

## How is it treated?

Your treatment will depend on what is causing your dysphagia. Treatment for dysphagia includes:

- **Exercises for your swallowing muscles** - If you have a problem with your brain, nerves, or muscles, you may need to do exercises to train your muscles to work together to help you swallow. You may also need to learn how to position your body or how to put food in your mouth to be able to swallow better.
- **Changing the foods you eat** - Your doctor may tell you to eat certain foods and liquids to make swallowing easier.
- **Dilation** - In this treatment, a device is placed down your oesophagus to carefully expand any narrow areas of your oesophagus. You may need to have the treatment more than once.
- **Endoscopy** - In some cases, a long, thin scope can be used to remove an object that is stuck in your oesophagus.
- **Surgery** - If you have something blocking your oesophagus (such as a tumor or diverticula), you may need surgery to remove it. Surgery is also sometimes used in people who have a problem that affects the lower oesophageal muscle (achalasia).
- **Medicines** - If you have dysphagia related to GERD, heartburn, or esophagitis, prescription medicines may help prevent stomach acid from entering your oesophagus. Infections in your oesophagus are often treated with antibiotic medicines. In rare cases, a person who has severe dysphagia may need a feeding tube because he or she is not able to get enough food and liquids.

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Scottish Post Polio Network

Patrons:

DR RICHARD BRUNO  
MR MALCOLM MACNICOL

## Difficulty Swallowing

Produced by

**SPPN Scottish Post Polio Network**

Registered Charity No. SCO 29599

**Contact:**

Tel: 0131 447 3486

23/2 Maxwell Street, Edinburgh EH10 5HT

Email: [scottishpolio@talktalk.net](mailto:scottishpolio@talktalk.net)

Website: [www.sppn.org.uk](http://www.sppn.org.uk)

## What is difficulty swallowing (dysphagia)?

Difficulty swallowing is also called dysphagia. It is usually a sign of a problem with your **throat or oesophagus** the muscular tube that moves food and liquids from the back of your mouth to your stomach. Although dysphagia can happen to anyone, it is most common in older adults, babies, and people who have problems of the brain or nervous system.

There are many different problems that can prevent the throat from working properly. Some of these are minor, and others are more serious. If you have a hard time swallowing once or twice, you probably do not have a medical problem. But if you have trouble swallowing on a regular basis, you may have a more serious problem that needs treatment.

## What causes dysphagia?

Normally, the muscles in your throat squeeze, or contract to move food and liquids from your mouth to your stomach without problems. Sometimes, though, food and liquids have trouble getting to your stomach. There are two types of problems that can make it hard for food and liquids to travel down your throat:

The muscles and nerves that help move food through the throat are not working right. This can happen if you have:

- Had a **stroke**, or a **brain, or spinal cord injury**. Certain problems with your **nervous system**, such as **post-polio syndrome, multiple sclerosis, muscular dystrophy**, or **Parkinson's disease**; an **immune system problem** that causes swelling, (or inflammation) and weakness, such as **polymyositis** or **dermatomyositis**.

- **Oesophageal spasm** - this means that the muscles of the oesophagus suddenly squeeze. Sometimes this can prevent food from reaching the stomach.
- **Scleroderma** - In this condition, tissues of the oesophagus become hard and narrow. Scleroderma can also make the lower oesophageal muscle weak, which may cause food and stomach acid to come back up into your throat and mouth.
- **Something is blocking your throat**. This may happen if you have:
- **Gastroesophageal reflux disease (GERD)**. When stomach acid backs up regularly into your oesophagus, it can cause ulcers in the oesophagus, which can then cause scars to form. These scars can make your oesophagus narrower.
- **Esophagitis** - This is inflammation of the oesophagus. This can be caused by different problems, such as GERD or having an infection or getting a pill stuck in the oesophagus. It can also be caused by an allergic reaction to food or things in the air.
- **Diverticula** - These are small sacs in the walls of the oesophagus.
- **Oesophageal tumors** - These growths in the oesophagus may be cancerous or not cancerous.  
**Masses outside the oesophagus**; such as lymph nodes, tumors, or bone spurs on the vertebrae that press on your oesophagus.
- **A dry mouth** can make dysphagia worse. This is because you may not have enough saliva to help move food out of your mouth and through your oesophagus. A dry mouth can be caused by medicines or another health problem.

## What are the symptoms?

Dysphagia can come and go, be mild or severe, or get worse over time. If you have dysphagia, you may: Have problems getting food or liquids to go down on the first try. Gag, choke, or cough when you swallow. Have foods or liquids come back up through your throat, mouth, or nose after you swallow. Feel like foods or liquids are stuck in some part of your throat or chest. Or pressure in your chest or have heartburn. Lose weight because you are not getting enough food or liquid.

## How is dysphagia diagnosed?

If you are having difficulty swallowing, your doctor will ask questions about your symptoms and examine you. He / she will want to know if you have trouble swallowing solids, liquids, or both. He / she will also want to know where you think foods or liquids are getting stuck, whether and for how long you have had heartburn, and how long you have had difficulty swallowing. He / she may also check your reflexes, muscle strength, and speech.

Your doctor may then refer you to one of the following specialists:

- An **otolaryngologist**, who treats ear, nose, and throat problems
- A **gastroenterologist**, who treats problems of the digestive system
- A **neurologist**, who treats problems of the brain, spinal cord, and nervous system
- A **speech-language pathologist**, who evaluates and treats swallowing problems.