

Clinical Swallow Evaluation

A.K.A.

- *Bedside Swallow
- *Swallowing Evaluation

Indications:

- Dysphagia (difficulty swallowing)
- Odynophagia (painful swallowing)
- Globus (sensation of a lump in the throat)
- Suspected assessment of laryngectomy

Assessment Areas:

1. Oral cavity

Procedure:

A head and neck exam is provided. Patient is observed during oral intake using cervical auscultation as a tool. An extensive questionnaire is provided. Further testing may be recommended (Modified Barium Swallow study, Esophagram, Upper G.I.) if indicated.

Endoscopy

A.K.A.

- *Voice Issues
- *Swallowing Concern

Indications:

- Difficulty swallowing
- Persistent isolated nausea or vomiting
- Digestive disorder
- Chronic anemia and/or iron deficiency anemia
- Acute gastrointestinal bleeding originating in the upper gastrointestinal tract
- Gastroesophageal reflux (GORD)

Assessment Areas:

1. Mucosa

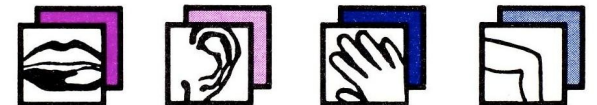
Procedure:

Patient is placed on their left side. Doctor places lubricated endoscope in patient's mouth. Patient swallows endoscope; doctor observes as he guides endoscope through patient's stomach into the small intestine.



Southwest Rehabilitation

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Videopharyngoesophagram

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- *Swallow study
- *Modified barium swallow study
- *Cookie swallow study

Indications:

- Dysphagia (difficulty swallowing)
- Odynophagia (painful swallowing)
- Globus (sensation of a lump in the throat)
- Postoperative assessment of laryngectomy
- Penetrating trauma

Assessment Areas:

1. Oral cavity - from lips to uvula
2. Nasopharynx - posterior to soft palate, extending from skull base through uvula
3. Oropharynx - from tip of uvula to hyoid bone
4. Hypopharynx - from hyoid bone to pharyngoesophageal junction
5. Esophagus - from pharyngoesophageal junction to distal esophagus

Procedure:

Patient will be positioned upright and provided with liquids, purée, and solids. Views are taken laterally of the oral, pharyngeal, and upper esophageal areas.

Barium Swallow

A.K.A

- *Esophagram

Indications:

- Dysphagia (difficulty swallowing)
- Odynophagia (painful swallowing)
- Globus (sensation of a lump in the throat)
- Retrosternal discomfort
- Evaluation of masses, vascular rings/slings, strictures, or aberrant anatomy
- Evaluation of esophageal motility

Assessment Areas:

1. The proximal esophagus
2. The mid-esophagus
3. The distal esophagus, including an open lower esophageal sphincter (magnified if possible)

Procedure:

Patient will be placed in a reclined position. Views are taken laterally of the proximal, distal, and mid-esophagus.

Upper G.I.

A.K.A

- *Upper Gastrointestinal Endoscopy
- *Gastroscopy

Indications:

- To precede a small bowel series
- Inability to tolerate biphasic upper gastrointestinal (UGI) series (nausea, vomiting, decreased mobility)
- Assessment of gastric peristalsis or for gastric outlet obstruction
- Suspected hiatal hernia
- Evaluation of masses, varices, strictures, fistulas, or aberrant anatomy
- Postpyloroplasty

Assessment Areas:

1. Fundus
2. Cardia
3. Body (corpus)
4. Antrum (pyloric antrum)
5. Pylorus (pyloric canal)
6. Duodenal bulb
7. Lesser curvature
8. Greater curvature
9. Angular notch (incisura angularis)

Procedure:

Patient will be placed on table and an x-ray will be taken of their stomach. Radiologist will give patient barium sulfate to drink. He will then observe the barium as it travels through the system.