

2014

Swallowing

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Swallowing is something we take for granted. We eat and drink with little thought as to how food and liquid pass from our mouth to our stomach. Swallowing is one of the most complex actions that we perform. We swallow as many as 600 times a day.

The medical word for swallowing problems is *dysphagia*. This pamphlet will help you learn about swallowing. It will talk about how swallowing problems may be managed.

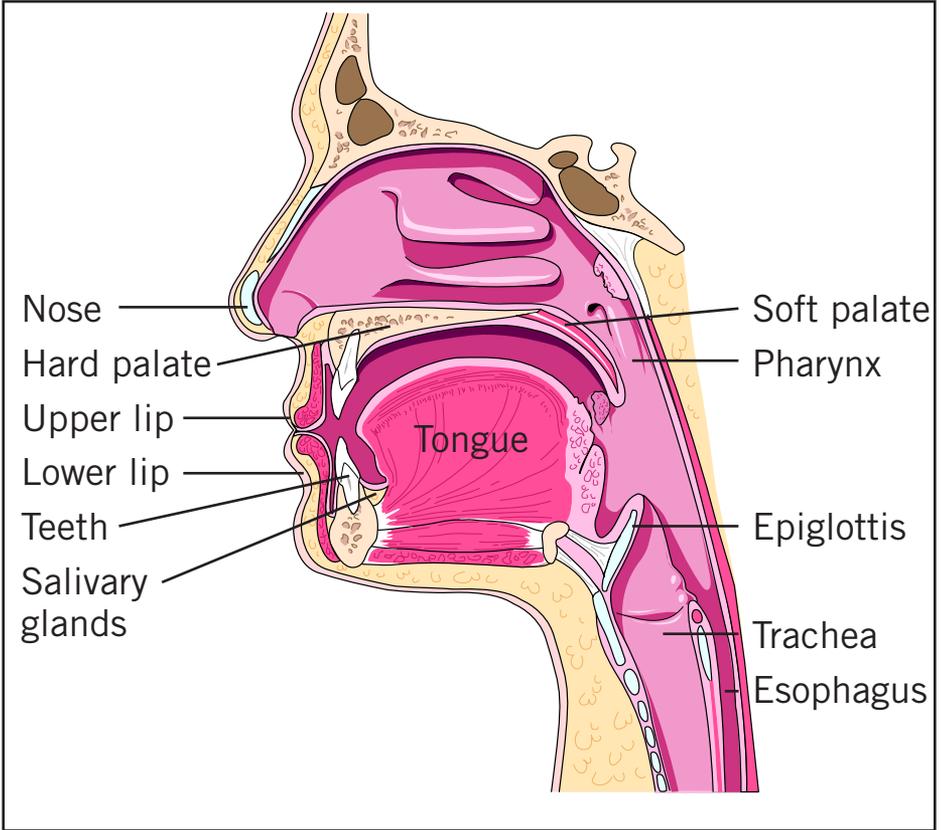
Normal swallow

A swallow takes place in 3 steps and happens quickly:

Step 1: The lips close tightly to keep liquid or food from spilling out of your mouth. Our tongue moves food or liquid to the back of the throat.

Step 2: Food passes into your throat. At the same time, a small flap called the epiglottis folds backwards to stop food or liquid from going into the lungs.

Step 3: Muscles relax and food moves into the esophagus. This tube leads into the stomach.



Swallowing problems

The ability to safely swallow can be impaired. There are many reasons for swallowing problems. Some are:

- Head injury
- Stroke
- Parkinson's disease
- Multiple sclerosis
- Failure to thrive
- Dementia
- Tracheostomy tube
- Head and neck cancers

These conditions can affect the feeling, strength, and/or coordination of the muscles we use to swallow. The problem may be mild and the diet may need some changes. Sometimes the swallow may be so impaired that it is not safe to take any food or liquid by mouth. A person may have to be fed by another method.

A swallowing problem can lead to:

- Food or liquid going into the lungs instead of your stomach. This is called aspiration. Aspiration can cause pneumonia.
- Fatigue (tiredness).
- Loss of appetite.
- Weight loss and poor nutrition.
- Dehydration.
- Airway obstruction (choking).

These signs may mean someone has a swallowing problem:

- › Coughing or choking during or after meals
- › Frequent throat clearing
- › Hoarse or wet, gurgly voice
- › Feeling of food getting stuck in the throat
- › Pocketing food in the cheek
- › Holding food or liquids in the mouth
- › Drooling, or loss of food or liquids from the mouth
- › Avoiding solid food
- › Frequent chest infections, pneumonia

The doctor may ask for a swallowing assessment (test) if there is a concern. The swallow dysphagia team will assess if the person is able to safely swallow. The team is made up of a Dietitian and a Speech Language Pathologist.

There are two ways to check someone's swallowing:

1. Bedside swallowing assessment

The team will see a patient at the bedside. The patient may be tested with thick or thin liquids, puréed, minced, or solid foods. The team will watch the patient while eating and drinking. They will look for signs of swallowing problems. The team will determine what foods and liquids the patient can safely eat or drink.

Patients usually start on a special diet. These diets are called 'texture modified diets'. The food and/or liquid is a certain texture that is easier and safer to swallow.

2. Modified barium swallow

This is an X-ray of the swallowing process. The team may decide to do a modified barium swallow if the bedside assessment is unclear. This can give other information such as:

- Where the swallowing problem is happening.
- What is happening during the swallow.
- How a change in position may help with swallowing.
- How a change in the texture of food affects swallowing.
- If the person is silently aspirating. This means liquid or food is going into the lungs and the person does not cough.

The team may decide that it is not safe for the person to take anything by mouth. The term 'NPO' is used when a person is not to have any food or drink by mouth. This may require another means of giving nutrition.

The other methods of feeding are:

Nasogastric Tube

A tube is passed through the nose and throat, down the esophagus and into the stomach. Liquid nourishment is given through the tube. This is usually only used for a limited time. The dysphagia team will continue to assess if it is safe for the person to start to take anything by mouth.

Gastrostomy Tube

A gastrostomy tube (G-tube) is used for a longer time. A feeding tube is placed through the abdominal wall and into the stomach.

There are different ways to put a G-tube in. A member of your health care team will explain your procedure beforehand. Later, the tube can be taken out if the person is able to take enough nutrition by mouth. The incision will heal over.

If the person is allowed to eat, what can the family do?

- Learn about the person's special swallowing guidelines. Follow them carefully.
- Offer only the foods and liquids that are allowed.
- Try to make positive comments about the texture of the food. Avoid negative comments.
- Have the person sit upright when eating or drinking.
- Promote self-feeding when possible. You may use your hand over their hand to help with self-feeding.
- Encourage the person to only take small bites of food at a time.
- Encourage small sips of liquids. DO NOT USE STRAWS unless told otherwise.
- Allow plenty of time for eating.
- Make sure the person has swallowed completely before taking more food. They may need to swallow more than once.
- Encourage eating.
- Stop feeding right away if the patient shows any signs of problems like coughing or throat clearing while eating or drinking.
- The person should stay upright for 30 minutes after eating or drinking.
- Talk with staff about any concerns.

Dietitian: _____

Phone: _____

Speech Language Pathologist:

Phone: _____

Date: _____

If you have any questions, please ask.

We are here to help you.

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Prepared by: Food and Nutrition Services

Illustration by: LifeART Super Anatomy 1 Images, Copyright © 1994, TechPool Studios Corp. USA

Designed by: Capital Health Library Services, Patient Education Team

Printed by: Dalhousie University Print Centre

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