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A Service Review of the Incidence of Laryngeal Abnormalities and Dysphagia in Spinal Cord Injured Patients with Consideration of the Impact on Returning to Oral Intake

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Abstract

Patients with Spinal Cord Injury (SCI) often spend prolonged periods of time in intensive care units (ICU). They are treated on ICU to enable stabilization and avoid secondary complications to the spinal cord. Those intubated often have prolonged intubation times which can increase the prevalence of laryngeal abnormalities, with subsequent implications for swallowing (Brodsky et al. 2018), This review aimed to look at the incidence of laryngeal abnormalities in SCI with considerations of the impact on swallowing, with inclusion of a case study. A retrospective notes review of SCI patients who had been mechanically ventilated and admitted to the spinal cord injury center between 2015 and 2018 was completed. Twenty-seven patients underwent a flexible nasendoscopy including tracheoscopy, to assess the upper airway and swallowing. 18 male and 9 female patients aged 4 to 79 were included. Outcomes were collected for presence of laryngeal abnormality and dysphagia. Ethics approval was not required. A total of 74% (N=20) presented with laryngeal abnormalities and 59% (N=16) with dysphagia. Of the patients with laryngeal abnormalities, 15 presented with a dysphagia, suggesting strong association between laryngeal pathology and dysphagia. At the time of nasendoscopy 96% of patients were nil by mouth. Following assessment 74% were able to start oral intake. The clinical implications of not identifying laryngeal abnormalities and dysphagia for this patient group are great and without appropriate management could lead to significant complications. With early assessment using flexible nasendoscopy it allows for proactive management and can facilitate earlier return to oral intake.

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