

# EATING AS A PART OF LIFE

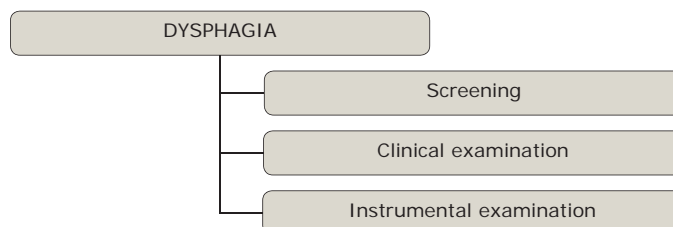
## Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

### As a part of occupational therapy assessment in neurorehabilitation

Jenny Salling Jensen, Occupational Therapist & Katje Bjerrum, Occupational Therapist  
Hammel Neurorehabilitation Centre and University Research Clinic, Aarhus University, Denmark



#### Assesment of eating and swallowing function at patients with acquired brain injury



- Screening:  
The Gugging Swallowing Screen (GUSS)  
Screening of oral intake (F.O.T.T)  
A screening tells us, if the patient has problems in the swallowing process.
- Clinical examination:  
McGill Ingestive Skills Assessment (MISA), Facial-Oral Tract Therapy (F.O.T.T)  
A clinical examination tells us more specific which problems the patient has in swallowing.
- Instrumental examination:  
Fiberoptic Endoscopic Evaluation of Swallowing (FEES),  
VideoFluoroscopic Swallow Evaluation (VFSE)  
An instrumental examination can verify the findings from the clinical examinations.

#### Occupational Therapy and dysphagia

The core of occupational therapy is enabling participation in activities of everyday living. Occupation therapist's (OT) examine the physical, cognitive, social, emotional and cultural elements of eating and drinking. In the last 15 years at Hammel Neurorehabilitation and Research Centre OT's have been caretakers of assessing patients eating and swallowing functions after acquired brain injury. OT's clinical examination together with FEES upgrades the therapists ability to give the patients the most qualified treatment.

#### Dysphagia

Dysphagia primarily affects problems with mouth, tract and oesophagus. According to the Facial-Oral Tract Therapy concept (F.O.T.T) a normal Swallowing process contains four phases: the pre-oral, oral, pharyngeal and oesophageal phase.

Clinical signs of dysphagia can be:

- Cough before, under and after swallowing
- Rattling voice and respiration
- Fever
- Several pneumonias
- Food and drink coming out through the nose after attempt of swallowing

#### Insidens

Studies indicate that the incidens of dysphagia amongst people with acquired brain injury is 27-61% (Winstein. Cherney and Halper. Schurr et al. And Mackay et al.).

Dysphagia is an important cause of morbidity (aspiration and secondary inflammation, infections) and mortality(Suffocation).

#### Facts about FEES

FEES is an examination, which enables insight in the anatomy of pharynx, movement of muscles and vocal cords, sensibility, and more important, testing which food consistence the patient is able to swallow.

The examining OT's are experienced clinicians in the field of acquired brain injured patients with dysphagia.

The OTs who perform these examinations have passed a G/F.O.T.T course and are trained and supervised by Orotolaryngologist and other medical doctors during a training program.



#### What do we learn from FEES

- Abnormality of anatomy in pharynx, Larynx
- Changed ability of movement in Larynx
- Protection of airways
  - o Aspiration
  - o Silent aspiration
  - o Penetration of saliva or food in Larynx
- Graduation of food consistencies
- Compensatory strategies during eating
- Enables us to set the level of treatment for patients with dysphagia
- Enables us to set the level of treatment for patients with traceostomy tubes