

DYSPHAGIA

SWALLOWING PROBLEMS AFTER A STROKE



Dysphagia is the technical term for problems with swallowing. This factsheet explains why stroke can cause dysphagia and how to manage it.

This factsheet is not a replacement for a discussion with your stroke team. If you have dysphagia, speak to a doctor or nurse.

Keypoints to remember:

- » Dysphagia, or swallowing difficulty, is one of the most common complications of a stroke.
- » You might struggle to chew, to keep food in your mouth, or to swallow.
- » You may “aspirate” (breathe in) food and drink when eating or drinking. This can make you cough and choke, and puts you at risk of chest infections.
- » With the help of a multi-disciplinary team, most people recover from dysphagia after a stroke and are able to eat and drink.
- » If your dysphagia is very bad, you may be advised to take food through a tube. This might be put down your throat (a nasogastric tube) or surgically implanted into your stomach (a gastrostomy tube). This tube is usually temporary, but may remain after you leave hospital.
- » You may need to modify your diet to make eating and drinking safer. This could mean cutting out certain foods, or changing the texture of foods and drinks using food processors and thickening powders.

Understanding dysphagia

Why does a stroke affect swallowing?

Swallowing is a reflex which involves a lot of muscles in the face and throat. These muscles, and the nerves which tell them what to do, can be affected by a stroke. You may struggle to chew or find it difficult to swallow food once it has been chewed.

The swallowing reflex is triggered when food or drink is sensed at the back of the mouth. This action can also be affected by loss of sensitivity in the mouth and throat after a stroke.

More than half of people who have a stroke will experience some issue with swallowing or eating. This can make it difficult to eat and drink enough to live comfortably, as well as putting you at risk of chest infections. However, it can be managed with proper help, and most people will be able to eat and drink safely in the future.

What does it mean for food to “go down the wrong way”?

We all have two tubes in our throat: the **trachea** (or airway), which carries air from our nose and mouth down to our lungs when we breathe, and the **oesophagus** (or gullet), which carries food and drink down to our stomach.

Normally, when we swallow, the airway closes to prevent food falling into it. This is why you can't breathe and eat at the same time!

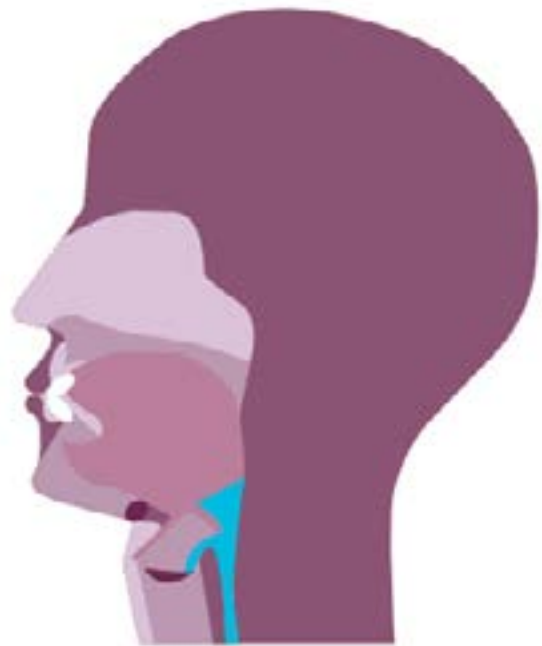
But sometimes, the airway doesn't close properly, and food or drink can end up in our airways or even our lungs. This is called **aspiration**, but is more commonly referred to as food “going down the wrong way”. It can make you cough and choke, but is not always so obvious.

Aspiration of food can put you at risk of a chest infection or breathing problems, so it is important to be careful! Eat slowly, and be aware of any difficulty breathing or swallowing.



Normal swallowing

Food or drink enters the oesophagus and travels to the stomach



Abnormal swallow with aspiration

Food or drink enters the airway and travels to the lungs

What are the symptoms of dysphagia?

- Coughing/choking during (or immediately after) eating and drinking.
- Feeling like food sticks in your throat, or that you need to keep clearing your throat when eating or drinking.
- Eating and drinking very slowly and with effort.
- Dribbling or drooling food or drink from the mouth.
- A gurgly, wet-sounding voice during or after eating and drinking.
- Food being left behind in one side of the mouth because you can't feel it properly.
- Feeling chesty or unwell with a high temperature.
- Food or drink coming down your nose.

Swallowing problems are usually included in your assessment after a stroke, but if you experience any of the above symptoms, it is important you **tell your health team immediately**.

Managing dysphagia

Who will help with dysphagia?

You may get help to manage eating and drinking from several people in your health team, including:

Speech and language therapists, who will assess your swallowing in detail and help to develop a plan for how to manage it. They may also give you exercises to strengthen your mouth and throat muscles.

Dietitians, who will give you a nutritional assessment to find out what you can eat and drink safely, and will advise you on what food is best. They may also prescribe you special foods, or suggest extra vitamin or mineral supplements to make up any gaps in your diet.

Pharmacists, who will provide you with alternative forms of your medication if you struggle to swallow tablets.

Occupational therapists and physical therapists, who will advise you on the best positions and exercises to make swallowing easier, and may be able to give you advice on the best way to eat.

Do I need more tests?

Your speech and language therapist may suggest further tests, like:

Videofluoroscopy is a sort of moving x-ray which shows how efficient and safe your swallowing is.

Fibreoptic endoscopic evaluation of swallowing (FEES) uses a small flexible camera, inserted through your nose and into your throat, to view the safety and efficiency of your swallowing.

If you have problems swallowing, you should have scheduled assessments to see whether your treatment plan is still appropriate.

What if I cannot swallow at all?

If you have severe dysphagia and are at high risk of aspirating food and drink, the team may suggest that you do not attempt to eat and drink. A "Nil by Mouth" sign will be placed above your bed if you are in hospital.

If you are considered to have a serious swallowing problem:

- You will receive regular reviews of your swallowing ability
- You may be given IV fluids to keep you hydrated.
- You may be given the option of being fed through a tube.

There are two main types of tube used:

A **fine-bore nasogastric (NG) feeding tube** (also called a **nasojejunal tube**) is a narrow tube which is passed through the nose, down the throat and into the stomach. This can be inserted while you are in the ward, and although it can be a bit uncomfortable, it is a short procedure.

These tubes are not permanent and nursing staff have to regularly check that the tube has not been displaced.

A **gastrostomy feeding tube** (also called a **RIG** or **PEG**) is a flexible tube inserted directly into your stomach through a small incision in your belly. Local anaesthetic is used during the procedure. A small camera will be inserted down your throat into your stomach to guide the procedure - you will be given sedation and/or local anaesthetic for this, but may have a sore throat afterwards.

The tube is held in place by a plastic disc. It will not be visible through your clothing. This can be a longer term solution as well as a temporary option. The procedure and the process of looking after a tube will be discussed with you before a decision is made.

For all types of tubes, the dietitian will prescribe a special liquid feed to specifically meet your needs. This, along with supplements and some medicines, can be delivered through the tube.

If your swallowing is improving, you may be able to begin eating and drinking while the tube is still in place. When you are eating and drinking enough, the tube can then be safely removed.

If you are going home with a tube, you should be given information and training by the ward staff before you are discharged. Swallowing problems will be included in your regular treatment plan.

Ways to make swallowing easier

There are some general things you can do to make swallowing easier:

- » Sit in an upright position and avoid tipping your head back.
- » Reduce distractions and concentrate on eating and drinking.
- » Slow down and chew food thoroughly.
- » Make sure your mouth is empty before taking the next mouthful.
- » Eat regularly. Take small meals more often if you get tired eating.
- » Make sure all snacks are a suitable texture.
- » Check your weight regularly. Let your doctor know if you are losing weight
- » Let your doctor know if you find it difficult to swallow medicine.

Modified diets

If you have problems swallowing when you leave the hospital, you may need to choose suitable foods to make it easier to chew and swallow. This is called a modified diet.

How much your diet is modified will depend on how difficult swallowing is for you. It may just mean that you need to avoid “**high-risk**” foods. These are usually stringy, fibrous, and tough foods, which are difficult to chew properly. Many people can eat a normal diet, but cutting out these foods.

If your dysphagia is more severe, you may need to eat pureed or softened foods. This might mean that you use a food processor to blend food, or it might mean you have to buy special foods which are smooth and easy to chew and swallow.

If you struggle to drink, or often aspirate liquids, you may need to use a thickening powder to make drinks thicker. This slows down the process of drinking to give your throat more time to respond properly.

It is best to avoid foods which contain a mixture of very different textures: for example, grapes, tomatoes, or cereal with milk.

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