

Successfully Transitioning a Ventilator Dependent Spinal Cord Injured Patient to Eating 14 Months Post Injury – A Case Presentation

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Abstract

Introduction: Dysphagia following cervical spinal cord injury (CSCI) is under-reported and under recognised. Left untreated this can have a devastating impact on attempts to wean from mechanical ventilation (MV), increase respiratory infections, hospital length of stay (LOS), and negatively impact on patients quality of life (QoL). This case report will examine approaches to swallowing assessment & rehabilitation by a specialist team for a 43-year-old patient who sustained a spinal cord and brain injury following resection of a subependymoma C3-T3 spinal tumour.

Methods: The patient was admitted to the LSCIC 14 months post injury, at which time he was ventilator dependent, nil by mouth (NBM), and non-verbal. Baseline measures of respiratory & swallow function were made. Instrumental swallow studies; FEES and VFSS, were used for assessment, therapy and as biofeedback tools, and will be discussed. An intensive targeted swallow therapy programme was initiated alongside respiratory interventions via the tracheostomy team.

Results: On Admission October 28, 2014: Ventilator status: mechanical ventilation 24/7 via cuffed tracheostomy tube Swallow status: NBM, copious oral and chest secretions. Nutrition via PEG Communication: Non-verbal. Head nods. Exploring AAC On discharge March 10, 2015: Ventilator status: Self ventilating during the day (12 hours), cuff deflation, speaking valve in situ Swallow status: eating 3x meals per day, soft easy chew textures. Self-feeding with assistance Supplementary PEG feeds.

Conclusion: This case presentation demonstrates the value of intensive input from a specialist team. Accurate assessment and targeted interventions can improve swallow function, ventilator weaning, and verbal communication, even post-acute injury.

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