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Swallowing changes following intubation

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Keywords

Aspiration, complication, endotracheal intubation, videofluoroscopy

Comments

Although little more than a collection of cases, this paper provides interesting information on the nature of the swallowing dysfunction that frequently occurs following intubation. A high number of patients suffer from aspiration following extubation with the potential for morbidity and late mortality. Although the numbers are small, the large variety of causes identified for swallowing dysfunction seem to suggest that there is no one pattern of abnormality associated with intubation. Follow-up studies suggest that the problem of aspiration can be improved by specific therapy.

Introduction

Aspiration is an important and frequent occurrence after a period of intubation. Previous studies put the incidence at 45%, frequently without any symptoms. Little work has been done to elucidate whether these patients have a specific swallowing problem or whether many different mechanisms are operating.

Methods

- Twenty-one patients were studied. All these patients had symptomatic swallowing dysfunction.
- Range of length of intubation was 11-44 days (mean 24.6).
- 13 had had tracheostomy at some time (still *in situ* in two patients).
- Videofluoroscopy was performed by three experienced radiologists with the patient seated.
- Aspiration was identified if contrast appeared below the glottis

Results

Eighteen patients (86%) aspirated. There were 11 combinations of aspiration pattern identified. Six follow-up videofluoroscopic examinations were performed following swallowing therapy, four showed no aspiration.

References

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