifying a diet to ensure safety. Making liquids thicker makes them move more slowly and makes them easier to control. Another way could be eating pureed foods. The best option will vary for different conditions and for different patients. Your speech pathologist will choose the modified diet that is best for you.

Who conducts the Videofluoroscopy?

A radiographer and a speech pathologist will conduct the test. A radiologist (i.e. a doctor who reads x-rays), a nurse or a physiotherapist might also help out.

What happens during the Videofluoroscopy?

You will try different consistencies of food and drink to see which one is safest for you. This might include sandwiches, biscuits, pureed fruit, water or thickened drinks. They will be mixed or coated with a substance called *barium*, which allows the food and drink to be seen more easily on the x-ray.

Your speech pathologist will tell you to take different sized mouthfuls depending on your swallowing ability.

- Take your time with eating and drinking
- Take a short rest if you are tired during a meal
- Exercises to increase muscle strength in your mouth, tongue and throat may be needed
- Try different amounts of food - a teaspoon might be more helpful for some people
- Stay sitting upright for at least 15 minutes after eating

Here are some other strategies that are recommended for you:

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When to go back to the Speech Pathologist

You should **see your speech pathologist if you are worried** about your dysphagia. If any of the following occurs, please speak to your speech pathologist:

- Pain or discomfort on swallowing
- Constant coughing, throat clearing or gurgly voice when eating (you may need help preparing your modified diet correctly)
- You have developed a chest infection
- If your swallowing gets worse - you may need to change your modified diet or try new swallowing strategies
- If your swallowing gets better – you may be able to change the consistency of your diet

Videofluoroscopy

Other tests of your swallow may be needed to find out exactly what is the cause of the problem in your mouth, throat or oesophagus. This can involve taking a video x-ray of your swallow called a Videofluoroscopy.

What to Expect From a Videofluoroscopy

A **videofluoroscopy** allows your speech pathologist to see how well you can swallow different consistencies of food and drink.

What happens first?

A speech pathologist will assess your swallowing ability which often involves checking your face, mouth and throat muscles. A videofluoroscopy will be needed if an x-ray will give more information about the cause of your swallowing problem.