

VIDEO SWALLOW STUDY

ft. Joan C. Arvedson, PhD, CCC-SLP, BC-NCD, BRS-S, ASHA Fellow



feeding matters

*Conquering pediatric feeding struggles
to nourish healthy futures*

what is it?

Video of swallowing in radiology lets us see how food and liquid move from mouth into esophagus (food tube) with a side view.

why?

Some children have difficulties coordinating muscles used to swallow liquid and food. The primary purpose is NOT just to see whether a child aspirates liquid or food. Aspiration is seen when liquid or food gets into the airway that leads to the lungs. The primary purpose is to test the timing, strength, and coordination for swallowing. Many babies and children do not cough when they aspirate, so parents and others would not know just by watching them eat and drink.

when?

Video can be helpful as babies are getting started with oral feeding, especially if they were born prematurely, have a medical condition that could make it difficult to feed by mouth, or show signs of difficulty in sucking, swallowing, and breathing coordination. Older children may show more difficulty over time or have difficulty expanding textures in their diet. Some children on tube feedings may need this study to make sure they are safe to increase oral feeding.

how?

Child is positioned in a seat similar to typical feeding position at home. Liquid and food with barium are given, usually by a parent, for a few swallows. We make the situation as easy as possible so child can be calm and cooperative. When aspiration or other problems are seen, position may be changed along with amounts per bite, textures, and utensils. The study should not be stopped at the first aspiration. It is important to get the best information in the shortest time of radiation exposure.

how long?

The actual video part usually takes just 2-3 minutes, and less for some. The video should be reviewed with parents by the speech-language pathologist who did the study with a radiologist. The findings are used as “one piece of the puzzle.”

how often should this study be repeated?

The short answer is “as seldom as possible.” The same reasons for the first study are used to determine when a child needs the study again.

what structures can be seen?

The side view lets us see lips, tongue, jaw, palate (roof of mouth), pharynx (throat), top part of esophagus, and trachea (airway). We can also see adenoid and tonsils. Big tonsils deep in the throat can affect swallowing, especially for solid food in some children.