



Resources & Education for Stroke Caregivers'
Understanding & Empowerment

CARING FOR SOMEONE WITH PHYSICAL NEEDS

Swallowing Problems

Difficulty swallowing, or dysphagia, is common after stroke. Over half of survivors will have some trouble swallowing. If not treated, dysphagia can lead to serious health problems.

What Do You Need to Know?

Strokes can damage the nerves that supply the muscles involved in chewing and swallowing. These include the lips, tongue and throat. For example, strokes may result in:

- Weakened muscles in the lips, tongue, pharynx (throat)
- Loss or change of sensation in the lips or tongue
- Decreased ability to chew food, keep it in the mouth and prepare the food to swallow
- Inability to cough or clear food that goes into the lungs (down the “wrong pipe”)

What Are Signs that Your Loved One Is Having Trouble Swallowing?

- Coughing or choking while eating or drinking
- Drooling; food or drink leaking out the side of the mouth
- Food left in the mouth after swallowing; food getting stuck in the throat
- Gurgling or wet sounding voice during or right after eating or drinking
- Unexplained weight loss

Why Is It Important to Get Help?

Dysphagia can make eating and drinking difficult. It can keep your loved one from taking in enough food and fluids. This can lead to malnutrition and dehydration. Malnutrition is when the body does not get enough nutrients. Dehydration is when the body loses more fluid than it takes in. If left untreated, these conditions can lead to serious illness and death.

There is also a risk of food or liquid “going down the wrong way.” This is called aspiration. It happens when food or liquid goes into the windpipe and lungs instead of down the esophagus to the stomach. Normally, it can be coughed back up, but after a stroke, sensations may be decreased. Your loved one may not know that food has been aspirated. This is a very dangerous condition called silent aspiration. Food or liquid that has been aspirated can lead to chest infections, pneumonia and even death.

How Can You Reduce the Risk of Aspiration?

- Have your loved one sit upright at a 90-degree angle while eating. Your loved one should stay upright for 30 minutes after eating.
- Allow plenty of time for meals. Keep the environment or surroundings free from distractions like television.
- Encourage your loved one to take small bites of food.
- Ask your loved one to take small sips from a cup. Do not use a straw.
- Encourage your loved one to cough if they feel food in their throat.

How Is Dysphagia Diagnosed?

After the stroke, your loved one’s swallowing will be checked. This will be done before they are allowed to eat or drink. The healthcare team will do a simple swallow test. A few teaspoons of water will be given by mouth. Foods of different consistency may also be tried. If no coughing or choking is present, the test is repeated. Next a small glass of water will be tried. If there are no swallowing problems, normal eating and drinking can usually be resumed. Sometimes there may be a few restrictions in eating and drinking.

If there is difficulty with swallowing, a complete assessment will be done. A speech-language therapist and a dietitian will assess your loved one. Your loved one’s swallowing will be checked daily. They will be screened for the risk of aspiration.

Special tests to assess swallowing include:

- Video-fluoroscopy involves swallowing a barium fluid along with different foods and liquid consistencies while x-rays are taken. The barium will show up on the x-ray. This will help find the location of the swallowing problems.
- Endoscopy involves inserting a lighted scope inside the digestive tract. X-rays are taken to watch for swallowing problems in the throat, esophagus or stomach.

What Treatments Should You Discuss with Your Healthcare Team?

Dysphagia is treatable. Most survivors will regain safe swallowing within a few weeks. Others may take longer. A small number of survivors will never regain the ability to swallow. Talk to your healthcare team about the best treatment for your loved one.

A speech-language therapist may recommend:

- Exercises to coordinate and strengthen muscles for swallowing
- Strategies or positions to help your loved one swallow more effectively
- Changes in food consistency (texture) to make swallowing easier

Longer-Term Treatment

If dysphagia is severe, a feeding tube may be needed. Nourishment or food will be given through the tube instead of by mouth. The type of feeding tube used will depend on the long-term need.

- A nasogastric (NG) tube is placed for short-term use. This is a narrow tube that is placed through the nose into the stomach. The NG tube will be removed when swallowing is regained.
- A percutaneous endoscopic gastrostomy (PEG) tube is placed for long-term use. This tube is inserted into the stomach through the abdominal wall. It will remain in place and be monitored by the healthcare team.

Helpful Tips

Cut foods into small pieces – Avoid foods that are more likely to cause choking. Some of these include nuts, carrots, hot dogs, whole grapes, marshmallows and meat.

Change the consistency of foods – Some foods can be puréed (blended) to make them soft. Check with your speech-language pathologist first.

Use thickeners for drinks – Thin liquids are harder to swallow. Thin liquids are more easily aspirated. Try using a product such as Thick-it®.

Avoid foods with mixed consistencies – For example, avoid soups that have broth (thin liquid) and beans, vegetables, and/or meat (which needs to be chewed).

Remember

- Watch for signs that your loved one is having trouble swallowing. Talk to your healthcare team about any concerns.
- Talk to your speech-language pathologist about the best consistency of food for your loved one.
- Have your loved one sit upright while eating and 30 minutes after eating. This will help prevent aspiration.

More Resources

The following resources contain internet links. The location of internet pages can change. Therefore the links provided may not always work. For the most current version of this list, go to <http://www.rorc.research.va.gov/rescue/resources>. This page will be updated frequently.

Link Disclaimer: Links to information and Web sites outside of the Department of Veterans Affairs do not indicate an endorsement of products or services offered by the sites. In addition, these sites may have privacy and security policies that are inconsistent with those of VA.

American Stroke Association

Web: <http://www.strokeassociation.org>

Phone: 1-888-478-7653

The American Stroke Association has information about stroke-related physical problems. Learn more about “Communication and Swallowing Problems” by going to the following link:

<http://www.strokeassociation.org/presenter.jhtml?identifier=3030350>

Heart & Stroke Tayside

Web: <http://www.heartstroketayside.org.uk>

Heart & Stroke Tayside has helpful information for stroke survivors and caregivers. Read the factsheet “Swallowing Problems after Stroke: Dysphagia” by going to the following link: <http://www.heartstroketayside.org.uk/default.aspx?navigationid=649>

Note: This Web site offers helpful information for caregivers, but some references may not apply to caregivers in the United States.

My HealthVet (MHV)

Web: <http://www.myhealth.va.gov>

My HealthVet (MHV) provides trusted information on stroke and other health conditions. It also provides resources for stroke caregivers and tools to track your loved one's health.

Also visit the Caregiver Assistance Center on the My HealthVet Web site. This section provides more information on caregiving.

- Go to: <http://www.myhealth.va.gov>
- Click on the button that says "Enter Here"
- Click on "Research Health" on the top bar, then "Healthy Living Centers"
- Click on "Caregiver Assistance"

The Stroke Association (United Kingdom)

Web: <http://www.stroke.org.uk>

The United Kingdom Stroke Association has an A-Z list of fact sheets on stroke-related topics. Go to this link:

http://www.stroke.org.uk/information/our_publications/factsheets/az_factsheets_list.html

They also have information on swallowing problems after stroke. Go to this link:

http://www.stroke.org.uk/information/our_publications/factsheets/05_swallowing.html

Note: This Web site offers helpful information for caregivers, but some references may not apply to caregivers in the United States.

References: The Stroke Association. (2008). *Swallowing problems after stroke*. Retrieved January 1, 2009, from: http://www.stroke.org.uk/information/our_publications/factsheets/05_swallowing.html; American Stroke Association. (2009). *Difficulty swallowing after stroke*. Retrieved February 9, 2009, from: <http://www.strokeassociation.org/presenter.jhtml?identifier=3031213>; American Speech-Language-Hearing Association. (2009). *Swallowing disorders (dysphagia) in adults*. Retrieved February 9, 2009, from: <http://www.asha.org/public/speech/swallowing/SwallowingAdults.htm>; Heart & Stroke Tayside. (2006). *Swallowing problems after stroke (dysphagia)*. Retrieved February 12, 2009, from: http://www.heartstroketayside.org.uk/results_highlight.aspx?hl=false&type=0&NavigationID=649



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*Brand names and types of medicines are provided as examples only. Their inclusion does not mean that these products are endorsed by VA or any other Government agency. Also, if a particular brand name is not mentioned, this does not mean or imply that the product is unsatisfactory.