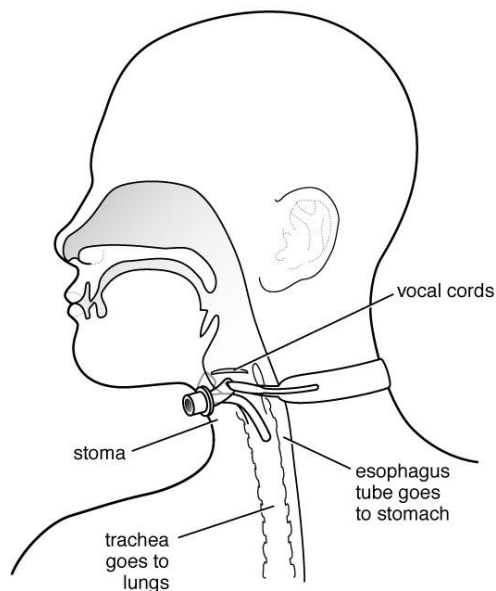


Swallow Study After a Tracheostomy (Trach)

Why does my child need a swallow study?

Swallowing is very complex. You need perfect timing and coordination to make sure food and fluid safely go into the esophagus (feeding tube). When your child has a trach, the anatomy, airflow and sense they feel in the airway and throat may change. This may affect how they swallow. This may result in food or fluids going into the airway.



What happens if food or fluids go into my child's airway?

If food or fluids go into the airway, this is called **aspiration**. When we sense something in the airway, we cough or try to clear our throats to get rid of it. A trach makes it harder to sense that something is in the airway. Sometimes, food or fluids sneak down the airway without knowing it or without causing a cough to clear it. This is called **silent aspiration**.

Concerns of Silent Aspiration

- There is a greater risk of choking and/or pneumonia.
- Your child may seem to do well eating and drinking but may still be at high risk for silent aspiration.
- It can lead to an illness that may increase your child's hospital stay.

How can a speech-language pathologist (SLP) help my child?

The SLP is a key member of your child's team during the hospital stay and when you go home. The SLP is trained to assess and treat a swallow disorder, also called **dysphagia**. They look closely for ways to treat, identify and decrease any risk for aspiration. The SLP works with you, your child and the medical team.

How is a swallow study done?

- The study begins at the bedside with a **clinical swallowing assessment** by the SLP.
- This study looks to see if your child has the skills to eat. It also, looks to see if your child can talk, eat different types of food, and drink fluids. The SLP closely watches and feels for signs of trouble during a swallow and decides if your child is ready to move forward.
- This study cannot rule out silent aspiration. The SLP cannot see inside the body during the swallow. The risk of silent aspiration with a trach is very high. Your child will not be able to eat by mouth until the next level is done (the **videofluoroscopic swallow study or VFSS**).

What is a videofluoroscopic swallow study?

- This study uses moving x-rays to clearly see where food or liquid is going during a swallow.
- Your child goes to Radiology. Once there, your child is given barium.
- Barium is a substance that shows up well on x-rays.
- The SLP may feed your child, or we may ask for a parent or caregiver to help if this will make it easier for your child to do the study.
- The SLP and radiologist watch closely to see how and where the barium travels.
- We may try many kinds of foods, change positions, or different cups, utensils or bottles to figure out the safest way to feed by mouth.
- After the study, the SLP reviews the video, and talks with you and your child's doctors about the safest way to feed your child based on the results of the VFSS.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7911.