Multidisciplinary Voice, Swallow & Airway Conference 2009

When: April 23-26, 2009
Where: Hilton, Singer Island, Florida

Featured Speakers:
- W. Robert Addington, DO
- Teresa Biber, MS, CCC-SLP
- Paul Davenport, PhD
- Rebecca L. Gould, MS, CCC-SLP
- Susan M. Harding, MD
- Joseph Murray, MS, CCC-SLP
- Rosemary Ostrowski, MM, MS, CCC-SLP
- Christine Sapienza, PhD, CCC-SLP
- Reza Shaker, MD
- Robert E. Stephens, PhD
- Mark Stein, MD
- Peak Woo, MD, FACS, PLLC
“More than 15 million Americans have some degree of dysphagia, and with regular treatment 83% recover or significantly improve”.

Bello, J. (1994) compiled by Communication Facts. ASHA Research Division
Pneumonia occurs in 38% of all stroke victims and is the most common respiratory complication. Pneumonia contributes to about 34% of all stroke deaths and represents the third cause of mortality in the first month following stroke.

Stephens & Addington, 1999
"It's the newest endoscopy technique. This ladybug is equipped with a tiny video camera and has been trained to thoroughly explore your nasal passages."
EVALUATION

- Clinical “bedside” swallow evaluation.
- Videofluoroscopic Swallowing Study (VFSS)
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- (Reflexive cough test)
Assess secretions
FEES

Residual

VFSS
SCALE PREDICTIVENESS OF PNEUMONIA RISK IF FED

FACTORS
- Multiple or progressive disease/one diagnosis
- Multiple medications (>5)/ <5 medications
- NPO (PEG)/ oral
- Oral hygiene fair – poor/ good – excellent
- Smoker / non-smoker
SCALE PREDICTIVENESS OF PNEUMONIA RISK IF FED (cont’d)

FACTORS

- Inpatient / outpatient
- Physical ability (mobile)/ sedentary
- Reflexive cough (present) / absent – delayed
- Cognitive status (fair-poor)/ good – excellent
- Secretion Pooling (minimal) / copious
SCALE PREDICTIVENESS OF PNEUMONIA RISK IF FED

- **Score**
  - $< 7$: Use extreme caution
  - 5-6: fair – good
  - $\leq 3$: good – excellent

RLG
60 year-old male

Referred: Rush Institute Chicago (3/00)

Local ENT: Carolyn Agresti, MD

Onset: June ’99

s/p Radiation, chemotherapy, radical neck (12/99) and prior head/neck surgery (6/99)

Squamous cell carcinoma
Anatomy revision:

- Partial pharyngectomy
- Partial glosectomy
- Epiglottis resection (supraglottic laryngectomy)

NPO-PEG
“IS IT SAFE TO FEED THIS PATIENT?”
Positive predictors:
- Significant desire to eat
- Good oral care
- Out patient
- Cognitively intact
- Positive reflexive cough
- Minimal secretions
- Non-smoker now (40 year prior history)
- Mobile/active (golf, cruising)

Negative predictors:
- PEG
Treatment

- Primary nutritional support: PEG
- Trial PO thin/thick liquid only
- Swallow sequence:
  - hold breath
  - swallow, swallow, swallow (how many gulps can you comfortably do?)
  - expectoration (“HAWK” strong)
  - relax breathe

WHAT WORKS BEST? (FEES used as biofeedback)
Outcome

- 6+ years patient tolerated quality of life feeding for liquids/solids (i.e. hot dogs, salad, beef and mushrooms)
- Primary nutrition via PEG; however, 6 months period “on a cruise” without supplements.
- Return – 2008 – NPO after hospitalization stay
- Recommend continued NPO
Discussion

- What is QUALITY OF LIFE?
- What is the LONG TERM impact of chronic aspiration on the interstitial tissue of the lungs?