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طبيب إختصاصي طب التخاطب وإضطرابات البلع

جامعة سان هوزي بالولايات المتحدة الأمريكية

جامعة كاليفورنيا سان فرانسيسكو

Supraglottic swallow Technique

❋ It is also called the voluntary airway closure technique.

❋ Supraglottic swallow with dry swallow can be attempted with a patient for the first time during the vidofluoroscopic study or at bedside. It can be attempted with food to swallow during the radiography study, if the patient is able to follow directions correctly several times without food.

❋ The patient must be alert, relaxed, and able to follow simple directions.

Goal

❋ To voluntarily control the closure of vocal folds before and during the swallow, thus protecting the trachea from aspiration

Used for

❋ Reduced or late vocal fold closure.
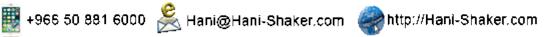
❋ Delayed pharyngeal swallow.

Objective

Patient will use supraglottic swallow maneuver for _____ consistencies, 10x/day for 4-8weeks.

❋ The patient is considered that he/she does the exercise correctly, if he/she does the exercise properly three times consecutively per session.

❋ These steps should be practiced with the patient on saliva swallow prior to giving him or her actual food to swallow.

Therapeutic Procedure Steps

1) Take a deep breath and hold it tightly.
2) Take a bite of food or a sip of liquid.
3) Swallow while keep holding your breath until it is completed
4) Cough immediately after the swallow
5) Swallow again.
6) Breath.

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Patients with Tracheostomy tube

1) Take a deep breath and hold it tightly, <u>and cover your tracheostomy tube.</u>
2) Take a bite of food or a sip of liquid.
3) Swallow while keep holding your breath until it is completed
4) Cough immediately after the swallow while covering your tracheostomy tube.
5) Swallow again.
6) Breath.

Important notes:

❊ In some patients, the previous exercise does not result in vocal fold closure. Instead, the clinician may instruct the patient to inhale and then exhale slightly; hold the breath and swallow while holding the breath. Normally, the vocal folds move toward each other slightly during exhalation, so holding the breath on exhalation may result in vocal fold closure.

❊ The clinician will ask the patient to inhale and then say /Θ/; stop voicing and hold the breath.

❊ Extended supraglottic or "dump and swallow" technique. This technique is used for patient with severe reductions in tongue mobility or severely reduced tongue bulk because of oral cancer surgical procedure. They need to take sufficient volume of liquid to drop the bolus by gravity from the mouth to the pharynx with chin elevation. By observation, the clinician should determine whether the pharyngeal swallow triggers on time and airway closure is sufficient to protect the airway by instructing the patient to swallow small amount (1-3ml) of liquid on a spoon as the patient extend his/her head back and dump the liquid into the pharynx. If both airway closure and triggering of the pharyngeal swallow are normal, the patient can be given 5-10 ml of liquid in a cup and instructed to do the following steps:

  1- Hold the breath tightly.
  2- Put the entire 5 – 10 ml of liquid in the mouth.
  3- Continue to hold the breath and extend the head back, thus dumping the liquid into the pharynx as a whole.
  4- Swallow frequently as many times as needed to clear the liquid while continuing to hold the breath.
  5- Cough to clear any residue from the pharynx.

❊ The amount of liquid may be increased up to 20 ml and taken at one time, using five to six repeated swallows while holding the airway closed, if the patient does the procedure more efficiently and successfully.