

Dysphagia

What is Dysphagia?

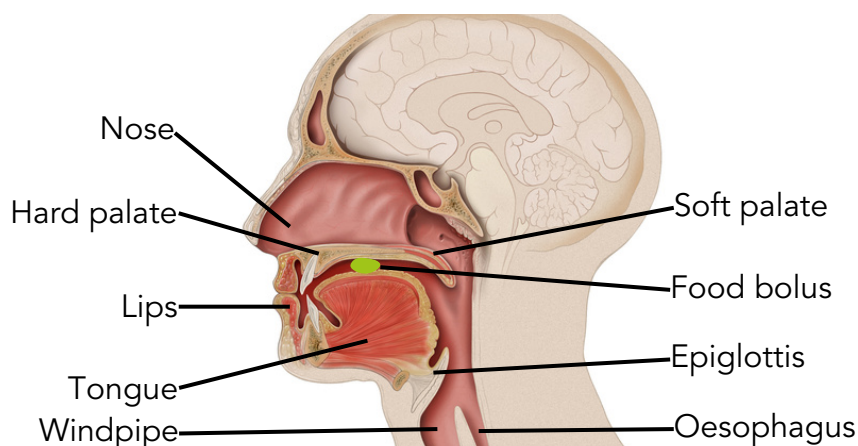
Swallowing is the process where food and liquid travels from the mouth to the stomach. Dysphagia is a medical term used to describe a swallowing difficulty.

The normal swallowing consists of three phases:

- Oral phase: Food is broken down and pushed into the throat
- Pharyngeal phase: Food and liquid move down the throat and the airway is closed to prevent food/liquid from entering the windpipe
- Oesophageal phase: Food and liquid is squeezed down toward the stomach through the food pipe

Disordered swallowing (Dysphagia):

Dysphagia occurs when there are difficulties in any of the three phases of swallowing. This could result from muscle weakness, discoordination or sensory issues in the swallowing mechanism.



What are the signs of Dysphagia?

- Difficulty managing oral secretions or drooling
- Holding of food/liquid inside the mouth
- Difficulty in or absence of chewing
- Difficult or laboured swallowing
- Gurgly voice or throat noises after swallowing
- Choking/coughing on food and/or liquids
- Breathing difficulties after swallowing



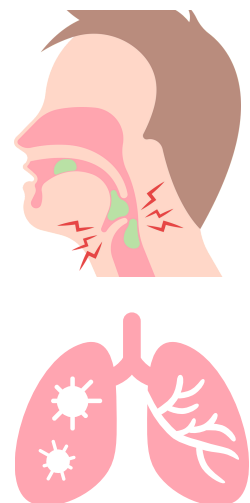
What causes Dysphagia?

Dysphagia can be caused by underlying reasons such as:

- Acute causes (e.g. stroke, spinal cord injury, head and neck cancer, acute exacerbation of chronic obstructive pulmonary disease, etc.)
- Chronic causes (e.g. chronic obstructive pulmonary disease, Parkinson's disease, radiotherapy for head and neck related cancers, etc.)
- Progression of diseases (e.g. dementia, neurodegenerative diseases, late stage cancer, etc.)

What are the consequences of Dysphagia?

Aspiration is a medical term used to describe when something foreign enters our airway. As the entrances to our lungs and stomach are close to each other, dysphagia may cause food, fluid and/or saliva to enter our airway and lungs instead of our stomach. Some people can cope with small amounts of aspiration. However, others may not tolerate it, leading to lung infection (also known as aspiration pneumonia). This may be life threatening and require a hospital admission. Inadequate food and fluid intake caused by dysphagia may also result in dehydration and malnutrition. Dysphagia can cause a deterioration in one's quality of life.



How can we manage Dysphagia?

- Speech Therapists may recommend modified diets and fluids that minimise the risk of aspiration (please see separate handout on food and fluid modification). In more severe cases, non-oral or tube feeding may be recommended.
- Swallow therapy exercises targeted at improving strength, timing and coordination of the swallow may help improve swallow function.
- When necessary, Speech Therapists may recommend further instrumental assessments to better determine a patient's swallow profile which assists in dysphagia management.
- It is important to maintain good oral hygiene to prevent the onset of pneumonia. Brushing of teeth (or dentures) and cleaning of the tongue and mouth at least twice a day is recommended for all patients.



What are some possible feeding options?

(1) Full oral feeding – A patient with dysphagia may still be allowed to safely consume modified food and fluids.

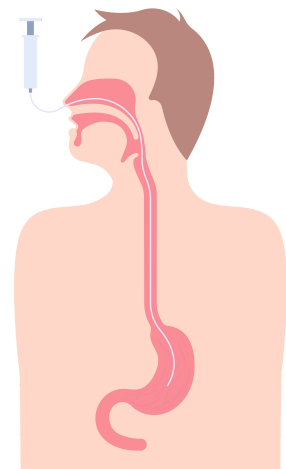
(2) Pleasure feeding – In cases of severe dysphagia, a patient may still be allowed small amounts of food and/or drinks orally with accepted risks.

(3) Non-oral feeding – Feeding tubes bypass the mouth and entrance to the lungs, and deliver nutrition and hydration directly to the stomach. This may be for short- or long-term use (Please see next page for types of non-oral feeding tubes). Do note that feeding tubes do not eliminate aspiration pneumonia completely. Patients may still aspirate on their own saliva if swallowing is impaired. Poor oral hygiene may lead to bacteria contaminating one's saliva and result in aspiration pneumonia if patients aspirate on this. Hence, it is important to ensure good oral hygiene even when a patient is on tube feeding.

Non-oral feeding

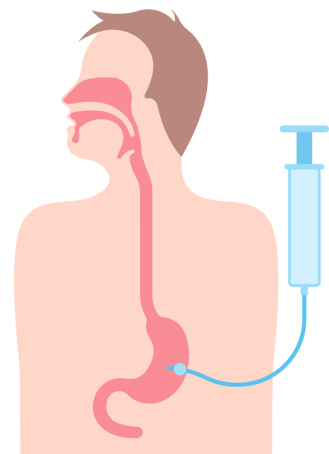
Nasogastric Tube (NGT)

- The NGT is a flexible feeding tube that passes through the patient's nose, back of throat and into their stomach. NGT insertion can be done at bedside by a trained nurse.
- The NGT needs to be changed regularly (ranging from 1 – 12 weeks depending on the type of the tubes used).
- If required, a caregiver may be trained on how to administer milk feeds using the NGT. The patient should only be given milk feeds via the NGT unless instructed otherwise by the Speech Therapist.



Percutaneous Endoscopic Gastronomy Tube (PEG)

- The PEG is a feeding tube placed through the abdominal wall directly to the stomach. This is inserted via an endoscopic procedure performed by a surgeon.
- PEG tubes may last for 6 – 12 months with good maintenance from caregivers. The patient should only be given milk feeds via the PEG unless instructed otherwise by the Speech Therapist.



The Speech Therapist, in discussion with the patient, family members and the medical team, will seek to reach a consensus on a feeding mode which reduces aspiration risks and improves quality of life for people with swallowing difficulties.

Should you or your loved ones experience difficulties with swallowing, please do not hesitate to contact us at 6363 3000 or enquiry@wh.com.sg.

Contributed by Speech Therapy, Rehabilitation, Allied Health Services

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