NeuroNICU: Five Minute Friday: Instrumental Evaluations of Swallowing
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Feeding is one of the primary developmental tasks for infants.
  Begins in utero
Swallowing difficulties can be:
  Structural: esophageal atresia, TEF, cleft lip/palate, laryngeal cleft, vascular rings
  Maturational: premature infants
  Neurological: CNS malformation, seizures, neuromuscular diseases
  Other: Arousal level, medications (including narcotics and anticonvulsants)

Signs of Swallowing Dysfunction while feeding
Penetration: entry of foreign material into the laryngeal vestibule above the vocal cords
Aspiration: entry of foreign material into the airway below the true vocal cords
Signs: coughing/choking, red watery eyes, upper airway congestion, instability of vitals
Other signs for concerns: impaired voice, inability to wean from O2, increasing URIs/PNA
HOWEVER: With infants, aspiration is silent between 65-85% of the time.

If questions/concerns/high risk infants who are feeding, recommend OT Bedside Feeding Evaluation.

**Videofluoroscopic Swallow Study (VFSS or MBS)**
Fluoroscopy/video of ALL stages of swallowing
Examination of oropharynx and prox esophagus
Drink barium, different consistencies, nipples

**Fiberoptic Endoscopic Evaluation of Swallow (FEES)**
Laryngoscope positioned above the palate
Superior directional view of epiglottis, VC, larynx
Can visualize internal structures

**Limitations?** Moment in time, radiation, no sequential studies

**Limitations?** Moment in time, “white out”, cannot visualize aspiration DURING swallow, more invasive