

# FEES VS. MBSS

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## FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING VS. MODIFIED BARIUM SWALLOW STUDY

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### SUMMARY

The Modified Barium Swallow Study (MBSS), also known as video-fluoroscopic swallow study, is a common older procedure, for the assessment of dysphagia. It is performed in the video-fluoroscopy suite within a hospital. This involves the radiologist, a radiology technologist and a speech-language pathologist. The patient must be seated in an upright position and fed barium coated food, while being x-rayed. The MBSS study is time limited in order to reduce the volume of radiation exposure to the patient. We ask if this time is suitable for impact of fatigue on a patient's ability to swallow effectively. Food and liquid consistencies are simulated through the use of liquid barium and or barium paste.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) is a procedure designed to assess swallowing function through the use of visualization and imaging to examine the pharyngeal and laryngeal structures. The portable study uses a flexible fiber optic laryngoscope which is passed transnasally. The scope hangs above the epiglottis and does not pass between the vocal folds. Patients are seated in a functional feeding position and are offered a variety of food consistencies while the swallow is viewed on a monitor. The study is recorded and saved in the medical chart.

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### FEES COMPARED TO MBSS

FEES has repeatedly demonstrated a sensitivity equal to or greater than MBSS in determining whether a patient is exhibiting penetration, aspiration, delay in swallowing initiation and pharyngeal secretions that cannot be detected during an MBSS.

#### Benefits of FEES

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- ❖ No need to coordinate time with the radiology department schedule
- ❖ In 2014 the medical industry experienced a serious lack of barium, in the United States, due to international production being halted in China
- ❖ No radiation exposure with FEES
- ❖ No unpleasant barium-tainted foods and no cause for patient constipation
- ❖ No waiting to be cleared from isolation precautions
- ❖ FEES can be used with patients on mechanical ventilation
- ❖ FEES can be performed while a patient is sitting upright
- ❖ FEES can be performed easily on morbidly obese patients as opposed to MBSS
- ❖ FEES can be given to medically complex patients who otherwise would not tolerate being taken to radiology
- ❖ FEES can be utilized for surgical needs
- ❖ FEES can be utilized in both inpatient and outpatient for patient intubation

- ❖ Performing Trach/vent on patients
- ❖ In most states the physician does NOT need to be present during a FEES study (for further information refer to your state speech pathology board)
- ❖ FEES can be seen on the Optim Mobile FEES System in both video and still pictures
- ❖ Video recording of endoscopies objectively discovers and documents details that cannot be as appreciated by the unaided eye in real time
- ❖ When comparing the MBSS procedure to a FEES procedure, there can be many cost advantages, when conducting a FEES procedure. Refer to your hospital, or company billing specialist for further details.
- ❖ Advantages associated with FEES versus MBSS, for the inpatient management of dysphagia

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## **HISTORY OF FEES**

### *FEES HAS BEEN UTILIZED TO DIAGNOSE SWALLOWING DISORDERS SINCE 1986*

Susan Langmore, Ph.D., and her research team coined the term FEES in 1986 and published the first data demonstrating the effectiveness of the procedure in 1988. FEES is also referred to as; video endoscopic evaluation of dysphagia, and bedside endoscopic swallowing test. Typically this procedure falls within the scope of practice of the speech-language pathologist. Refer to ASHA.org for further definition.

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## **REFERENCES**

[www.asha.org](http://www.asha.org) – For additional information regarding FEES procedures

[www.optim-llc.com](http://www.optim-llc.com) - For information regarding the MobileFEES System

[www.secmédicalspeech.com](http://www.secmédicalspeech.com) – For information on Consulting and Training in FEES and Videostroboscopy