West Hertfordshire Hospitals NHS Trust

A guide to...

Swallowing difficulties after Stroke

Patient Information

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How this leaflet can help you

If you or the person you are caring for is having difficulty with swallowing after stroke, this leaflet explains the safety instructions recommended.

How is swallowing affected by stroke?

About 50% of people have a swallowing problem immediately after a stroke. This happens because nerves from the brain control the muscles of the mouth and throat. If the nerves are not working the muscles do not work.

When we eat and drink, we need strong muscles in the mouth to control the food or drink and pass it back to the throat. As we swallow, the muscles in the throat close the airway and open the oesophagus to send the food or drink to the stomach.

If there is weakness, or poor timing, food or drink can go down the wrong way and enter the windpipe or lungs. This is known as aspiration and can cause pneumonia.

The most common swallowing problems are:

- The swallow triggers too slowly, so it is too late closing the airway
- The airway may not shut completely
- The timing of airway closure may be inconsistent

How do I know if I have a swallowing problem?

When you first arrive to the hospital, you will have a swallow screen completed by a member of the stroke team. They will determine if a swallowing problem is present. Below are signs that indicate you may have a swallowing difficulty although this is not an exhaustive list:

- Coughing when you’re eating or drinking.
- A croaky or ‘wet’ sounding voice.
- Dribbling
- Still having food or drink left in your mouth after you’ve swallowed (This is called pocketing).
- Not being able to chew food properly.
- Taking a long time to swallow
- Shortness of breath

If you do have a swallowing problem, then you are kept **nil by mouth** (NBM) and referred to the Speech and Language Therapy team who will assess your swallow in more detail.

What can be done?

We need to:

1) Stop food or drink going to the lungs
2) Make sure you (or the person you are caring) is getting enough fluid and enough nutrition
3) Make sure you (or the person you are caring) for can have their medication

Modified drinks and diet textures

When the swallow is slow, but the airway still closes, it may be possible to modify drinks and diet eg:

- Thickening drinks slows them down and gives the airway time to close. The Speech and Language Therapist feels the throat during trial swallows and estimates how thick the drinks need to be.
- Puree or soft food may be manageable in the mouth when harder food is not. The Speech and Language Therapist estimates the power of the muscles of the mouth, considers any choking risk and advises on the safest consistency.

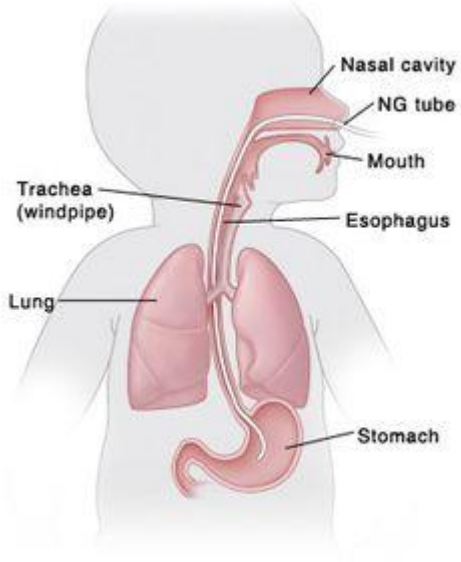
The modified drinks and diet textures are based on the **International Dysphagia Diet Standardisation Initiative (IDDSI) framework** which provides a common terminology to describe food textures and drink thickness. More information regarding this can be provided by your Speech and Language Therapist.

Tube feeding

If the swallow problems cannot be solved initially with modified diet, eg: thickened liquids and puree or soft diet, or if the person is too sleepy to eat and drink, tube feeding may be used.

A nasogastric tube (NGT) is passed through the nose into the stomach and liquid food, specifically measured for that person, is given.

It **is** unpleasant for the person having the tube inserted, but no operation is involved and the tube settles after about an hour, so it is not too uncomfortable any more.



Other advice and oral exercises

When the person has started to recover from their stroke, the Speech and Language Therapist may suggest oral exercises to encourage recovery of muscle power, or postures that help make the swallow safer.

Even without exercises, we make and swallow about two litres of saliva a day, so the stroke patient keeps practicing their swallow, which helps recovery.

Someone with a swallow problem will usually be reassessed by the Speech and Language Therapist twice a week in the first three weeks if they are awake enough and at least once a week after that if they are improving.

Will the swallow get better?

From those who start with an unsafe swallow, approximately 50% will be able to have modified drinks and food by the end of the first week post stroke. The swallow continues to improve but the rate of improvement slows down.

For those unfortunate enough not to be eating and drinking at all after three weeks, the recovery to be able to eat and drink modified textures may take three to four months or sometimes longer.

For a very few people, the swallow does not recover and long-term tube feeding may be necessary if suitable.

If you would like to discuss the information in this leaflet further, please speak to your doctor or speech and language therapist.

Further information

The Stroke Association has further information on swallowing:

https://www.stroke.org.uk/resources/complete-guide-swallowing-problems-after-stroke