

Dysphagia Bedside Swallow Exam



Dysphagia is trouble swallowing. A bedside swallow exam is a test to see if you have dysphagia. It can lead to serious problems, such as lung infection.

Dysphagia and aspiration

When you swallow food, it passes from your mouth down into your throat (pharynx). From there, the food moves down through a long tube (esophagus) and into your stomach. This journey is made possible by a series of actions from the muscles in these areas. If you have dysphagia, it may be from muscle or nerve problems. You may not be able to swallow normally.

The pharynx is also part of the system that brings air into your lungs. When you breathe, air enters your nose and mouth and moves into the pharynx. The air then goes down into your main airway (trachea) and into your lungs. A flap of tissue called the epiglottis sits over the top of the trachea. This flap blocks food and drink from going down into the trachea when you swallow. Aspiration is when something enters the airway or lungs by accident. It may be food, liquid, or some other material. This can cause serious health problems, such as pneumonia. Aspiration can happen if you have dysphagia.

Why a bedside swallow exam is done

If you have dysphagia, aspiration is always a risk. So dysphagia needs to be identified quickly. Many health problems can lead to a higher risk of developing dysphagia. Some examples are:

- Stroke
- Major dental problems
- Conditions that decrease saliva, such as Sjogren syndrome
- Mouth sores
- Parkinson disease or other nervous system conditions
- Dementia, memory loss, or decline in thinking
- Muscular dystrophies
- Blockage in the esophagus, such as from cancer
- Trauma or injuries to the head, neck, or chest
- Radiation, chemotherapy or surgery to treat head, neck, or throat cancer

You may need a bedside swallow exam if you have symptoms, such as:

- Food sticking in your throat
- Difficulty or pain while swallowing
- Certain breathing problems

You may need the test even if you don't have any symptoms of dysphagia. You may still be at risk for aspiration.

During your exam

A speech-language pathologist (SLP) will do your bedside swallow exam. There is a slight risk that you might aspirate during the exam. The SLP will try to prevent that. They will check for signs of dysphagia and aspiration throughout the exam.

First your SLP may ask you:

- What kind of problems you have with swallowing, such as pain or food sticking in your throat
- Which foods usually cause these problems
- When the problems started
- How often and how severe they are
- Other symptoms you have, such as heartburn or coughing when eating
- Your health history

The SLP may also talk with your family members. The SLP may ask them about what foods you find hard to swallow and what foods you tend to stay away from.

During the exam, the SLP will carefully check your teeth, lips, jaws, tongue, cheeks, and soft palate. You may need to do certain movements, like smacking your lips together or sticking out your jaw. You may also need to make certain sounds, cough, or clear your throat. The SLP may check your reflexes for gagging and coughing.

You will likely be asked to swallow a series of substances. They may range from water, thicker liquids, pureed foods, soft foods, and even regular foods. The SLP will note whether you have problems chewing, swallowing, or breathing. They will also check if your voice sounds wet. That can be a sign of aspiration.

After your exam

The SLP may tell you the results right away. If you don't have any problems with swallowing, you may be able to eat normally again.

You may need follow-up tests if your healthcare team is still concerned that you might have dysphagia. These tests can help identify dysphagia, even if you don't have any symptoms. Sometimes they can also help find the cause of a swallowing problem. These tests may include:

- **Modified barium swallow test.** This can show if food or liquid is entering into your lungs (aspiration).
- **Fiberoptic endoscopic evaluation of swallowing with sensory testing.** This test uses a lighted tube to look at the mouth and throat while seeing how the swallowing mechanism is working.
- **Pharyngeal manometry.** This test measures the swallowing pressure inside your esophagus.

If you have dysphagia

You may need treatment if the bedside swallow exam or other tests show that you have dysphagia. In some cases, your medical team may be able to address what is causing your dysphagia. Surgery is one possible treatment.

Whatever the cause of your dysphagia, you will need to take steps to prevent aspiration. You may need to change your diet. For instance, you may need to drink only liquids of a certain thickness. Or drink no liquids at all. You may also need to change your position while you eat. You may learn special mouth exercises and methods to help you swallow. If your swallowing is very poor, you may need to use a feeding tube for a short period of time.

How long it takes you to recover from dysphagia depends on its severity and cause. It's important for you to work closely with your healthcare team for the best treatment. If you are moving to another facility or going home, follow your healthcare provider's guidelines closely. They can help reduce your chance of aspiration and other problems. Only make changes to your diet after talking with your healthcare provider.

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