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Aspiration from Dysphagia

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ABOUT

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What is aspiration from dysphagia?

Aspiration is when something enters your airway or lungs by accident. It may be food, liquid, or some other material. This can cause serious health problems, such as pneumonia. Aspiration can happen when you have trouble swallowing normally. Trouble swallowing is called dysphagia.

What causes aspiration from dysphagia?

When you swallow food, it passes from your mouth down into your throat (pharynx). From there, the food moves down through a long tube (the esophagus) and into your stomach. This journey is made possible by a series of actions from the muscles in these areas. Dysphagia happens when there is a disruption in the swallowing process as food and liquids pass through your mouth, throat, and esophagus.

The pharynx is also part of the system that brings air into your lungs. When you breathe, air enters your mouth and moves into the pharynx. The air then goes down into your main airway (trachea) and into your lungs. A flap of tissue called the epiglottis sits over the top of the trachea. This flap blocks food and drink from going down into the trachea when you swallow. But in some cases, food or drink can enter the trachea causing aspiration. It may go down as you swallow. Or it may come back up from the stomach. A person with dysphagia is much more likely to aspirate.

Dysphagia is more common in older adults. Stroke is a very common cause of both dysphagia and aspiration. About half of people who have had a stroke also have dysphagia. About half of people with dysphagia have aspiration. About one-third of these people will need treatment for pneumonia at some point.

Who is at risk for aspiration from dysphagia?

When a person has dysphagia, aspiration is always a risk. You may be at risk for aspiration from dysphagia if you have any of these medical conditions:

Stroke

Severe dental problems

Conditions that lead to less saliva such as Sjögren syndrome

Mouth sores

Parkinson or other nervous system conditions

Muscular dystrophies

Blockage in the esophagus such as a growth from cancer

Acid reflux

A history of receiving radiation or chemotherapy to the throat or neck for cancer

What are the symptoms of aspiration from dysphagia?

Aspiration from dysphagia can cause symptoms such as:

Feeling that food is sticking in your throat or coming back into your mouth

Pain when swallowing

Trouble starting a swallow

Coughing or wheezing after eating

Coughing while drinking liquids or eating solids

Chest discomfort or heartburn

Fever 30 minutes to an hour after eating

Too much saliva

Feeling congested after eating or drinking

Having a wet-sounding voice during or after eating or drinking

Shortness of breath or fatigue while eating

Repeated episodes of pneumonia

Symptoms can happen right after eating. Or they may happen over time. You may not have all of these symptoms. Your symptoms may depend on how often and how much food or drink you aspirate.

Some people who aspirate do not have any symptoms. This is called silent aspiration.

How is aspiration from dysphagia diagnosed?

You will need to be checked for aspiration from dysphagia if you have signs or symptoms. You may also need to be checked if you have had a stroke or other health problem that can cause trouble swallowing. If your healthcare provider thinks you may be aspirating, you may be told to not eat or drink until you are tested.

Your healthcare provider will ask about your medical history and symptoms. This may be done by a speech-language pathologist (SLP). The SLP will try to find out if you have problems with the lower or upper part of your swallowing muscles. The SLP may ask about what foods or drinks cause problems, and when your symptoms occur.

You may have a physical exam. This may include an exam of your teeth, lips, jaws, tongue, and cheeks. You may be asked to move these areas in certain ways and make certain sounds. Your SLP may also test how you swallow different types of liquids and solids.

You may also need 1 or more tests. These can help to find the cause of your dysphagia. Tests are often very helpful in showing cases of silent aspiration. The tests may include:

Modified barium swallow test (MBS). This can show if material is going into your lungs.

Fiber-optic endoscopic evaluation of swallowing (FEES). This can also show if material is going into your lungs.

Pharyngeal manometry. This checks the pressure inside your esophagus.

How is aspiration from dysphagia treated?

Your healthcare provider will try to treat the cause of your dysphagia. This may include using medicines. In some cases, surgery may be able to treat the cause of dysphagia.

The symptoms of dysphagia also need to be managed. This may include doing things such as:

- Changing your diet (such as thickening liquids or not having liquids)

- Changing your position while eating (such as eating upright, tilting your head back, or bending your neck forward)

- Not eating in bed

- Eating smaller bites of food

- Eating with supervision

- Not talking while eating

- Not being distracted during meals

- Eating when you are most alert

- Using tools such as straws

- Doing exercises to strengthen your lips and tongue

- Using special swallowing methods

As you recover, you may need to use fewer of these methods. Dysphagia after a stroke may improve greatly over time.

You may still be at high risk of aspiration even with these methods. If this is the case, you may need to use a feeding tube for a period of time to prevent aspiration.

What are possible complications of aspiration from dysphagia?

A major complication of aspiration is harm to the lungs. When food, drink, or stomach contents make their way into your lungs, they can damage the tissues there. The damage can sometimes be severe. Aspiration also increases your risk of pneumonia. This is an infection of the lungs that causes fluid to build up in the lungs. Pneumonia needs to be treated with antibiotics. In some cases, it may cause death.

Other possible complications from dysphagia include:

- Dehydration

- Malnutrition

- Weight loss

- Increased risk of other illness

These problems can reduce your level of independence. They may also cause or lengthen a stay in the hospital.

What can I do to prevent aspiration from dysphagia?

You can reduce your risk of aspiration by:

- Taking good care of your mouth and teeth

- Getting dental treatment (such as dentures) when needed

- Taking medicines as advised

- Stopping smoking

- Sitting with good posture when eating and drinking

- Doing oral exercises as advised by the SLP

- Making changes to your diet as advised by the SLP

- Asking your healthcare provider for other advice to prevent aspiration in your case

When should I call my healthcare provider?

Tell your healthcare provider right away if you think you may have a problem with dysphagia or aspiration. It should be treated as soon as possible.

Key points about aspiration from dysphagia

Aspiration is when something enters the airway or lungs by accident. It may be food, liquid, or some other material.

This can cause serious health problems, such as pneumonia.

Aspiration can happen when a person has trouble swallowing normally. This is known as dysphagia.

Stroke is a common cause of dysphagia. Dysphagia can also result from other health problems.

If you have any symptoms of dysphagia, you need to be checked for aspiration. You may also need to be checked if you had a stroke.

Next steps

Tips to help you get the most from a visit to your healthcare provider:

Know the reason for your visit and what you want to happen.

Before your visit, write down questions you want answered.

Bring someone with you to help you ask questions and remember what your provider tells you.

At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you.

Know why a new medicine or treatment is prescribed and how it will help you. Also know what the side effects are.

Ask if your condition can be treated in other ways.

Know why a test or procedure is recommended and what the results could mean.

Know what to expect if you do not take the medicine or have the test or procedure.

If you have a follow-up appointment, write down the date, time, and purpose for that visit.

Know how you can contact your provider if you have questions.

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