



BASIC INFORMATION

DESCRIPTION

Difficulty or pain in swallowing. It may involve solid foods, liquids or both. It is a common symptom with a wide variety of causes that can be benign or malignant. Chances of a serious disorder are slight. Dysphagia can affect all ages, but it occurs more often in older adults.

FREQUENT SIGNS AND SYMPTOMS

- Pain that occurs with swallowing. Pain and swallowing difficulty may progress over several weeks.
- Sore throat.
- The feeling that food "gets stuck" on the way down.
- Coughing or choking with eating or drinking. Food may come back out through the nose.
- Drooling, belching, and bad breath.
- Pressure sensation in mid-chest.

CAUSES

The swallowing difficulty may involve the mouth, the throat, and the esophagus. There are numerous risk factors that may be the cause.

RISK INCREASES WITH

- Gastroesophageal reflux disease (GERD) or acid reflux.
- Tumors (benign or cancer).
- Stricture (narrowing of the passage).
- Inflammation (esophagitis).
- Infections.
- Recent head, neck, or throat surgery.
- Laryngitis, pharyngitis, or tonsillitis.
- Foreign object lodging at the back of the throat.
- Scratch in the throat lining caused by a foreign object.
- Insufficient production of saliva.
- Esophageal spasm (loss of normal muscle movement).
- In children, it may be caused by delayed maturation, malformation, cerebral palsy, or muscular dystrophy.
- Hernia of part of the esophagus through a weak area in the surrounding muscle.
- Nervous system disorder (stroke, Alzheimer's disease, myasthenia gravis, Parkinson's disease, and others).
- Pressure on the esophagus (a goiter or aortic aneurysm).
- Emotional disorders (anxiety, fear, and others).
- Anemia.
- Smoking.

PREVENTIVE MEASURES

Avoid risk factors where possible.

EXPECTED OUTCOMES

Many causes are minor and easily treated. Other outcomes will vary depending on the cause.

POSSIBLE COMPLICATIONS

- Dehydration or malnutrition due to not eating or

drinking enough to meet the body's needs.

- Aspiration, which is the passage of food or liquid through the vocal folds ("going down the wrong way"). The food, fluid, or vomit may enter the lungs.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do an exam of the mouth, throat, head, and neck. You may be asked to chew and swallow so the action can be observed. Medical tests may be done to find the cause of the dysphagia. These may include blood tests, swallowing studies (endoscopy, esophageal manometry, barium x-ray exam), ultrasound, or CT scan. Any testing will be explained to you before it is done.
- Treatment will be provided for the cause of the dysphagia. Specific treatment for the swallowing difficulty may include diet changes and swallowing therapy.
- Oral hygiene is important. Brush teeth twice a day.
- For dry mouth, chew gum or suck on lozenges.
- Hospital care may be required for severe disorders.
- Devices to dilate (widen) the esophagus or surgery may be needed for some disorders.

MEDICATIONS

Drugs will be prescribed as needed for the cause.

ACTIVITY

- Swallowing therapy may be prescribed. It can include exercises to strengthen the swallowing muscles or exercises that are done while swallowing.
- Posture changes may help swallowing: tilting or turning the head to one side, tucking the chin in, using a head-back position, or lying on one's side or back. You will be given instructions about using these positions.

DIET

- A diet may start with pureed foods, progress to soft food and semi-solids, and then resume a regular diet.
- Hospital care may involve intravenous (IV) feeding, or feeding through a nasal or stomach tube.



NOTIFY OUR OFFICE IF

You or a family member develops swallowing difficulty.

Special notes:

More notes on the back of this page