

Dysphagia Outcomes in Fractured Neck of Femur Patients

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Abstract

Purpose: Annually 64,000 people are treated in the UK for hip fractures. During hospital admission many patients present with dysphagia symptoms. The purpose of this study was to examine outcomes for patients referred to SLT for dysphagia following fractured neck of femur (NOF), in order to optimize effective management of this patient group.

Method: Retrospective case note review of data from 20 acute inpatients was carried out and revealed the impact on swallowing.

Results: A total of 80% of patients presented with new-onset dysphagia, 65% required long-term fluid or diet modification and 35% were recommended NBM or risk-feeding. Dysphagia etiologies included poor recovery post-surgery, pre-existing age-related frailty and lack of physiological reserve, and neurogenic comorbidities such as dementia and stroke. Overall, 70% had two or more significant comorbidities. Following SLT dysphagia input, fewer patients were treated for aspiration pneumonia, fewer remained NBM, and 70% were safe for oral intake by discharge.

Conclusion: This study highlights the importance of SLT intervention on orthopedic wards and the resultant positive impact on outcomes for fractured NOF patients. SLT involvement in the orthopedic MDT has the potential to improve care of patients with fractured NOF, by improving quality of life and reducing dysphagia complications such as aspiration pneumonia and nutrition and hydration compromise, which increase length of hospital stay. Directions for future management include a permanent SLT presence on orthopedic wards, wider use of dysphagia screening tools (EAT-10) on admission, and highlighting the importance of dysphagia and SLT referral and in education for medical and nursing staff in national guidelines.

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