

## Patient information

### **Decision Making When Your Swallow is Unsafe**

#### Speech and Language Therapy

You have been given this leaflet as you or your relative's swallowing has been assessed and found to be unsafe.

Swallowing is a complex mechanism that involves the coordination of lots of nerves and muscles in order to work efficiently. Signs of swallowing problems include coughing, choking, shortness of breath or wet voice. For some people, they do not show any symptoms at all.

Saliva, food or drink might 'go the wrong way' and enter the lungs. This is called 'aspiration'. Aspiration can lead to pneumonia (an infection in the lungs). Swallowing problems can also lead to malnutrition and dehydration, as not all food and drinks enter the stomach as they should.

Swallowing problems (also known as 'dysphagia') may result from conditions such as stroke, dementia, head and neck cancer, neurological conditions (such as Parkinson's disease, motor neurone disease), learning disability or a range of other acute or chronic health conditions.

Speech and Language Therapists assess and treat swallowing problems. They may recommend different drinks and foods or suggest swallowing techniques to keep swallowing safe.

However for some people their swallow is not safe at all. This means there is a high risk of food, drink and saliva entering the lungs (aspiration).

Decisions will now need to be made about how you or your relative will receive food and drink. There may be a number of options, which the medical team or your therapist will discuss with you.

#### **These options may include:**

##### **1. Tube feeding**

A feeding tube may be inserted through the nose and down in to the stomach. This is known as a naso gastric tube or NG tube. Sometimes an NG tube is placed while options are discussed or to see if swallowing improves with some time.

If your swallowing difficulties continue longer term, a feeding tube may be placed directly in to the stomach. This is known as a PEG (Percutaneous Endoscopic Gastrostomy) or RIG (Radiologically Inserted Gastrostomy).

Food and fluid is given through the feeding tube in the form of a liquid feed. Medications can also be given through the tube.

Feeding tubes can be removed if they are no longer required.

Tube feeding aims to reduce the risk of aspiration but may not eliminate it. This is because you still need to swallow your saliva and may aspirate this.

You may still be able to eat and drink small amounts with a feeding tube in place.

For some people, feeding tubes are not an option. In certain patient groups, feeding tubes have no benefits and place people at additional procedural risks. Your doctor will tell you whether a feeding tube is appropriate for you.

## **2. Feeding At Risk**

The term 'feeding at risk' is used to describe when someone continues to eat and drink by mouth despite the risk of aspiration.

### **Feeding at risk is more likely to take place when:**

- The person has declined tube feeding.
- Food/drink is more important for the person's quality of life or comfort than swallow safety.
- There is unlikely to be any improvement in the person's overall medical condition or swallowing function.
- Insertion of a feeding tube is not possible due to medical reasons or deemed inappropriate.

After a risk feeding decision has been made, the Speech and Language Therapist can work with you/your relative, to find certain food textures or drinks that may be more comfortable or pleasurable for you to take. They can also work with families and carers to support them when you are eating and drinking to help to reduce the risk of coughing/choking and make meals as enjoyable as possible.

### **Decision making when your swallow is unsafe**

Any legally competent adult can choose not to have tube feeding and continue to eat and drink accepting the risk of swallowing related health consequences e.g. chest infections.

If you/your relative does not have capacity to make this decision (have problems with understanding, retaining, weighing up or communicating the decision), a decision will be made in your best interests. The health care team looking after you/your relative will speak with your family, friends or carers for information to guide the decision. Any wishes you previously expressed will be taken into account.

Making a decision about how you or your relative receives food and drink may feel daunting and overwhelming. It is important that you take the time you need to make this decision and discuss it with your family, friends, carers or health care team if you wish. The doctors, nurses and therapists working with you/your relative can support by offering further information and guidance. If you feel you need more information please speak to the staff on the ward who can arrange for this to happen.

## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further Information:

**Adult Speech and Language Therapy Department, Royal Liverpool University Hospital,**  
**Tel: 0151 706 2703**  
**Text phone number: 18001 0151 706 2703**

**The Alzheimers Society has information regarding people with Dementia making decisions about eating, drinking and artificial feeding:**  
**[www.alzheimers.org.uk/get-support/daily-living/making-decisions-artificial-feeding](http://www.alzheimers.org.uk/get-support/daily-living/making-decisions-artificial-feeding)**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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