



Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Myth 1: "The MBS is the gold standard" in swallowing diagnostics and superior to FEES.

Fact: Times are changing. Both may be considered the "Gold Standard, however, the research shows that FEES is superior in the evaluation of the pharynx, larynx; more accurate, reliable and sensitive to detect penetration/aspiration and measure residue.

Myth 2: FEES is still new to our profession when compared to the MBS and is not supported by the clinical research to be evidenced-based.

Fact: FEES was developed by Dr. Susan Langmore, Ph.D. and coworkers in the 1986. By 1988 the first articles were published demonstrating the effectiveness of FEES as an accurate, sensitive and reliable assessment to provide information regarding swallow biomechanics. (Of Note: In 1983 Dr. Jeri Logemann reported the first study using MBS). In 1992, FEES became part of the ASHA Scope of Practice for SLPs with additional training and certification to perform the assessment.

Myth 3: "I know what's going on with my patient." The bedside swallow evaluation is highly accurate and reliable to determine aspiration.

Fact: Literature reveals that SLPs are only 50% accurate in judging whether aspiration is occurring. We are over-estimating and under-estimating the presence of aspiration with our clinical swallow assessment. An instrumental exam is crucial to determine the true etiology of the dysphagia and develop an appropriate plan of treatment.

Myth 4: "You can't see or determine WHEN penetration or aspiration because of the white-out.

Fact: A "white-out" factor does occur about four-tenths of a second. However, aspiration can be visualized BEFORE and AFTER the swallow as well as inferred DURING the swallow. This is determined by comparing the images of the airway before and after the swallow. The majority of aspiration occurs before or after the swallow. The literature shows that aspiration only occurs about 7% of the time "during" the swallow which CAN be inferred with FEES by a trained and certified endoscopist.

Myth 5: "Endoscopy is unsafe, painful and dangerous."

Fact: FEES is minimally invasive and safe. Literature shows FEES is tolerated well and that complications occur in <.1% of the time.

Myth 6: FEES doesn't reveal anything about the esophageal stage of swallowing."

Fact: FEES can reveal the presence of uncontrolled reflux, detect retrograde flow. We utilize the *Reflux Finding Score* to quantify reflux.



