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RIVIERA ENT

This information handout is provided for general medical knowledge only. It may or may not relate to your specific medical condition and it does not constitute individualized medical advice.

Dysphagia

Dysphagia means that you can't swallow well. Dysphagia is not a diagnosis; it is the symptom. Many factors may cause dysphagia, and most are temporary and non-life-threatening. In uncommon situations, swallowing difficulties can be related to a tumor or a nerve system disorder. It happens to people of all ages, but more often in the elderly. If swallowing is difficult on a regular basis, you should see an ENT (ear, nose, and throat) specialist, or otolaryngologist.

People normally swallow hundreds of times a day to eat solids, drink liquids, and swallow the normal saliva and mucus that the body produces. The process of swallowing has four related stages:

1. The first stage is the **oral preparation stage**, where food or liquid is made ready in the mouth, chewed, and gathered together in preparation for swallowing.
2. The second stage is the **oral stage**, where the tongue pushes the food or liquid to the back of the mouth, starting the swallowing response.
3. The third stage is the **pharyngeal stage**, when what is processed in the mouth is passed through the pharynx, your throat, and into the esophagus, your food pipe.
4. In the fourth and final stage, the **esophageal stage**, food or liquid passes through the esophagus and into your stomach.

The third and fourth parts of the swallowing process happen automatically, without you even thinking about it.

What Are the Symptoms of Dysphagia?

Symptoms of swallowing disorders may include:

- Drooling
- A feeling that food, liquid, or pills are sticking in the throat
- Coughing or choking on bits of food or liquid, or saliva not moving easily, which may lead to aspiration (when these materials fall or get sucked into the lungs)
- Sensing of a “lump” in the throat
- Losing weight
- Developing lung infections like pneumonia
- Changing voice
- Coughing up blood

What Causes Dysphagia?

Dysphagia may result from one or more of these issues:

- Acid reflux
- Throat infections (such as tonsillitis)
- Age-related swallowing muscle weakness
- Food or other foreign body becoming stuck in the throat (particularly in older patients)
- Weakness or scar of the esophagus
- Vocal fold paralysis or weakness
- Side effect of medications
- Tumors (throat, lung, esophageal cancer)
- Prolonged illness needing long stays at the hospital
- Past surgery or radiation to the neck, back, or chest
- Nerve disease such as Parkinson’s disease, multiple sclerosis (MS), amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig’s disease), Myasthenia Gravis, or stroke

What Are the Treatment Options?

Your ENT specialist may work with other healthcare specialists, such as a gastroenterologist (GI), neurologist, and/or speech-language pathologist (SLP), to accurately diagnose and effectively treat the source of the problem.

When dysphagia is frequent, and the cause is not clear, your ENT specialist will discuss the history of your problem and examine your mouth and throat. They may insert a small tube called a flexible laryngoscope through your nose to help them examine your throat in greater detail. Sometimes, giving

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you food or liquid while the scope is in place helps them get a better look at the back of your tongue, throat, and voice box (larynx), and see what happens when you swallow. This procedure is called Flexible Endoscopic Evaluation of Swallowing (FEES).

Your doctor and/or specialist may also order other tests like the barium swallow (or esophagram) and modified barium swallow. In these tests, instead of a flexible laryngoscope, X-rays record how food and drinks go down, and help your doctor evaluate the entire swallowing process. If necessary, they may do an examination of the esophagus, called Trans-Nasal Esophagoscopy (TNE), or refer you to a GI doctor for an upper endoscopy, which evaluates the esophagus and stomach with a flexible camera. TNE is similar to flexible laryngoscopy except the scope is longer and is passed all the way to the stomach. Additional testing can include pressure testing (manometry), which evaluates pressure created by the throat and esophagus muscles to see if they are working correctly.

If you have trouble swallowing, it is important to seek treatment to help you avoid malnutrition, dehydration, and pneumonia.

What Questions Should I Ask My Doctor?

1. Do you know why I have difficulty swallowing?
2. What are the tests for my swallowing problem?
3. Can anxiety cause swallowing difficulty?
4. What is the treatment for dysphagia?
5. What is swallowing therapy?
6. Do I need an endoscopy?
7. How do you decide if I need a feeding tube?
8. If I need a feeding tube is it permanent?