How to Manage Swallowing Problems After a Stroke

Information for patients and families

Read this information to learn about swallowing problems that can happen after a stroke and what you can do to help.
How can a stroke cause swallowing problems?

A stroke can affect the muscles we use to eat and swallow. These muscles may include your lips, your tongue, and the muscles in your throat.

Some swallowing problems are easy to see like drooling, coughing or choking. Others may be harder to see. For example, a swallowing problem may include the feeling that food is stuck in your throat.

Watch for these common problems when eating and drinking after a stroke:

- coughing, throat clearing or choking while eating and drinking
- swallowing several times for each mouthful
- complaining of food sticking in the throat when eating or drinking
- holding food in the cheek or back of the mouth after swallowing. This often happens on the person’s weaker side.
- eating too quickly or too slowly
- taking a long time to finish a meal
- repeated pneumonias or chest infections
- difficulty to eat by themselves
- difficulty swallowing medicines
**Why are swallowing problems dangerous?**

When a person has a swallowing problem, there is a danger that food or drink may go into their breathing tube (trachea or windpipe) instead of their eating tube (esophagus). This can sometimes cause a chest infection or pneumonia.

People with difficulty swallowing sometimes don’t take in enough food or drink. This can cause them to lose weight or become dehydrated (not enough water in their body). Sometimes it’s helpful to change the person’s food or drink to make swallowing safer and easier for them.

When a person comes to hospital with a stroke, it is important to find out if they have a swallowing problem. This is why we do not give anything to eat or drink until we know the person can swallow safely.

First, a nurse will do a screen (short test) to decide if the person with stroke may have a swallowing problem. If the screen shows that the person is at risk for a swallowing problem, their doctor asks a Speech-Language Pathologist (SLP) to complete a full swallowing test.

The SLP will confirm whether the person with stroke has a swallowing problem. The SLP will talk with the person and their family or caregivers about how to manage it.
**How can I help people with swallowing problems?**

There are many ways that families can help people with swallowing difficulties. Ask the SLP to explain all of the ways to improve feeding and swallowing.

These may include:

**Change food and drink textures**

**Eating food that is safe**

We eat different food textures every day, such as:

- pureed (for example, mashed potatoes)
- minced (for example, macaroni)
- soft (for example, tuna sandwich)
- hard solids (for example, nuts)

When a person has swallowing problems, they may not be able to eat all the food textures. A swallowing assessment can be useful to check which textures they can swallow safely. They should only eat food textures that are safe and easy.

**Thickening drinks**

Drinks or thin liquids including water, tea, coffee, juice or soup can be difficult to swallow safely because they move very quickly. These liquids may enter the breathing tube.

These drinks can be thickened to make them easier to swallow, or a person could have pudding instead of milk or apple sauce instead of apple juice.

**Remember:** Foods like ice cream, milk shakes, Jell-O or fruit nectar are thicker at first but will melt into a thin liquid in the mouth. Avoid these foods if thin liquids are not safe.
It’s difficult to limit the foods people eat because we all enjoy eating a variety of food textures. But, it’s important to know that changing these food and drink textures help people recover safely.

**Use different swallowing strategies**
The speech-language pathologist may also recommend different ways to improve swallowing. These can include specific head positions or swallowing more than once for each mouthful.

**Change the feeding position**
Sit the person straight with their head slightly forward. Use pillows to keep their head steady when they eat. Sit at eye level when feeding people who can’t feed themselves. You should always face the person you are feeding.

**Change the environment and set-up of meals**
Keep the person from becoming distracted when eating by:

- turning off the radio and television
- limiting the number of people talking during meal times

Place food, cups, and utensils close enough to help the person feed themselves.
Follow these tips for safe eating and swallowing:

✓ Eat and drink only when they are fully awake.
✓ Sit straight in a chair or bed.
✓ Wear dentures, hearing aids and glasses at all meals.
✓ Have a clean and clear mouth before meals.
✓ Encourage small bites of foods and small sips (maybe from a spoon).
✓ Make sure the food or drink is swallowed before you give the next one.
✓ Watch for movement of their Adam’s apple. This will help show you the person has swallowed.
✓ Make sure their mouth is clean and clear of food after every meal.
✓ Make sure they remain sitting upright for 20 to 30 minutes after eating.
✓ Try to have a slow and relaxed dining experience.
✓ Tell staff if you notice someone who is having trouble eating or drinking.

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