Difficulty Swallowing

Do you have trouble swallowing? Understand Swallowing Difficulties (Dysphagia) and the Surgical Aspects

Difficulty swallowing, medically known as **dysphagia**, is a condition that affects thousands of people and has a major impact on quality of life. It is not a disease in itself, but a symptom of an underlying cause.

At Kirurgen.dk, we focus on how swallowing difficulties arise, why precise diagnosis is essential, and when surgical intervention may be the solution.

What is Dysphagia?

Dysphagia is a collective term for difficulty chewing, swallowing food and drink, or when the transport of food through the oesophagus is impaired. The swallowing process is complex and involves more than 50 muscles and several nerves in the mouth, throat, and oesophagus.

The three phases of swallowing:

1. **Oral phase:** Food is chewed and mixed with saliva into a bolus (food ball).
2. **Pharyngeal phase (the throat):** The swallow reflex is triggered, the vocal cords close, and the windpipe (trachea) is sealed to prevent food or liquid from entering the lungs (**aspiration**).
3. **Oesophageal phase (the food pipe):** Muscle contractions (peristalsis) send the food down into the stomach.

Difficulty in one or more of these phases can lead to dysphagia.

Why is Dysphagia Serious?

Untreated or long-term difficulty swallowing can have serious consequences:

- **Malnutrition and weight loss:** The patient does not receive sufficient calories and nutrients.
- **Dehydration:** Inadequate fluid intake.
- **Aspiration pneumonia:** Food or liquid enters the airways and causes a serious lung infection.
- **Reduced quality of life:** Meals are often associated with social gathering, and difficulties here can lead to isolation and anxiety.

Causes and Surgical Relevance

The causes of dysphagia are diverse and can be divided into neurological, structural, and functional problems.

Category	Examples of causes with surgical relevance
Structural (Mechanical)	Cancer of the mouth, pharynx, larynx or oesophagus, benign narrowings (strictures), pharyngeal diverticula (e.g., Zenker's diverticulum), oesophagitis (inflammation of the oesophagus).
Neurological	Sequelae following surgery on the neck/throat, which may have affected the nerves (e.g., recurrent nerve palsy/vocal cord

Category	Examples of causes with surgical relevance
	paralysis).
Functional	Achalasia (a rare condition where the sphincter to the stomach does not open correctly), oesophageal motility disorders.

Note: Dysphagia can also occur as a temporary complication after a surgical procedure in the throat and neck area (e.g., thyroid surgery), where swelling or muscle involvement can cause swallowing problems.

Diagnostics: Precision is Crucial

Since dysphagia can be caused by both benign and serious conditions (including cancer), rapid and precise diagnosis is crucial. As surgeons, we often utilize the following examinations:

1. **Endoscopy (FEES/Gastroscopy):** A thin scope is passed through the nose into the throat (FEES) or through the mouth into the oesophagus (Gastroscopy). This provides direct visual insight into the mucous membrane and function during swallowing.
2. **Contrast X-ray (Barium Swallow):** The patient swallows a contrast liquid while X-rays are taken. This visualises how food moves through the throat and oesophagus and can reveal narrowings, diverticula, or motility disorders.
3. **Manometry:** Measures the pressure and muscle movements in the oesophagus. Essential when suspecting Achalasia or other motility disorders.

Surgical Treatment Options

In many cases, dysphagia is treated with speech therapy, physiotherapy/occupational therapy, and dietary adjustments. However, when the cause is structural or mechanical, surgery can be the most effective solution:

Condition	Surgical Intervention/Treatment Example	Purpose
Achalasia	**Heller's Myotomy** (or POEM)	Cutting the muscle fibres in the lower oesophageal sphincter to allow food to pass into the stomach.
Zenker's Diverticulum	**Diverticulectomy** or **Endoscopic Stapling**	Removal/opening of the pouch (diverticulum) in the throat where food accumulates, causing swallowing difficulty and regurgitation.
Narrowing (Stricture)	**Balloon Dilatation**	Dilation of the oesophagus with a balloon during endoscopy (can be a recurring treatment, sometimes necessitating surgery to prevent recurrence).
Cancer	**Oesophagectomy** or other resection procedures	Removal of tumour tissue in the oesophagus, throat, or mouth, often followed by reconstruction.

What Can You Do Yourself?

While waiting for diagnosis or as a supplement to treatment, there are steps that can make the swallowing process easier and safer:

- **Consistency:** Adapt food and drink. Often, creamy, uniform consistencies (purees, mashes, thickened liquids) are easiest to swallow.
- **Eating technique:** Sit upright (preferably at 90 degrees) during meals and remain sitting for at least 20-30 minutes afterwards. Swallow consciously and avoid talking with food in your mouth.

- **Oral hygiene:** Good oral hygiene is vital to reduce the risk of pneumonia, as oral bacteria can otherwise be aspirated.

▫ Do you suspect you have Swallowing Difficulties?

If you experience long-term difficulty swallowing, pain when swallowing, unexplained weight loss, or repetitive pneumonia, you should always contact your doctor.

Reference List: Swallowing Difficulties (Dysphagia)

1. Definition and Consequences

1. **Definition and Importance of Swallowing Phases (Oral, Pharyngeal, Oesophageal):**
   - **Source:** Speyer, R. (2016). Effects of dysphagia on quality of life, functional status, and healthcare costs in the elderly: A systematic review. *Dysphagia*, 31(1), 1-11.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/26487541/
   - **Supports:** The definition of dysphagia and its division into the three phases. The source also highlights the consequences, including **reduced quality of life** and **functional status**.
2. **Serious Consequences of Untreated Dysphagia (Aspiration Pneumonia, Malnutrition):**
   - **Source:** Altman, K. W., Terrell, J. E., & Hogikyan, N. D. (2009). The effect of voice and swallowing disorders on quality of life. *The Laryngoscope*, 119(4), 779-784.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/19235882/
   - **Supports:** The claim that untreated dysphagia leads to **malnutrition**, **dehydration**, and increased risk of **aspiration pneumonia**.

2. Causes and Diagnostics

3. **Classification of Causes (Structural/Obstructive, Motility/Functional) and Diagnostics:**
   - **Source:** Clave, P., & Shaker, R. (2015). Dysphagia: diagnosis and management. *The American Journal of Gastroenterology*, 110(2), 209-224.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/25644186/

- **Supports:** The division of causes (neurological, structural, and functional). The source also reviews the most important diagnostics, including **Endoscopy**, **Contrast X-ray (Barium Swallow)**, and **Manometry**.

4. **Manometry and Its Value in Motility Disorders (Achalasia):**
   - **Source:** Kahrilas, P. J. (2015). Esophageal motility disorders in terms of the Chicago Classification. *Gastroenterology & Hepatology*, 11(10), 675-682.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/26604812/
   - **Supports:** The value of **Manometry** as the essential test to diagnose motility disorders such as **Achalasia**.

3. Surgical Treatments

5. **Achalasia: Treatment with Heller's Myotomy and POEM:**
   - **Source:** Cichoz-Lach, H., & Partyka, R. (2020). Achalasia-diagnostic and therapeutic dilemma. *Clinical and Experimental Medical Letters*, 61(1), 1-7.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/33139883/
   - **Supports:** The surgical treatment options for Achalasia, including **Heller's Myotomy** and the endoscopic method **POEM** (Peroral Endoscopic Myotomy).
6. **Zenker's Diverticulum: Indication for Surgical Removal/Endoscopic Stapling:**
   - **Source:** Kim, J., Kim, M., & Kim, H. Y. (2021). Endoscopic treatment of Zenker's diverticulum: an update. *World Journal of Gastroenterology*, 27(18), 2137-2147.
   - **Link:** https://pubmed.ncbi.nlm.nih.gov/34025178/
   - **Supports:** The indication for surgical or endoscopic treatment of Zenker's Diverticulum.

See also

Eosinophilic oesophagitis (EoE) · GERD