Swallowing Difficulties after a Stroke

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Patient information

Swallowing Difficulties after a Stroke

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How this leaflet can help

This leaflet explains what can happen if you have trouble swallowing after a stroke. It also explains what can be done to help keep you safe.

How can a stroke affect swallowing?

About half of all people have trouble swallowing straight after a stroke.

A stroke can affect the nerves that control the muscles in your mouth and throat. When these muscles do not work properly, swallowing can become difficult.

When you eat or drink, the muscles in your mouth help move food and drink to the back of your throat. As you swallow, your airway closes and your food pipe opens. This allows food and drink to go safely into your stomach.

If the swallowing muscles are weak or do not work together properly, food or drink can go into your airway or lungs instead of your stomach. This is called **aspiration**. Aspiration can sometimes cause a chest infection called **pneumonia**.

Common swallowing problems include:

- Swallowing too slowly
- The airway not closing fully
- The airway not closing at the right time every time

How do I know if I have a swallowing problem?

When you arrive at hospital, a member of the stroke team will check your swallowing.

Signs of a swallowing problem can include:

- Coughing when eating or drinking
- A wet, gurgly, or croaky voice
- Dribbling
- Food or drink staying in your mouth after swallowing
- Difficulty chewing food
- Taking a long time to swallow
- Feeling short of breath

If there are concerns about your swallowing, you may be made **nil by mouth (NBM)**. This means you must not eat or drink until your swallow has been checked more closely.

You will be referred to a **Speech and Language Therapist (SLT)**, who will assess your swallowing.

What can be done?

The main aims are to:

1. Stop food and drink from going into the lungs.
2. Make sure you get enough food and fluids.
3. Make sure you can take any medicines you need.

Special foods and drinks

Sometimes food and drinks can be changed to make swallowing safer.

Thickened drinks

Drinks can be made thicker. Thick drinks move more slowly, giving your airway more time to close during swallowing.

The Speech and Language Therapist will assess your swallowing. They will decide how thick your drinks need to be.

Softer foods

Some people find soft or pureed foods easier to swallow than harder foods.

The Speech and Language Therapist will look at how well the muscles in your mouth are working. They will recommend the safest food texture for you.

Food and drink textures follow the **International Dysphagia Diet Standardisation Initiative (IDDSI)**. This is a system used around the world to describe food textures and drink thickness.

Your Speech and Language Therapist can give you more information about this.

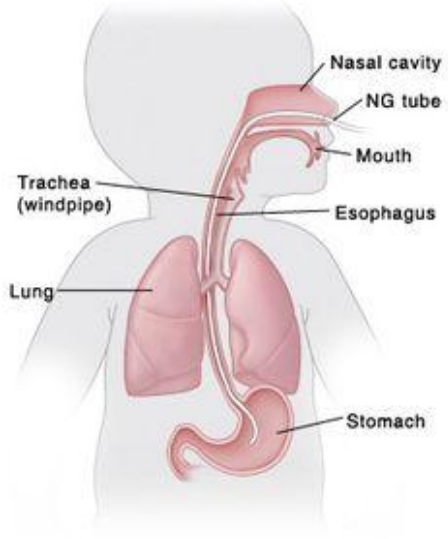
Tube feeding

Sometimes swallowing is not safe, even with special foods and drinks. This can also happen if a person is too sleepy to eat and drink.

In these cases, tube feeding may be needed.

A **nasogastric tube (NG tube)** is passed through the nose and into the stomach. Special liquid food is given through the tube.

Having the tube put in can feel uncomfortable, but it does not need an operation. Most people find that it becomes more comfortable after a short time.



Other advice and information

The Speech and Language Therapist may suggest more detailed swallowing tests.

Videofluoroscopy

This is a moving X-ray that shows what happens when you swallow food and drink.

FEES

FEES stands for **Fibre-optic Endoscopic Evaluation of Swallowing**.

A thin tube with a tiny camera is gently passed through the nose to look at the throat while you swallow food and drink.

After these tests, the Speech and Language Therapist may suggest:

- Swallowing exercises to help strengthen muscles
- Different positions to make swallowing safer

***Please note**: not everyone needs these tests or exercises.*

Even without exercises, swallowing your saliva can help your swallowing muscles keep working. Most people swallow about two litres of saliva every day.

If you have swallowing difficulties, the Speech and Language Therapist will check your progress regularly while you are in hospital.

Will the swallow difficulties improve?

Many people improve after a stroke.

Of those who cannot swallow safely at first, about half can start having modified food and drinks within the first week after their stroke.

For some people, recovery takes longer. If swallowing is still unsafe after three weeks, it may take several months before eating and drinking become safe again.

A small number of people do not recover their swallowing ability. If this happens, the healthcare team will talk with the patient and their family about the safest long-term options. These may include:

- Long-term tube feeding
- Continuing to eat and drink while understanding the risks

The healthcare team will help patients and families make the decision that is right for them.

If you would like to know more about any of the information in this leaflet, 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

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