

Let's Talk About...

Dysphagia: Swallowing disorder

Dysphagia (dis-FAY-gee-uh) is difficulty, pain, or discomfort when swallowing. It occurs when food does not move safely from the mouth to the stomach. When that happens, a child may swallow food into their 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.

How does dysphagia change the way my child swallows?

When your child swallows, muscle movements in the tongue and mouth allow them to swallow and move food into their throat, or pharynx (FAIR-inks). From the throat, food travels down a muscular tube in the chest called the esophagus (eh-SOF-ah-gus) to reach the stomach (see figure 1).

Dysphagia occurs when any of the muscles or body parts involved in the swallowing process do not work.

What causes dysphagia?

Dysphagia is often caused by muscle weakness, neurological diseases, brain injury, brain tumors, congenital problems, or brain, mouth, and throat surgeries.

What are the warning signs of dysphagia?

Your child usually has one or more of these warning signs:

- Weak or slow swallowing
- Poor response when their mouth is stimulated
- Lots of drooling
- Coughing or choking when eating or drinking
- Weak cough
- Frequent respiratory illnesses, including pneumonia
- Food still in the mouth after swallowing



- Wet or gurgle-like voice
- Vomiting or reflux of liquids and solids
- Refusing to eat or drink
- Blue spells (not enough oxygen) associated with eating or drinking
- Breathing changes when eating or drinking
- Long feeding times
- Eating small amounts
- Refuses most food preferences
- Failure to thrive

How is dysphagia diagnosed?

Your child's healthcare provider may use one of three tests to see if your child has dysphagia:

- Clinical feeding evaluation
- Modified barium swallow study (MBS)
- Fiberoptic endoscopic evaluation of swallowing (FEES)

Clinical feeding evaluation

The feeding specialist will talk to you about the foods your child eats. They will also ask about the environment in your home when your child eats and their eating habits. The specialist will look at your child's mouth and face and watch your child being fed or feeding themselves.

By watching your child eat, the specialist can learn about your child's:

- Mouth function
- Neck and core strength
- Mental alertness
- General ability to eat
- Posture

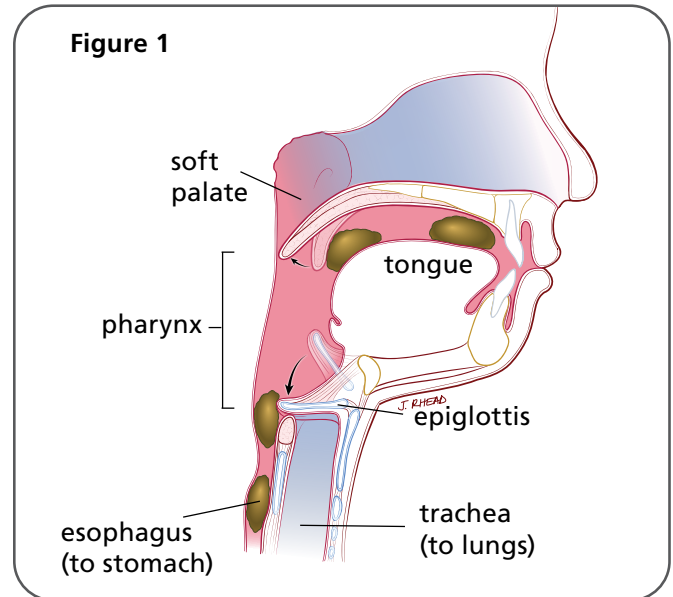
Modified barium swallow

Your child will have the MBS in the hospital x-ray department. They will sit in a feeding position, and you may be able to feed your child during the test. Your child will have a video x-ray while they swallow small amounts of liquids or food with barium in them. Barium is a liquid metal that can be seen with x-rays. This allows the doctor to see the food in the x-rays. After your child has a modified barium swallow test, you will meet with a speech language pathologist and a doctor who will explain the x-ray videos.

Fiberoptic endoscopic evaluation of swallowing (FEES)

Your child will have the FEES study at the hospital's outpatient clinic or endoscopy room. They will sit in a feeding position during the test, usually on your lap. A healthcare provider will put a small tube with a camera through your child's nose until the healthcare provider can see the back of their throat in the camera. Your child will then eat or drink, and the camera records their swallowing.

This study helps the doctor and therapists learn more about your child's mouth movement skills, their swallowing pattern, how the food moves into the esophagus, and if the food passes down the throat without going into the lungs.



How is dysphagia treated?

Treatments for dysphagia may include:

- Different positions when eating to make up for muscle weakness
- Diets of safe-to-swallow 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
- Waiting for your child to gain more strength and endurance
- Exercises to strengthen the neck and facial muscles that help your child swallow

Your child may need to see a speech language pathologist (SLP), an occupational therapist, a pediatric gastroenterologist, and a dietitian.

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 their lungs. With treatment, eating can be easier for your child and your family.

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