

# SWALLOWING PROBLEMS AFTER STROKE (DYSPHAGIA)

More than half of all people who have a stroke will find it difficult to eat and drink afterwards. This is called dysphagia. The effect of the stroke may cause weakness or uncoordinated action of the mouth and throat muscles involved in swallowing.

Most people recover their swallow within a few weeks. Some will take longer, and a few people find that their ability to swallow does not come back.

If it continues, it can be difficult to get the food and drink (referred to as nutrition and hydration) the body needs, and other methods of feeding may be required.

If your swallow is not working properly, there is a risk that food or drink may go into the windpipe and enter the lungs instead of going to the stomach. If this happens, it is called 'aspiration' and can lead to chest infection and pneumonia.

It is very important that your mouth is kept clean and moist during the time that you can't swallow safely.

## What are the immediate effects?

- Coughing and choking when you try to swallow food or fluids
- Getting food stuck in your mouth or throat – 'difficulty getting food over'
- Dribbling or drooling
- Taking a long time to eat and drink
- Your voice sounding wet and "gurgly" after eating or drinking
- Feeling food or drinks are going down the wrong way

## What are the longer-term effects?

- Difficulty "getting food over"
- Taking a long time to eat and drink
- Feeling anxious or embarrassed about eating or drinking, particularly in front of others
- Losing weight
- Recurrent chest infections

## Who will help?

Helping with dysphagia is a multi-disciplinary team (MDT) approach. Everyone involved in your care will contribute to make sure that everything possible is done to ensure your comfort and make sure you get the food and drink your body needs.

The MDT includes the speech and language therapist, dietician, pharmacist, occupational therapist and physiotherapist, as well as medical and nursing staff and carers.

### HEAD OFFICE

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## **Immediate assessment**

Everyone who has a stroke should be screened for dysphagia before being offered any food or drink. A simple water-swallow test is used to identify who needs to be referred to the speech and language therapist (SLT) for a full swallowing assessment.

### **‘Nil by mouth’**

If the doctors and SLT feel that you are at risk of inhaling food or drink into your lungs (aspiration), you will not be allowed to eat or drink at all for the time being. You will have a sign by your bed to say ‘Nil by mouth’. If you have dysphagia, your swallowing will be monitored daily and observations recorded during the first week after your stroke.

### **Getting your medicines**

The pharmacist will provide your medication in an alternative form to ensure that you can continue with any treatment you need.

### **Early recovery**

If your swallowing improves you will be able to try soft food options with caution, then gradually you will be allowed to eat and drink normally.

If you feel at any time that you are having any discomfort or difficulties swallowing food or drinks, it is very important that you let your nurse or doctor know immediately.

### **Nutritional Assessment**

A nutritional assessment will be carried out within 48 hours after you have a stroke. This will look at your needs for food and drink and how best to provide them.

### **Swallowing Assessment**

If your water-swallow test shows you need a full swallowing assessment, this will be carried out by your SLT.

As a result of this assessment, further tests may be required to work out the best way to your manage your swallowing difficulties.

### **Videofluoroscopy (VF)**

You may have a test at this time called videofluoroscopy (VF). This involves swallowing a small amount of fluid containing barium, which shows up on x-ray. Your swallow can be seen as a video x-ray and the SLT can see exactly what is happening. VF determines whether food and drink is going into your lungs and why this is happening.

VF also allows the SLT to try and assess the effectiveness of different fluid consistencies and food textures. Strategies to aid swallowing may also be used.

## **Fibreoptic endoscopic evaluation of swallowing (FEES)**

You may have an evaluation of your swallow using a fibreoptic endoscope designed to be passed up your nostril and down the back of your throat. The thin tube has a tiny camera inside it that films the structures involved in swallowing. It is helpful to assess what the problem is and it is also used to help manage trials of foods/fluids and therapeutic techniques.

## **Management of your dysphagia**

How your swallowing is managed depends very much on the nature of your problem. Your swallowing will continue to be monitored closely.

The dietician will work with the SLT and the rest of the team to ensure your specific needs are met.

Your swallow may be managed in different ways.

These may include:

- Diet modification
- Positions or strategies to help swallowing
- Swallowing therapy – exercises to improve swallowing
- Nasogastric feeding (NG feeding)
- Percutaneous endoscopic gastrostomy (PEG feeding)

## **Diet modification**

Diet modification means adapting food and fluids to allow safe swallowing and meet your nutrition needs.

The dietician will make sure you are getting enough nourishment and may recommend you have nutritional supplement drinks to provide you with some extra vitamins and calories.

- In some cases, you may be started on thickened drinks. Thickened drinks move more slowly through the mouth and throat and may be easier to begin with. You may be prescribed pre-thickened juices and milk drinks.  
Alternatively, a thickening powder can be added to almost any drink to provide the right consistency for you.
- Similarly, a softer, moister diet such as pureed food may be appropriate. Sometimes pureed food can look unappetising, particularly if all the components are mixed together as one. The latest Scottish guidelines (SIGN) state that people with swallowing problems should be offered a choice of dishes and that pureed food should be attractively presented and look appetising.
- You may find that your appetite is poor, particularly if you have not been eating for a while, and it may be easier if you take smaller, more frequent meals.

- If you have a poor appetite, discuss with your dietician what you usually like to eat and whether the different components of your meals could be separated out in this way.
- If your stroke has left you with a physical disability, the occupational therapist can assess and provide special cutlery, plate guards and non-slip mats to help you to feed yourself independently.
- You may find that you need help to feed yourself from family or nursing staff at first. Many things have to be taken into consideration when you need help with feeding yourself, such as your position and diet.
- Oral care is essential after meals to ensure your mouth is clean.

### **Positions or strategies to help swallowing**

These are used to help you swallow more effectively, for example, tucking your chin down or turning your head to the side when swallowing.

### **Swallowing therapy**

This is also referred to as dysphagia therapy. It involves the use of exercises that will help swallowing. This type of therapy has been found to be effective but it is not be suitable for everyone so your SLT will recommend what will work best for you. You should only use the exercises that your SLT recommends.

### **Alternative feeding**

In order to stay healthy and to help in your general recovery from a stroke, it is extremely important that your body is kept well nourished and well hydrated. If you remain unable to meet your nutritional needs by mouth, alternative feeding may be necessary. This is provided by a specially-prescribed liquid being delivered into your digestive system by a tube.

### **Nasogastric (NG) feeding**

If you are unable to take adequate food by mouth you may need nasogastric (NG) tube feeding. Your nurse will pass a narrow tube up through your nose, down the back of your throat and into your stomach. This can be a bit uncomfortable, but it is a short procedure and should not be painful. The tube will be securely attached to your nose with medical tape to prevent it from falling out.

The dietician will prescribe a special liquid feed specifically tailored to your needs, and this will be dripped slowly into your stomach through the NG tube.

Liquid supplements and medicines can also be given through the tube.

The NG tube is only suitable for short-term use because your nose and throat can become irritated or even ulcerated from the pressure of the tube, if it is left in place for more than a few weeks.

You may still have your NG tube in place while food and drink by mouth is reintroduced.

When you are able to eat and drink well enough to meet your nutritional needs, the NG tube can be removed.

The SLT will continue to monitor your swallowing.

### **Percutaneous Endoscopic Gastrostomy (PEG feeding)**

If you need artificial feeding for longer than 4 weeks, a PEG tube may be needed. This can be a temporary or a long-term option. The expectations, benefits and care involved will be fully discussed with you, your family and the team before a decision is made to put a PEG tube in.

A PEG is a flexible, fine tube that is inserted directly into your stomach through a small incision in your abdominal wall. It is inserted under a local anaesthetic.

The PEG tube is held in place by a plastic disc (like a button), so you will not need any stitches. The end of the tube is uncovered to attach the feeding tube when needed. This allows liquid feed to pass into your stomach.

Liquid supplements and medicines can also be given through the tube.

Your dietician will offer advice about types of liquid food that can be taken.

You will be advised to sit upright for 30-60 minutes during and after feeding.

The “button” can be covered up by clothing when not needed.

### **Looking after your PEG feeding at home**

After you have gone home, the primary care team will look after your PEG tube.

If the tube blocks, or you think there is infection, then your GP or nurse will be able to help.

Before leaving hospital, your nurse will show you and/or your carer how to:

- attach the tube
- prevent it from clogging by flushing it with water before and after use
- care for the skin around the tube
- look out for infection
- take a bath with a PEG tube
- hide your tube under your clothes
- recognise any sign that the area may be infected

**It is important to remember that your ability to swallow can return even months after your stroke, so your speech and language therapist or doctor will continue to review your swallowing regularly.**

## **SIMPLE TIPS FOR EASIER SWALLOWING**

- Sit in a quiet place and keep distractions to a minimum. Don't try to talk and eat at the same time.
- Sit in an upright position while you are eating and for half an hour after meals to help aid digestion.
- Avoid tipping your head back.
- Take smaller mouthfuls, and don't mix food and drink in the same mouthful.
- Chew your food well.
- Make sure your mouth is empty before taking another mouthful.
- Taking smaller, more frequent meals may be less tiring.
- Avoid foods that you find difficult, such as hard, dry or stringy foods.
- Avoid using straws unless an SLT recommended these for you.
- Avoid using spouted beakers or cups; liaise with the occupational therapist for a suitable alternative.
- Ask your doctor to prescribe your medicines in syrup or liquid form. Check with your doctor or pharmacist before crushing any tablets.

### **Useful addresses and websites**

#### **Reference document:**

Management of patients with stroke: Identification and management of dysphagia  
Clinical guideline number 119, updated June 2010  
[www.sign.ac.uk](http://www.sign.ac.uk)

#### **[dysphagia.org.uk](http://dysphagia.org.uk)**

Email: [nutrition.service@fresenius-kabi.com](mailto:nutrition.service@fresenius-kabi.com)

Telephone: 01928 533 533

Online resource for people with dysphagia. Information about thickening products and patient experiences. Information guides available.

#### **PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy)**

PO Box 3126, Christchurch, Dorset BH23 2XS

Email: [info@pinnt.com](mailto:info@pinnt.com)

Telephone: 01202 481625

Website: [www.pinnt.com](http://www.pinnt.com)

PINNT are a charitable UK organisation providing access to support through online and hard copy information, and groups. There is one group in Glasgow.

If you would like to speak to one of our nurses in confidence,  
please call the Chest Heart & Stroke Scotland Advice Line  
*Monday - Friday 9.30am - 4.00pm*

**0845 077 6000**