

Speech and Language Therapy (SLT) Management of Oropharyngeal Dysphagia Post Esophagectomy

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Originally Presented at UKSRG-2018 Conference held at Institute of Child Health, London, UK during February 1-2, 2018.

Abstract

Purpose: Oropharyngeal dysphagia (OPD) is common post-esophagectomy, leading to worse outcome. Routine SLT following esophagectomy with cervical anastomosis (CA) is part of our care pathway with good outcomes. SLTs assess patients on day two and attend water soluble swallow (WSS) on day three post-operatively. This study describes SLT input and outcomes in this cohort.

Methods: A prospective service evaluation, including all patients undergoing esophagectomy with CA at our Trust in one year, evaluated OPD using the Rosenbek penetration-aspiration scale (PAS) from WSS, type of SLT required and outcomes using the Functional Oral Intake Scale (FOIS), with descriptive analysis.

Results: A total of 19 patients were included in the study. Among them, 58% (n=11) had OPD on WSS (median PAS-7, range 5-8) and 42% (n=8) showed signs of aspiration on bedside assessment. Chin-tuck was implemented at onset of WSS, eliminating aspiration. A further 10% (n=2) aspirated on initial bolus but chin-tuck prevented aspiration. Two aspirated on WSS when SLT were absent. All commenced oral intake post WSS with SLT-led strategies. Median days to commencing oral intake post-surgery were 3 days (range 2-10). Four (21%) required further instrumental swallow assessment. FEES confirmed vocal cord palsy in three. Two required dysphagia rehabilitation. Overall, 95% (n=18) were tolerating oral intake at discharge (FOIS \geq 6) and 26% (n=5) required community SLT follow-up and three required ENT referral.

Conclusion: Routine SLT input aids timely diagnosis of OPD and identifies strategies for efficient return to oral intake post-esophagectomy. SLT attendance at WSS may reduce need for further instrumental swallow assessment. Studies to determine risk factors for OPD are indicated.

Citation: Iezzi CM, Archer SK. Speech and Language Therapy (SLT) Management of Oropharyngeal Dysphagia Post Esophagectomy. Proceedings of UKSRG-2018; 2018 Feb 1-2; London, UK. J Oral Health Dent. 2018;1(S2):A0022.