Dysphagia after Stroke

You may have trouble eating or drinking after having a stroke. When a person has trouble swallowing, he or she may have problems moving food or liquid from the mouth to the stomach, called dysphagia. Stroke is a common cause of dysphagia.

Swallowing problems may lead to:
- Food or liquid getting into the airway, called aspiration
- Higher risk of choking
- Poor nutrition
- Dehydration (when your body does not have enough water or other fluids)

Swallowing changes after a stroke

Every person swallows in a slightly different way, however, several things need to happen for normal swallowing to occur. There are 5 main stages in the swallowing process. Problems can happen in one or more of these stages.

Preparing to Swallow - Anticipatory Stage

Normal process:
- Body gets ready to eat or drink
- Begin process of picking up utensils and bringing food or liquid up to the mouth
- Brain sends signals to chew

After a stroke, you may have:
- Changes in ability to pick up utensils, bring food or liquid up to the mouth or to chew once food is in the mouth
- Problems paying attention to eating and chewing
- Problems seeing food or liquid due to vision or perception changes

Oral Preparation Stage

Normal process:
- Food is chewed
- Food or liquid is mixed with saliva and formed into a food ball
- Process uses strength and coordination between the lips, tongue, jaw, and cheeks
After a stroke, you may have:
- Trouble taking food off of utensils
- Problems using straws or forming a seal around a cup
- Saliva, food, or liquids leak from the mouth
- Trouble chewing food
- Biting the inside of the cheek or lip
- Food scattering in the mouth
- Food collects between cheek and gums (pocketing)

Oral Transit Phase

Normal process:
- Food or liquid is moved to the back of the mouth by a squeezing action, mostly by the tongue

After a stroke, you may have:
- Less strength or coordination to move food to the back of the mouth
- Need to swallow multiple times to clear the food or liquid from the mouth
- Leftover food or drink left in the mouth after swallowing
- Liquids or foods may fall into the throat too soon, causing a risk of it getting into the airway

Pharyngeal Phase

Normal process:
- Food enters the upper throat area, above the voice box, and the soft palate (back of the roof of your mouth) pulls up
- Small flap, called the epiglottis, closes at the top of the voice box to close off the opening to the windpipe (trachea)
- Tongue moves backwards and the throat walls move forward
- Actions help force the food or liquid through the throat toward the esophagus

After a stroke, you may have:
- Brain does not signal the muscles to begin swallowing at the right time, leading to risk of aspiration
- No feeling when food or liquid goes down “the wrong way”, called silent aspiration
- Throat muscles are not strong enough to squeeze food or liquid through the throat, increasing risk of aspirating or choking
Esophageal Phase

Normal process:
- Food ball or liquid enters the esophagus and is moved to the stomach by a squeezing action

After stroke, you may have:
- Changes in muscle that separates pharynx from the esophagus
- Changes in muscle coordination that moves food or liquid through the esophagus

Checking for swallowing problems
You will likely be screened for a swallowing problem when you come into the hospital. A nurse or doctor may ask you questions about your swallowing, look at the movement of your mouth muscles, and give you something to drink.

If your doctor suspects that you may have a swallowing problem, you will be seen by a Speech Language Pathologist (SLP). The SLP specializes in swallowing and communication problems.

The SLP will ask you questions about your medical history and ability to swallow. The SLP will examine your mouth and ask you to eat and drink different types of foods and liquids to find out what kind of swallowing problem you have. The SLP may recommend you have more swallow testing.

Treating swallowing problems
Test results and recommendations will be shared with you and your doctor. Your treatment plan will vary based on your ability to swallow safely.

Treatment may include:
- Facial exercises for strength and coordination
- Learning to eat in a special way.
- Preparing food in a certain way or avoiding certain foods.
- Adding special thickeners to liquids.
- A feeding tube may be needed if eating or drinking is no longer safe.

You may need to continue to work with the SLP after you go home.