



# FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING (FEES)

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- FEES was first published in 1988 by Susan Langmore, PhD, CCC-SLP, BCS-S
- A sensitive, accurate, portable, and safe examination that yields clinically useful information relative to swallowing physiology and safety

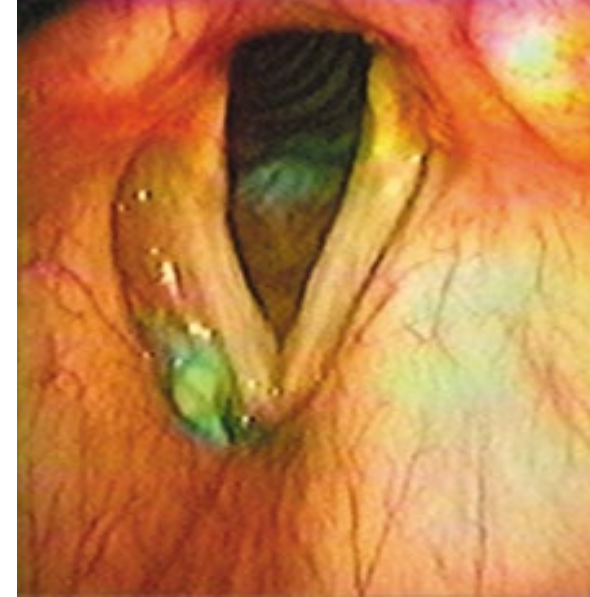


## MBSS



Performed with video fluoroscopy. The patient swallows food and liquid mixed with barium contrast to visualize the oral cavity, pharynx, larynx and cervical esophagus and monitor bolus flow and potential penetration/aspiration.

## FEES



A flexible endoscope is passed across the floor of a patient's nasal passage into the pharynx to directly view the larynx, pharynx and upper esophageal opening from above. Includes use of food coloring/dye to effectively visualize path of the bolus and potential aspiration/penetration.

# MBSS VS FEES

Advantages of MBSS	Advantages of FEES
<ol style="list-style-type: none"><li>1. Visualization of the oral, pharyngeal, and upper esophageal phases of swallowing</li><li>2. Visualization of the cervical spine</li><li>3. Best addresses specific concerns for potential upper esophageal problems, including anatomical changes (e.g. UES opening; Zenker's diverticulum)</li><li>4. Best addresses specific concerns for oral phase problems</li><li>5. Best for patients who may not tolerate scope due to agitation or other contraindications</li></ol>	<ol style="list-style-type: none"><li>1. Direct visualization of the larynx and surrounding structures</li><li>2. Assessment of secretion management</li><li>3. Real food in real quantities (no barium)</li><li>4. No radiation</li><li>5. Accommodation of patients with specific positioning needs (e.g. larger body size; contractures; special positioning in wheelchair)</li></ol>

# CONTRAINDICATIONS

MBSS	FEES
<ol style="list-style-type: none"><li>1. <b>Greater body mass or anatomical variances that may limit field of view of positioning in tight space</b></li><li>2. <b>Barium allergy</b></li><li>3. <b>Patient concerned about radiation exposure</b></li><li>4. <b>Altered taste of food/liquid</b></li></ol>	<ol style="list-style-type: none"><li>1. <b>Recent nasal trauma, obstruction, surgery</b></li><li>2. <b>Bleeding disorder with high risk of uncontrolled epistaxis</b></li><li>3. <b>Agitation, combative behavior</b></li><li>4. <b>Severe movement disorder that may affect safe administration</b></li><li>5. <b>Vasovagal recent or chronic responses</b></li><li>6. <b>Patient not expected to tolerate scope</b></li><li>7. <b>Patient requires assessment of oral and/or esophageal phases of swallow (MBSS may be superior evaluation)</b></li></ol>

## IN SUMMARY..

Both FEES and MBSS are considered 'gold standards' for swallow evaluation. Referrals may be made based on specific areas of concern, contraindications, and patient preference. A speech-language pathologist will review all referrals and advise if a specific study is recommended.

## HOW TO REFER

**SLP34 - SLP FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING (FEES)**

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