Esophageal Screening During Videofluoroscopic Swallowing Studies Contributes to Accurate Dysphagia Diagnosis and Appropriate Treatment

A resource for radiologists and other interprofessional team members

Guidance From the American College of Radiology

The American College of Radiology's ACR–SPR Practice Parameter for the Performance of the Modified Barium Swallow,[1] which represents a policy statement and a consensus, states the following:

"Observation of the esophagus in the frontal projection to ensure unimpeded pharyngo-esophageal drainage may be helpful. It is important to recognize that the assessment of gravity-assisted pharyngo-esophageal clearance of barium during MBS is a limited assessment and does not imply the esophagus is normal. Depending on patient symptoms and findings (or lack of findings) on MBS, an esophagram may be required to complete the assessment of the patient." (Section IV–D–1, third sentence)

Guidance From ASHA

ASHA's Adult Dysphagia Practice Portal[2] and Videofluoroscopic Swallow Study Practice Portal[3] are comprehensive resources that address aspects of clinical practice—like roles and responsibilities, assessment, and treatment. ASHA uses the term *videofluoroscopic* swallowing study (VFSS) to describe the radiographic instrumental swallowing evaluation—also known as a modified barium swallow study (MBSS).

On the topic of esophageal dysphagia and esophageal screening during VFSS, the practice portal states the following:

- "SLPs don't diagnose or treat esophageal dysphagia, but they can screen esophageal motility and gastroesophageal reflux disease (GERD) to identify the need for appropriate referral. Oropharyngeal function may be potentially affected in some patients with esophageal motility issues.[2]
- Lateral and anterior–posterior views of the oral cavity, pharynx, and upper esophagus provide different valuable information on swallowing anatomy and physiology.[3]
- Observations from a VFSS may include a general observation of the passage of the bolus through the esophagus."[3]

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Esophageal screening impacts the SLP's assessment and the patient's outcome

Research strongly supports the connection between issues in the pharynx and issues in the esophagus. [5, 8, 11]

Esophageal issues are common: Up to two-thirds of patients who get a VFSS have some kind of esophageal issue affecting their swallowing.[4, 8, 10, 12]

It's difficult for patients to localize their symptoms—over half of those with globus sensation have an esophageal issue.[6, 9]

If we don't examine the esophagus, we might miss the cause of a patient's swallowing issue or mistakenly treat the issue as a pharyngeal problem.[8]

Opportunities for Collaboration

- If your facility and equipment allow for esophageal screening, consider developing an esophageal screening protocol. Identify factors like what types of patients or symptoms qualify for esophageal screening, to what level of the esophageal screening will take place, how often to screen, and for what duration of time.
- Consider using a standardized measure for esophageal screenings—like the Robust Esophageal Screening Tool (REST)[13]—to maintain consistency and decrease exposure during exams.
- Continue to prioritize exposure "as low as reasonably achievable" (ALARA) to promote radiation safety for patients and providers.

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