



Patient & Family Guide
2022

Swallowing



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Swallowing

Swallowing is something that our bodies do automatically. We eat and drink without thinking about how food and liquids pass from our mouth to our stomach. Swallowing is one of our body's most complex actions. 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 and how to manage swallowing problems.

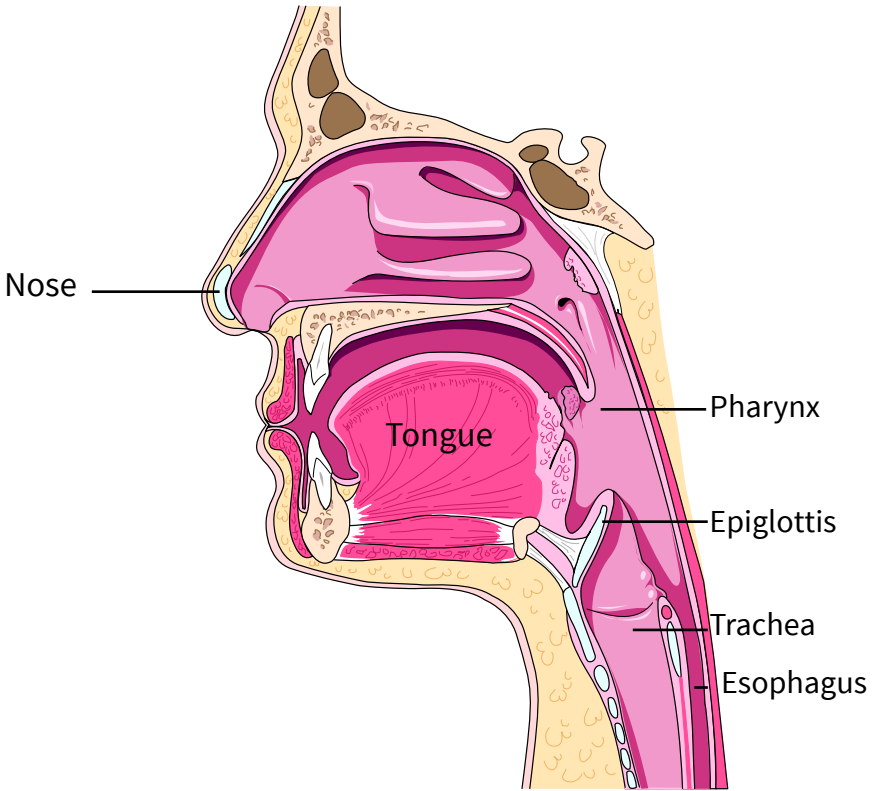
How does a normal swallow work?

There are 3 steps in a swallow:

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

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

Step 3: Food moves into your esophagus. This is the tube that leads to your stomach.



What causes swallowing problems?

There are many things that can affect your ability to safely swallow, such as:

- › Head injury
- › Stroke
- › Parkinson's disease
- › Multiple sclerosis
- › Failure to thrive
- › Dementia
- › Have or had a tracheostomy tube
- › Head and neck cancers

These conditions can:

- › weaken the muscles used to swallow.
- › change how these muscles work.
- › change how swallowing feels.

If the problem is mild, it may help to make changes to the texture of your food and/or drinks. You may also need advice on how to eat or drink differently. Sometimes it is not safe to take any food or liquids by mouth. In this case, you may need to get your nutrition and fluids a different way.

A swallowing problem can lead to:

- Food or liquid going into your lungs instead of your stomach (aspiration). Aspiration can cause:
 - › Pneumonia (chest infection)
 - › Weight loss and poor nutrition
 - › Dehydration (not having enough fluids)
 - › Choking
 - › Blocked airway

What are the signs of a swallowing problem?

Signs of a swallowing problem include:

- › Coughing or choking during or after eating
- › Repeated throat clearing
- › Hoarse or wet, gurgly voice
- › Feeling of food getting stuck in your throat
- › Pocketing (holding) food in your cheek
- › Holding food or liquids in your mouth
- › Drooling, or food or liquids spilling out of your mouth
- › Avoiding solid food or liquids
- › Repeated chest infections, pneumonia

The health care team may ask for a swallowing assessment if there is a concern. The dysphagia team (swallow team) will assess your swallow function (how you swallow). The dysphagia team is made up of a dietitian and a speech language pathologist.

How is a swallowing problem diagnosed?

There are 3 ways to check for swallowing problems:

Clinical swallowing assessment:

- The dysphagia team will assess your swallowing function.
- You may be tested with thick or thin liquids, and pureed, minced, soft, or solid foods. The team will watch you eat and drink, and look for signs of swallowing problems.
- The dysphagia team may recommend you change the texture of your food or drinks to make it easier or safer for you to swallow.

Modified barium swallow:

- This is an X-ray that gives the dysphagia team additional information like:
 - › Where the swallowing problem is happening
 - › What is happening when you swallow

- › If you are silently aspirating (food and/or liquid is going into your airway, but you do not cough)
- › How a change in food texture affects your swallowing
- › How a change in your body position may help your swallowing

Fiberoptic Endoscopic Evaluation of Swallowing (FEES):

- This test is less common. It is not done at all Nova Scotia Health sites.
- A scope (thin, flexible tube) with a small camera on the end is passed through your nose into your pharynx. This lets the dysphagia team see inside your throat.
- You may be tested with different food and/or liquid textures. Food colouring is added to help the team see what happens to the food/liquid during swallowing.

What happens if my swallowing problem is severe (very bad)?

The team may determine that it is not safe for you to take food, liquids, or medications by mouth. The term ‘**NPO**’ is used when you should not have anything by mouth. Being NPO may require another means of giving nutrition, fluid, and medications. A care plan will be determined with your help.

How else can I get nutrition, fluids, and medications?

Other ways of getting nutrition, fluids, and medications are:

Intravenous (IV) fluids

- IV fluids are usually given while you are waiting for a swallowing assessment.
- IV fluids provide fluid and electrolytes.
- It may take 1 or 2 days to have a safe route for nutrition. Medications will be given through a non-oral (not by mouth) route, if needed.
- You may still need to get some fluids through your IV when you first start eating again.

Nasogastric (NG) tube

- An NG tube is passed through your nose and throat, down your esophagus, and into your stomach.
- Liquid food and medications are given through the NG tube.
- An NG tube is usually used only for a limited time.
- The dysphagia team will reassess if it is safe for you to start taking anything by mouth. You may still need to get some nutrition or fluids through your NG tube when you first start eating again.

Gastrostomy tube (G-tube)

- A G-tube may be used if your swallowing is slow to get better, or it is hard to keep the NG tube in place.
- The tube is placed through your abdominal (stomach area) wall, into your stomach.
- Liquid food and medications are given through the tube.
- A G-tube can be used for a longer time.
- There are different ways to put a G-tube in. A member of your health care team will talk with you about this.
- Once you are able to take in enough food and fluids by mouth, the tube is removed.

Parenteral nutrition (PPN or TPN)

- Parenteral nutrition is intravenous nutrition.
- A special IV catheter is needed to run IV nutrition into the bloodstream.
- Parenteral nutrition is only used when other ways of feeding are not possible.
- **Parenteral nutrition does not provide a route to give medication.**
- Parenteral nutrition is usually only used for a short period of time.

For family members or support persons:

What can I do to help?

- Keep calm.
- Reassure them that they will get the nutrition, fluids, and medication(s) they need.
- Let them sleep if they are drowsy. Rest is important for healing.
- Help prevent them from taking out their IV and/or feeding tube. Hold their hand.
- If they keep asking to eat and drink, remind them they are getting their food and nutrition through a feeding tube and/or IV.
- Help them focus on other things that are not related to eating or drinking.
- Do not bring food or drinks for yourself to their bedside.
- Do not leave any containers that might be mistaken for food or drinks where they can reach them.
- Bring lip balm (like ChapStick®, Blistex®) to help keep their lips from drying out.
- Bring soft tissues (like Puffs® Ultra Soft™, Kleenex® ultra soft™, Scotties® Lotion) from home to help manage drooling, if needed. Hospital tissues can be rough on the skin.

- Help with mouthcare if a member of the health care team has shown you how.
Do not use a lot of water on sponges or toothbrushes.

If they can eat by mouth, what can I do to help?

- Learn about their swallowing guidelines.
Follow them carefully.
- **Only offer them the food and liquids that they are allowed.**
- Do not make negative comments about the texture modified diet.
- Stay positive and remind them that good nutrition helps with healing and recovery.
- Help them to sit upright when eating or drinking.
- Encourage them to feed themselves, if possible.
- If they eat fast, remind them to slow down. You may need to hold the spoon between bites to slow them down.
- Encourage them to only take 1 teaspoon of food or 1 small sip of liquid at a time.
- **Do not use straws**, unless told otherwise.
- Give them plenty of time to swallow between bites and sips. Remind them to go slow.

- Make sure they have swallowed completely before taking more food or liquid. They may need to swallow more than once per bite — this is OK.
- Encourage them to eat. Nutrition is needed for recovery.
- Stop feeding right away if they show any sign of a problem, like coughing or throat clearing while eating or drinking.
- They should stay upright for 30 minutes after eating or drinking.

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

Talk with a member of the health care team if you have any concerns.

Dietitian: _____

Phone: _____

Speech Language Pathologist:

Phone: _____

Date: _____

What are your questions?

Please ask. We are here to help you.

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Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.