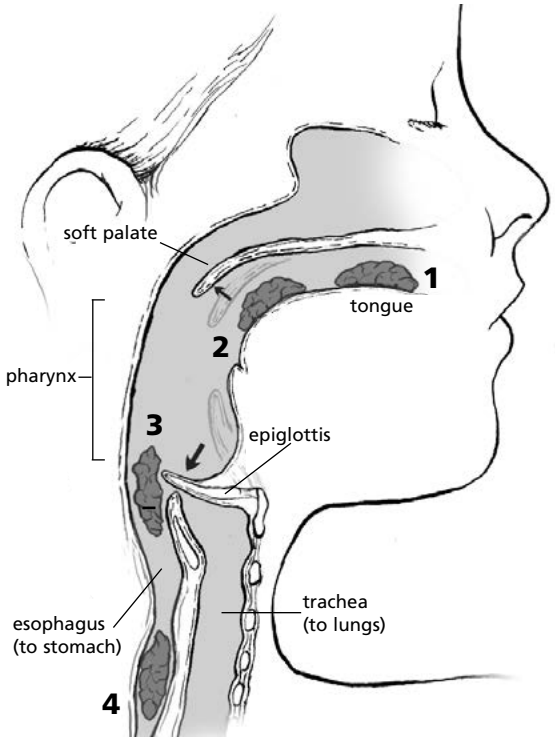
Let's Talk About...

Dysphagia

Dysphagia (diss-FAY-jah) is when food does not move safely from the mouth to the stomach. When that happens, a child may swallow food into her lungs. This can cause infection, respiratory problems, and other medical problems. Dysphagia can cause long-term health or feeding problems if it is not treated.

When a person swallows, there are four stages *(see illustration to the right)*. Dysphagia is when any of these stages do not happen.

1. The child sees the food and produces saliva. The food is then mixed with sucking or chewing the food and it forms a ball. The ball is called a **bolus** (BOW-luss).
2. The tongue moves the bolus to the back of the mouth.
3. The soft palate pushes up and the bolus enters the the upper throat (**pharynx**: FAIR-inks). A small flap called the **epiglottis** (ep-ih-GLOTT-iss) closes off the airway (**trachea**). This keeps the food from going into the lungs.
4. The bolus moves down the **esophagus** (eh-SOF-ah-gus) to the stomach.



What causes dysphagia?

Frequent causes of dysphagia include muscle weakness, neurological diseases, brain injury, congenital problems, or surgeries in the mouth or throat.

What are warnings signs of dysphagia?

There are several warning signs of dysphagia. Usually, a child has one or more of these following warning signs:

- Weak or slow swallow
- Poor response when the mouth is stimulated
- A lot of drooling
- Coughing or choking when eating or drinking
- Weak cough
- Frequent respiratory illnesses, including pneumonia
- After swallowing, there is still food in the mouth
- "Wet" or gurgly voice
- Vomiting or reflux of liquids and solids
- Refusing to eat or drink

How do they know my child has dysphagia?

Three types of studies can find out if your child has dysphagia: a **Clinical Feeding Evaluation,** a **Modified Barium Swallow Study (MBS),** or a **Fiberoptic Endoscopic Evaluation of Swallowing** (FEES). After the study a feeding specialist will discuss your child's eating habits with you. The specialist will look at your child's mouth and face and watch your

child eat or be fed. The specialist will ask your child to eat a variety of foods. The variety of foods will depend on your child's age, ability to eat, and any medical conditions. You may bring food from home, if you want.

Clinical Feeding Evaluation

Your child will complete the Clinical Feeding Evaluation at the therapy center.

The feeding specialist will do the following:

- Talk with you about:
  - The foods your child eats
  - The environment in your home when eating snacks and meals
  - Your child's eating habits.
- Look at your child's mouth and face
- Watch your child being fed or feeding herself

By watching your child eat, the specialist can learn about your child's mouth function, mental alertness, control of her body, and general ability to eat.

Modified Barium Swallow (MBS)

Your child will have the MBS in the hospital x-ray department. Your child will be in a feeding position. You may be able to feed your child during the study. Your child will have a video x-ray while she swallows small amounts of thin liquid, thick liquid, or solid food (depending on her age and ability to swallow). The liquid and food has some barium in it. Barium is a metal that can be seen with x-rays. This is so the doctor can see the food on the x-ray.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Your child will have the FEES study at the hospital in the Outpatient Clinic or Endoscopy room. Your child will be in a feeding position during the study, usually on your lap. Your child will have a small tube with a camera passed through her nose until the doctor can see the back of her throat in the camera. Then your child will eat or drink and the camera records her swallowing.

This study helps the doctor and therapists learn more about your child's mouth movement skills, her swallowing pattern, how the food moves into the esophagus, and if the food goes by her airway safely.

Treatment

Various professionals work with children who have dysphagia. This may include a speech language pathologist (SLP), an occupational therapist, a pediatric gastroenterologist, and a dietitian. For instance, the modified barium swallow studies are completed with an SLP and a doctor who can read x-ray videos.

The goal of dysphagia treatment is to find the safest, most efficient, and most enjoyable way for your child to eat. Dysphagia treatment will help your child swallow safely and be less likely to swallow food into her lungs. With treatment, eating can be more pleasurable for your child and family.

There are various ways to treat dysphagia. Treatments may include:

- Positions when eating that make up for weakness
- Diets that include safe liquids and foods
- Swallowing methods that help your child swallow safely
- Learning to eat varied liquids and foods
- Training for you, your child's caregivers, and your child about safe swallowing methods.
- A period of waiting for your child to increase overall strength and endurance
- Exercises to strengthen the neck and facial muscles that help your child swallow

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