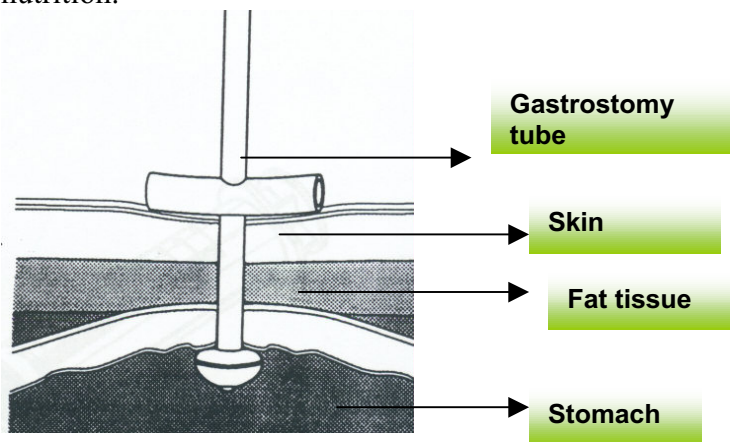


Management of Dysphagia

The act of swallowing is an automatic function of the tongue, lips, jaw, and throat muscle, pushing the food and liquids down the esophagus. There, small contractions help the food to go to the stomach. When the tongue and throat muscles are weak, chewing and swallowing impairment (dysphagia) may result in inadequate nutritional support. Swallowing can become dangerous because food can go to the trachea instead of esophagus, and choking may occur. It is very important that you discuss the Heimlich maneuver with your doctor or nurse.

To maintain adequate nutrition, you can change the consistency of your diet, add thickener to liquids and pureed or strained your food. As dysphagia progresses, a **Gastrostomy tube** should be considered as an alternative or supplemental route for oral nutrition.



People with a gastrostomy can often continue to swallow some liquids and solids. *According to the American Academy of Neurology 1999 Practice Parameters for patients with ALS, the recommendation for Gastrostomy should be made before the forced vital capacity (VC) falls to 50% of predicted, to minimize respiratory risk at the time of insertion.*

