DYSPHAGIA MANAGEMENT FOR PRIMARY CARE

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LEARNER OBJECTIVES

- Identify symptoms of dysphagia and differentiate from other potential primary cause
- Increase understanding of Feeding/Swallowing assessments available in YEG zone
- Gain knowledge of referral criteria, assessment process and diagnostic options
- Increase understanding of most appropriate path of care for your patient based on symptoms

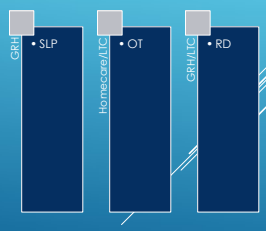
GOALS

- To ensure the patients that are being referred for dysphagia are appropriate for this particular assessment

AND

- To ensure they are receiving the correct assessment in the most timely manner to improve patient outcomes

WHO WILL BE INVOLVED?



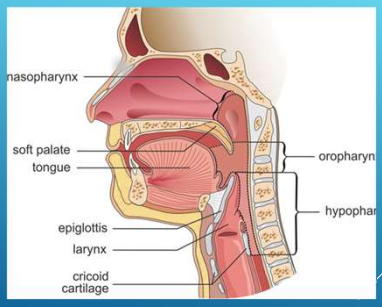
- The videofluoroscopic swallowing study (VFSS), also known as the **modified barium swallow study**, is a radiographic procedure that provides a direct, dynamic view of oral, pharyngeal, and upper esophageal function (Logemann, 1986)
- Accuracy or sensitivity of clinical/bedside evaluation varies greatly across etiologies and clinician expertise
- As much as 52% of patients in acute care exhibit silent aspiration that would be missed on clinical assessment alone

WHY VFSS?

RISK FACTORS FOR CONSEQUENCES OF ASPIRATION

- dependent for feeding
- dependent for oral care
- Poor oral hygiene
- number of decayed/missing teeth
- tube feeding
- more than one medical diagnosis
- number of medications
- Smoking
- Reduced mobility

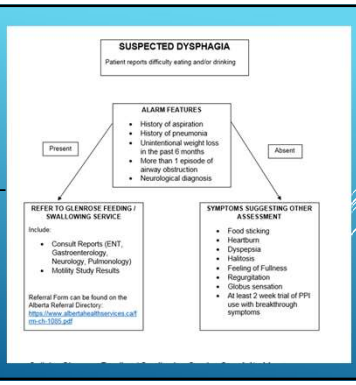
Langmore, S.E. (1998)



VFSS CAPABILITIES

CAN	-Identify penetration/aspiration -Identify presence of residue -Identify anatomical/physiological abnormalities related to the swallow
CANNOT	-Identify tumours/lesions -Be used to diagnose esophageal dysphagia -Identify causes of voice changes/dysfunction

OROPHARYNGEAL VS. ESOPHAGEAL



OTHER DIAGNOSTICS

- **Esophagram/Upper GI Series-** assess gross structure/function of esophagus (suspected dysmotility, achalasia, reflux diagnostic)
- **Gastrosocopy**- endoscopy is a sensitive investigation for significant strictures, rings, webs, and esophagitis
- **Manometry**- There is a clear indication for manometry in patients with a normal endoscopy who have consistent dysphagia with solids if there is associated regurgitation or weight loss or if there is significant impairment of lifestyle.
- **Nasendoscopy**- Inspection of the nose, sinuses, pharynx, and larynx with a small angled endoscope inserted into a nostril. Best way to visualize soft tissue of pharynx as well as vocal folds

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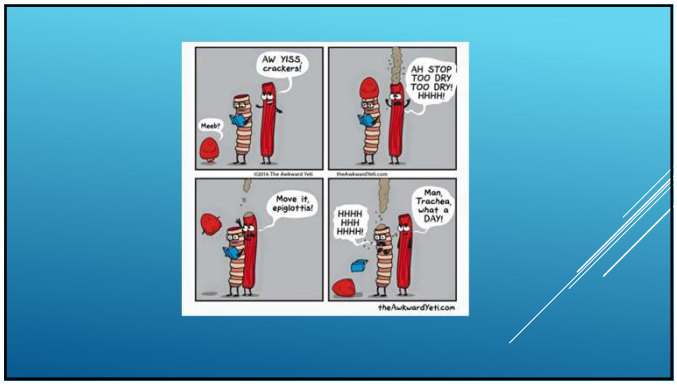
AW YISS, crackers!
Meeh?
AH STOP TOO DRY TOO DRY! HHHH!
Move it, epiglottis!
HHHH HHH HHHH!
Man, Trachea, what a DAY!
theAwkwardYeti.com