

Modified Barium Swallow

PURPOSE / CLINICAL INDICATION:

- Difficulty swallowing
- Suspected aspiration
- Pre lung transplant evaluation

SPECIAL CONSIDERATIONS / CONTRAINDICATIONS:

- Performed in conjunction with Speech Pathology
- Fluoroscopy time should not exceed 5 minutes

	ORDERABLE NAME:	EPIC BUTTON NAME:	NOTES:
UTSW			
PHHS	XR Modified Barium Swallow and Speech Therapy Order Panel XR Modified Barium Swallow Speech Pathology		

EQUIPMENT / SUPPLIES / CONTRAST:

- Barium supplied by Radiology
 - Textures supplied/prepared by Speech Pathology

PATIENT PREPARATION:

- Primary preparation per Speech Pathology
- Review for contrast allergy

PROCEDURE IN BRIEF:

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COMPLETE PROCEDURE TECHNIQUE:

- Performed in conjunction with the speech pathologist.
- Involves the fluoroscopic evaluation of the swallowing mechanism using barium of various consistencies.
- The study should be recorded with cine capture.
 - If cine capability is not available, a single lateral view of the pharynx is obtained at the end of the study for documentation purposes.
- Study is primarily performed in the right lateral position with the patient standing or seated on the footboard or specialized chair.
 - If structures are not adequately visualized in the lateral position, place patient in oblique position
 - Single AP swallow may be obtained.
 - May also evaluate vocal cord function during phonation and Valsalva (glottic closure).
- Collimate appropriately to include the mouth, pharynx, and larynx/upper trachea.
- For each swallow, evaluate for:
 - Pooling in the vallecula and pyriform recesses
 - Laryngeal penetration
 - Aspiration, note presence or absence of cough reflex
 - Unexpected pathology the speech pathologist is not trained to pick up such as diverticula, fistula, web, stricture, extravasation etc.
 - Note tracheoesophageal prosthesis, if present
- The speech pathologist may try different maneuvers to minimize laryngeal penetration or

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aspiration such as chin tuck, head turn, etc.

- Identification of penetration/aspiration should be communicated to the speech pathologist when identified by the radiologist.
- If there is significant aspiration, the study should be terminated (in collaboration between radiology and speech pathology)
- At the end of the study discuss with the speech pathologist and make sure findings are concordant. If there is any disagreement, review the images again with the speech pathologist.
 - Speech pathologist report will document detailed findings and recommendations.
 - Radiology report will document absence/presence of laryngeal penetration or aspiration and other significant findings

IMAGE DOCUMENTATION:

- Lateral cine captures during swallow (lateral film pharynx if cine unavailable)
- Frontal images at the direction of the speech pathologist

ADDITIONAL WORKFLOW STEPS:

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REFERENCES:

- [General Fluoroscopy Considerations](#)
- [Procedure Contrast Grid](#)

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