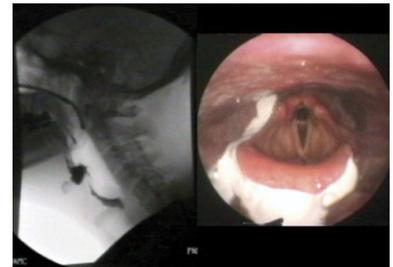




## How does FEES compare to a Modified Barium Swallow Study?

- Procedure is completed with the patient seated in his/her 'natural' eating position, as opposed to a MBSS chair upright as possible
- Captures the "true picture" of what is happening at meals by the patient being able to feed himself/herself
- Ability to utilize real, "normal" food versus barium which preserves the taste & consistency of food/drink, avoids complications such as constipation associated with barium which can also impact swallow function
- We provide all consistencies of food/liquid for the study, but can include specific items
- Recordings are in color which provide the ability to assess secretion management (not possible a black and white x-ray)
- Provides more distinct picture of anatomically why and where pills are "getting stuck" through direct visualization ( again, not an option with MBSS)
- Continuous recording of the entire length of the study captures penetration/aspiration after the swallow and in between swallows, which may be missed on a MBSS when the fluoroscopy is turned off to limit radiation exposure
- Captures evidence of backflow from the esophagus after the swallow (may be an indication of esophageal dysmotility, reflux), which may not be appreciated during the MBSS when fluoroscopy is turned off in between swallows
- No radiation exposure which allows many observers in the room, which can increase dysphagia awareness and serve as an educational tool for patients, family and staff/careproviders
- Recording of FEES can last much longer (no radiation) enabling assessment for fatigue, effectiveness of swallow strategies, and testing specific items that are known to be more difficult for the patient
- Direct view in color allows for evaluation of anatomy, unilateral weakness, and vocal fold function (important components for protection and prevention of aspiration)
- Color feedback also provides the ability to detect evidence of reflux may be detected (not possible with MBSS)
- Can be performed on medically complex patients who may not tolerate transportation to a hospital, obese patients who may not fit into a MBSS chair, ventilator patients who may not be able to leave their room, and patients who are in isolation
- Facility SLP may assist during the FEES procedure and can bill for dysphagia treatment that same day



Simultaneous view of MBSS (left) and FEES (right) showing spillage into the vallecula and right pyriform sinus.

- Procedure takes approximately 20-30 minutes to complete, significantly decreasing the hours the subacute rehab patient is out of the facility which allows PT/OT to achieve RUG level minutes and meet productivity standards
- NO need to schedule with hospital radiology, coordinate with hospital speech pathology, wait 1-2 weeks for the scheduled appointment, set up patient transportation to the hospital, arrange for patient chaperone, fax or call hospital speech pathologist with patient specific information, or wait weeks for the report to be faxed back to you
- Immediate response with quick turn-around time, as we guarantee completion of procedure within 2-4 business days from request
- Full report with results and recommendations (including color photos) provided to you immediately following the FEES procedure before we leave the facility
- Digital recording of procedures is securely stored for future comparison of studies
- Physician does NOT have to be present during a FEES study
- We are committed to providing high quality dysphagia diagnostics and are available as a resource for the facility/treating SLP for patient follow-up and consultation as needed

**Determining the etiology of the dysphagia and by providing a more accurate diet and liquid recommendations will LOWER the cost of caring for patients with swallowing disorders by:**

- Reduce the cost of modified or alternative intake (tube feedings, IVs, thickened liquids, pureed solids, etc.)
- Decrease the cost associated with hospital re-admissions in treating PNAs & UTIs
- Direct the facility SLP in treatment planning
- Increase therapeutic outcome statistics
- Assist patient/family in decision making
- Improve patient quality of life

In comparison to the MBSS  
the FEES procedure has revolutionized the field of  
dysphagia diagnostics and management, and is now being  
used more often than videofluoroscopic studies in many  
states across the nation.