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An Evolutionary Role of Combined Dysphagia Clinic in Management of Oropharyngeal Dysphagia

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Introduction

In 2014-2015, 69,717 in-patients and 5,773 out-patients were referred to speech therapists under Hospital Authority for management of dysphagia which reflected highly demanded service. A good management of dysphagia required an accurate evaluation of swallowing functions, and offered precise intervention and training. Combined Dysphagia Clinic (CDC) in Prince of Wales Hospital (PWH) has been established since 1996 with conjoint effort by otolaryngologists and speech therapists with a role to assess dysphagia and to decide safety in swallowing. With the evolution of service the clinic can offer adjunct measures other than diagnostic purpose.

Objectives

This project reviewed patients who attended CDC in PWH from 2004 to 2016. It assessed the efficacy of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) in assessing dysphagia and the adjunct measures that were offered to enhance the clinical management of dysphagia.

Methodology

This was a retrospective review of patients who attended CDC in PWH from 2004 to 2016. This clinic performed FEES and air-pulse stimulation to test laryngeal protection reflex and swallowing. Foods of different consistencies were introduced to test tolerability and safety. Swallowing maneuvers were instructed. Swallowing training was offered while tube feeding was advised to high risk patients. Patients with chronic aspiration were recommended surgery. This study assessed the characteristic of patients and efficacy of FEES and other additional swallowing measures in managing dysphagia.

Result

There were 982 attendances with 753 (77%) new patients. 751 (76%) patients had dysphagia related to head and neck cancers. Most referral were from ENT and Oncology (73%). 59% patients with age between 51-70 years. 629 (64%) patients complained dysphagia while 189 (19%) had choking. 51% of patients had symptoms less than 12 months. Laryngeal protection reflex was impaired in 78% of patients. The most common three swallowing abnormalities were impaired laryngeal elevation 782 (79%), tongue base propulsion 768 (78%) and pharyngeal contraction 735 (74%). 624 (63%) of cases had aspiration. 233 (23%) patients were allowed normal diet while 497 (50%) needed restricted diet and 259 (26%) required tube feeding. 43 patients with aspiration had swallowing maneuvers and 35 (80%) could resume oral feeding. 374 (38%) patients received swallowing training. Swallowing surgery was recommended to 141 (14%) patients with chronic aspiration.