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Outcomes from a Critical Care FEES Service

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Abstract

Purpose: Critical Care patients have significant risk of dysphagia, an independent predictor of worse outcome. A high incidence of silent aspiration impedes clinical swallowing assessment and instrumental assessment, e.g. Fibreoptic Endoscopic Evaluation of Swallowing (FEES) is indicated. However, changes in management following FEES are under-reported and access is not universal. Therefore this study evaluated the outcomes of a critical care FEES service to establish evidence for its provision.

Method: A retrospective service evaluation was conducted of all FEES completed over 6 months in critical care at a single hospital, with descriptive analysis. FEES were conducted and reported following a standard protocol incorporating ENT review.

Results: Twenty six FEES were completed with patients in a general/cardiothoracic ICU, HDU and respiratory weaning unit. About 96.2%, (n=25) had required intubation and 73.1% (19) had tracheostomies and 7 were tracheostomy-ventilated. There was laryngeal pathology in 84.6% (22). All had pharyngeal residue. Among all, 92.3%, (24) penetrated, 76.9% (20) aspirated, and 90% (18) silently. Nearly half (46.2%, 12) started oral intake following FEES including six aspirators following identified safety strategies. A further 15.4% (4) could upgrade intake with strategies. A total of 65.4% (17) examinations led to individualized therapy. Weaning advice was given in 52.6% (10) of tracheostomy patients. "Other" recommendations, including reflux and secretion advice, were given in 69.2% (18).

Conclusion: FEES demonstrated a high incidence of laryngeal impairment, silent aspiration and dysphagia in critical care patients. Information gained enabled over half to safely commence or increase oral intake, and informed individualized therapy and advice for the majority. This demonstrates the benefits of FEES in progressing management. Investigation of patient feedback is indicated.

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