

PRINCESS MARGARET CLINICAL PRACTICE GUIDELINES – Communication and Swallowing Disorders

Patients at the Princess Margaret Cancer Centre may experience difficulty with swallowing and/or communication as a result of:

- Disease
- Treatment-related toxicity (e.g., systemic therapy, radiation, surgery)
- Treatment-related procedures or complications (e.g., tracheostomy, fatigue, deconditioning)
- Comorbidities (e.g., stroke)

Examples of oropharyngeal swallowing disorders (dysphagia) include:

- Difficulty chewing or controlling food or liquid in the mouth
- Trouble initiating a swallow
- Coughing, choking or wet vocal quality when eating or drinking
- Reduced efficiency (e.g., increased length of time to finish a meal)
- Complaints of food sticking in the mouth or throat
- Pain on swallowing

Risk of swallowing difficulties increases with:

- Tracheotomy or prolonged intubation (greater than 48 hours)
- History of pneumonia or aspiration pneumonia

Examples of communication disorders include:

- Difficulty expressing wants, needs or ideas (e.g., finding words, putting words into sentences, staying on topic, organizing a story)
- Difficulty following directions or understanding conversation
- Difficulty reading or writing
- Slurred or imprecise speech

Referrals to UHN Speech Language Pathologist can be made for:

	Swallowing (Dysphagia) Clinical and/or Instrumental Assessment	Communication Disorders
Inpatients	Any inpatient with oropharyngeal swallowing issues	Brief communication screening and recommendations may be provided. Provision of this service is dependent on caseload demands. Swallowing referrals must be prioritized over communication but assessment is provided where possible
Outpatients	Outpatients from the head and neck cancer program with swallowing difficulty due to surgery, radiotherapy and/or chemotherapy	Voice restoration is provided to patients who have undergone Total laryngectomy surgery requiring Tracheoesophageal and/or esophageal speech.