Swallowing and Swallowing Disorders (Dysphagia)

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Critical Clinical Issues

Feature Editors Cathy Lazarus & Judith Kulpa

This column will present a topic that is being discussed or questioned by clinicians. For some issues, this column will take a more personal slant, with “difficult cases” being the topic. For these issues, Judith Kulpa, speech-language pathologist from Milwaukee, WI, will be the guest editor.

Syringe Feeding

Cathy Lazarus

Several people have been contacting ASHA with questions about syringe feeding with long-term nursing home and skilled care residents, particularly those with dementia. It appears that some facilities are dictating that speech-language pathologists must teach other involved professionals, including nurses, how to syringe feed the residents.

Syringe feeding is reportedly used to bypass the oral phase of the swallow when an oral phase problem is present. In addition, syringe feeding is reportedly used to feed a resident quickly, introducing a fairly large bolus per swallow. This latter rationale is totally inappropriate for using this technique. In addition, if an individual is unable to use a spoon due to reduced lip closure, he/she is certainly unable to use a syringe, which also requires an adequate lip seal.

In my experience, the only appropriate use for syringe feeding is with a patient with oral cancer who has undergone partial or total glossectomy. Also, the individual self-feeds with the catheter and syringe, so that speed of feeding and amount per bolus are carefully controlled. Typically, a catheter is placed on the end of the syringe. The catheter can then be placed posteriorly in the oral cavity and liquids can be introduced. The catheter and syringe should only be used, however, when the individual demonstrates intact cognitive functioning. In addition, the individual must demonstrate a functional pharyngeal stage of swallowing or be able to use swallow maneuvers to provide additional airway protection during the swallow. The catheter and syringe are very quickly replaced with cup drinking. Switching to the cup allows for an increased intake per bolus swallow as well as providing improved cosmesis. Again, the individual uses a cup independently, so that speed of feeding and amount per bolus are carefully controlled. The catheter/syringe technique is also useful for those patients who have their jaw wired shut and demonstrate intact pharyngeal phase swallowing.

I do not believe that syringe feeding is an appropriate technique to use with patients who demonstrate severe oral problems, including severely impaired oral tongue function, swallow apraxia, reduced oral sensation and/or who demonstrate overall reduced cognition, alertness, and awareness. These individuals maybe put at risk if material is placed in the mouth, since the oral deficits may be severe and material could spill over into the pharynx prematurely, causing aspiration before the swallow. Indeed, some of these individuals may also have pharyngeal stage swallowing disorders, and would be put at risk for aspiration if material is syringed into the mouth, particularly if the individual demonstrates a pharyngeal swallow delay. Pharyngeal stage swallowing disorders should be identified before any food or liquid is introduced into the oral cavity.

A thorough literature review revealed only two articles that specifically refer to syringe feeding. In one article (Buckley, Addicks, & Maniglia, 1976), the example given shows this technique being used with a surgically resected patient with oral cancer, which is quite appropriate. The other article (Rogers & Snow, 1982), examined the feeding behaviors of the residents in skilled nursing facilities, with one of the objectives being to assess the adequacy of food intake. These
authors found that if some residents self fed too slowly, they were fed by nurses via syringe at some facilities. No other rationale was provided for using the syringes in this study, other than increasing feeding “efficiency.” Clearly, this is a poor reason for syringe use in feeding.

Speech-language pathologists must have a rationale for using syringe feeding and must be aware of the contraindications for using this technique, particularly with specific patient populations and specific oropharyngeal swallowing disorders.

References
