

DYSPHAGIA RESOURCE

FEES V. MBSS

Current research has shown that both Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Modified Barium Swallow Study (MBSS) may both be the gold standard depending on the patient, their location, and the mechanism or function in question. The chart below compares both FEES and MBSS to determine which is most appropriate for an SLP and their patient.

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	<u>FEES</u>	<u>MBSS</u>
What are the best indicators for the exam?	Assess secretion management, tissue integrity of the larynx and surrounding structures. Assess for specific anatomical and sensory deficits such as paralysis or sensation. Assess concurrent dysphonia (voice changes)	Assess oral stage preparation problems or esophageal stages, when patient complains of globus sensation (complaints of food sticking in throat)
Swallow Stages Assessed?	Pharyngeal stage before, during, & after the swallow. Inferences are made about the oral (containment) & esophageal stages (reflux). Primarily from the superior view	Oral, pharyngeal & cervical esophageal stages. Primarily from the lateral view with options for frontal view
What patients may have contraindications and cannot have the exam?	Appropriate for most patients. However, problems may be present for patients with craniofacial trauma, dementia, brain trauma, confused or comatose patients	Patients with reduced alertness or cooperation, patients who are unable to leave the bed, room, or ward, or unable to sustain an upright position. Patients on ventilators, or in intensive care
Where can it be performed?	Any location: hospital, SNF, OP clinic, patient's home; bedside, wheelchair, chair	Hospital radiology suite, mobile radiology van, & sometimes with portable C-Arm fluoroscope at bedside
What are significant limitations of the exam?	Some pts will not/cannot tolerate nose insertion with nasoendoscope. "White out" period at moment of swallow. May miss seeing aspiration/penetration. Does not address oral & esophageal stages.	To reduce radiation exposure, fluoro is turned on & off with each swallow trial & prone to miss behaviors after the swallow. Unable to view laryngeal surface anatomy, Barium is mixed with foods changing viscosity.