

SWALLOWING PROBLEMS AFTER STROKE (DYSPHAGIA)

Difficulty with eating, drinking and swallowing is called **dysphagia**.

Dysphagia after a stroke is very common, with more than half of people having difficulty with eating and drinking immediately after the stroke.

A stroke can affect the strength, speed or coordination of the muscle movements involved in swallowing.

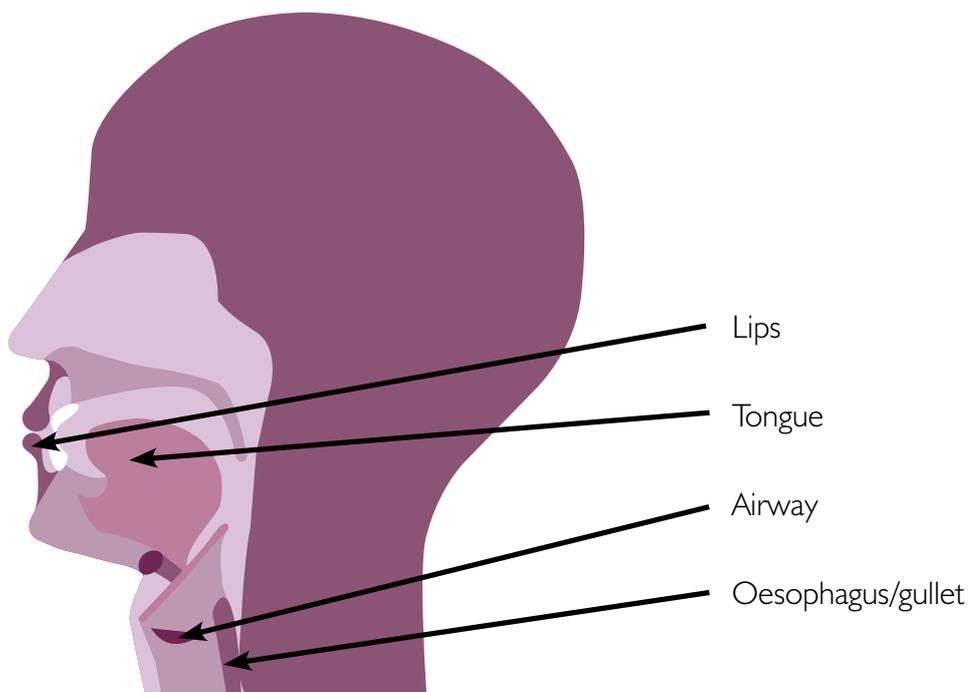
This can result in:

- slow, inefficient eating and drinking which makes it difficult to take enough food and drink to keep healthy
- choking and coughing which can be dangerous, and may lead to chest infections

What does it mean when we say food has “gone down the wrong way”?

Lip and tongue sensation and movement are important for controlling food and drink in the mouth and directing food onto the teeth for chewing. If the lips and tongue are weak this may result in:

- drooling and dribbling from the mouth
- food not being chewed before attempting to swallow



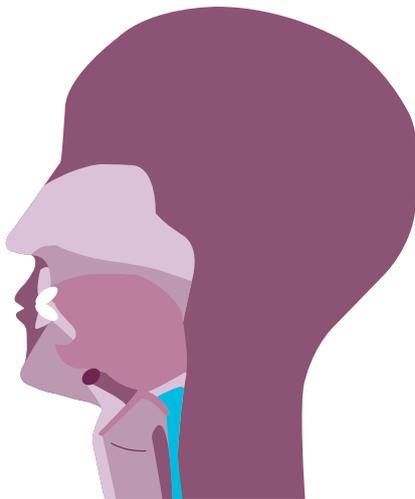
FACTSHEET

Within our throat there are two openings:

- Airway leading to the lungs
- Oesophagus or gullet leading to the stomach.

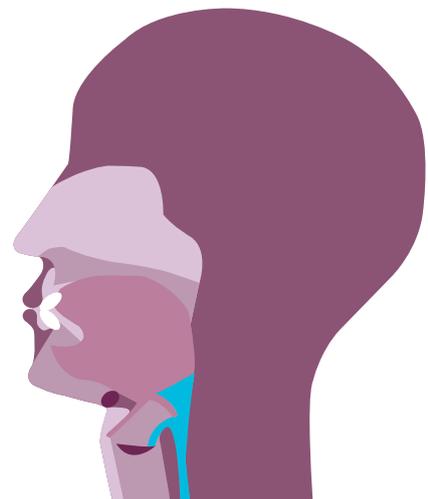
When we swallow it is vital that the airway closes completely and the food and drink is directed into the oesophagus. If closure of the airway fails or is too late, food and drink can enter the airway and travel to the lungs. This is known as **aspiration** and can lead to **pneumonia or a chest infection**.

It is important to note that not all aspiration leads to coughing and this is known as **silent aspiration**.



Normal swallowing

Food or drink enters the oesophagus and travels to the stomach



Abnormal swallow with aspiration

Food or drink enters the airway and travels to the lungs

What are the signs or symptoms of dysphagia?

Everyone admitted to hospital with a suspected stroke should have a swallow screening test to check for signs and symptoms of dysphagia **before** being offered any food or drink. The screening test is used to identify who needs to be referred to speech and language therapy for a more detailed swallowing assessment.

It is likely that a notice stating “Nil by mouth” will be placed above your bed until it is considered safe for you to begin eating and drinking without risk of aspiration or choking.

It is important to be aware of signs of dysphagia and report these to the clinical team to prevent any complications due to poor swallowing. The following list describes common effects of dysphagia:

- Coughing or choking during or immediately after eating and drinking
- A sensation of food sticking in the throat
- Eating and drinking very slowly and with effort
- Dribbling or drooling food or drink from the mouth
- A gurgly, wet-sounding voice during or after eating and drinking
- Food left behind in one side of the mouth with poor sensation
- Feeling that you need to keep clearing your throat when eating or drinking
- Feeling chesty or unwell with a high temperature
- Food or drink coming down your nose

What can be done to help?

The management of dysphagia depends very much on the severity and nature of the problem.

Dysphagia is managed within a multi-disciplinary team which includes a speech and language therapist, dietitian, pharmacist, occupational therapist, physiotherapist, as well as medical and nursing staff and carers.

The **speech and language therapist** will carry out a detailed swallowing assessment and will work with the whole multi-disciplinary team to ensure that there is a plan to manage the swallowing problem.

They will also advise on any exercises that will help.

The **dietitian** will carry out a nutritional assessment to advise on your particular requirements and how best to meet these. This may include dietary modifications and/or prescribing supplements to give more calories, vitamins and minerals.

The **pharmacist** will provide any alternative forms of medication required to ensure you can continue with any treatments.

Both **occupational therapists and physiotherapists** will offer advice on best positioning and ways of assisting feeding as well as advice on managing any chesty secretions.

Will I need any further tests?

Your speech and language therapist may suggest further tests to help plan the management of your swallowing difficulties

Videofluoroscopy is a moving x-ray which shows how efficient and safe your swallowing is.

Fibreoptic endoscopic evaluation of swallowing (FEES) is a procedure using a small flexible camera, inserted through your nose and into your throat to view the safety and efficiency of your swallowing.

What if I can't swallow at all?

If your swallowing problem is severe and there appears to be a significant risk of food and drink being aspirated into your lungs, the team will likely suggest that you do not attempt to eat and drink. A "Nil by Mouth" sign will be placed above your bed if you are in hospital.

If this happens:

- You will receive regular reviews of your swallowing ability
- A drip may be used to make sure your body has enough fluid
- The team will discuss with you the option of providing a liquid food directly into your stomach through a tube.

Nasogastric (NG) feeding tube

This is a narrow tube which is passed through the nose, down the throat and into the stomach. The nurse is able to insert the tube on the ward and although it can be a bit uncomfortable, it is a short procedure. These tubes are not permanent and nursing staff have to regularly check that the tube has not been displaced.

Gastrostomy feeding tubes (often referred to as RIG or PEG)

These are flexible tubes that are inserted directly into your stomach through a small incision in your abdominal wall. Local anaesthetic is used during the procedure. The tube is held in place by a plastic disc and the tube will not be visible through your clothing.

This tube can be a longer term solution as well as a temporary option. All the issues around the procedure and looking after a tube will be discussed with you before a decision is made.

If you are going home with a tube, you will be given all the information and training you need by the ward staff before you are discharged.

For all types of tubes, the dietitian will prescribe a special liquid feed to specifically meet your needs and this will be delivered slowly into your stomach through the tube. Liquid supplements and some medicines can also be given through the tube.

If your swallowing is improving, it is possible to begin eating and drinking while the tube is still in place.

When you are eating and drinking enough, the tube can then be safely removed.

Keeping safe when eating and drinking

You should be given your own personal recommendations based on the results of your assessments. Your speech and language therapist will work with you and your family to:

- Suggest foods and drinks which are easier and safer to swallow
- Tell you which foods and drinks to avoid
- Show you strategies to make swallowing easier and safer
- Show you any exercises which could help improve your swallowing

Modifications of food and fluid

If you have problems controlling food in your mouth, difficulty chewing or weakness in moving the food through your mouth or throat, you may need to choose suitable foods to reduce the risks of choking and aspiration.

If a modified diet has been suggested for you, the hospitals have a list of texture modified diets they can provide. You should be given more information about suitable food suggestions for when you are at home. It is important your family and friends know which foods are suitable if they want to bring you snacks. The ward staff will be able to give advice on this.

The particular recommendation will depend on the type of swallowing difficulty you are having and may only involve avoiding “high risk” foods such as stringy foods or may require special preparation such as pureed foods which require the use of a food processor.

If your swallowing is slow and you have difficulty protecting your airway when swallowing, you may have to take thicker drinks.

Thicker drinks move more slowly through the mouth and throat and can be easier and safer to swallow. A thickening powder can be added to drinks to make them the right consistency for you to swallow.

More tips for easier swallowing

- Sit in an upright position
- Reduce distractions and concentrate on eating and drinking
- Avoid tipping your head back
- Chew food well
- Slow down
- Make sure your mouth is empty before taking the next mouthful
- Eat regularly and take small meals more often if you get tired eating
- Make sure all snacks are a suitable texture
- Check your weight regularly and let your doctor know if you are losing weight
- Let your doctor know if you are finding it difficult to swallow your medicines

This leaflet gives general advice and you should ask the nurse or speech and language therapist working with you for more specific guidance. Be aware of any changes to your swallowing and report any concerns to a member of the team caring for you.

**If you would like to speak to one of our nurses in confidence,
please call the Chest Heart & Stroke Scotland Advice Line Nurses**

0808 801 0899

Free from landlines and mobiles.