

Difficulty Swallowing (Dysphagia)

Topic Contents

- [Condition Basics](#)
- [Related Information](#)

Condition Basics

What is difficulty swallowing (dysphagia)?

Difficulty swallowing is also called dysphagia. It is usually a sign of a problem with your throat or [esophagus](#)—the muscular tube that moves food and liquids from the back of your mouth to your stomach. Although dysphagia can happen to anyone, it is most common in older adults, babies, and people who have problems of the brain or nervous system.

There are many different problems that can prevent the throat or esophagus from working properly. Some of these are minor, and others are more serious. If you have a hard time swallowing once or twice, you probably do not have a medical problem. But if you have trouble swallowing on a regular basis, you may have a more serious problem that needs treatment.

What causes it?

Normally, the muscles in your throat and esophagus squeeze, or contract, to move food and liquids from your mouth to your stomach without problems. Sometimes, though, food and liquids have trouble getting to your stomach. There are two types of problems that can make it hard for food and liquids to travel down your esophagus:

- The muscles and nerves that help move food through the throat and esophagus are not working right. This can happen if you have:
 - Had a [stroke](#) or a brain or spinal cord injury.
 - Certain problems with your nervous system, such as [post-polio syndrome](#), [multiple sclerosis](#), [muscular dystrophy](#), or [Parkinson's disease](#).
 - An immune system problem that causes swelling (or inflammation) and weakness, such as polymyositis or dermatomyositis.
 - Esophageal spasm. This means that the muscles of the esophagus suddenly squeeze. Sometimes this can prevent food from reaching the stomach.
 - Scleroderma. In this condition, tissues of the esophagus become hard and narrow. Scleroderma can also make the lower esophageal muscle weak, which may cause food and stomach acid to come back up into your throat and mouth.
- Something is blocking your throat or esophagus. This may happen if you:
 - Have gastroesophageal reflux disease (GERD). When stomach acid backs up regularly into your esophagus, it can cause ulcers in the esophagus, which can then cause scars to form. These scars can make your esophagus narrower.
 - Have esophagitis. This is inflammation of the esophagus. This can be caused by different problems, such as GERD or having an infection or getting a pill stuck in the esophagus. It can also be caused by an allergic reaction to food or things in the air.
 - Have diverticula. These are small sacs in the walls of the esophagus or the throat.
 - Have esophageal tumours. These growths in the esophagus may be cancerous or not cancerous.
 - Have masses outside the esophagus, such as lymph nodes, tumours, or bone spurs on the vertebrae that press on your esophagus.

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A dry mouth can make dysphagia worse. This is because you may not have enough saliva to help move food out of your mouth and through your esophagus. A dry mouth can be caused by medicines or another health problem.

What are the symptoms?

Dysphagia can come and go, be mild or severe, or get worse over time. If you have dysphagia, you may:

- Have problems getting food or liquids to go down on the first try.
- Gag, choke, or cough when you swallow.
- Have food or liquids come back up through your throat, mouth, or nose after you swallow.
- Feel like foods or liquids are stuck in some part of your throat or chest.
- Have pain when you swallow.
- Have pain or pressure in your chest or have heartburn.
- Lose weight because you are not getting enough food or liquid.

How is it diagnosed?

If you are having difficulty swallowing, your doctor will ask questions about your symptoms and examine you. He or she will want to know if you have trouble swallowing solids, liquids, or both. He or she will also want to know where you think foods or liquids are getting stuck, whether and for how long you have had heartburn, and how long you have had difficulty swallowing. He or she may also check your reflexes, muscle strength, and speech. Your doctor may then refer you to one of the following specialists:

- An otolaryngologist, who treats ear, nose, and throat problems
- A gastroenterologist, who treats problems of the digestive system
- A neurologist, who treats problems of the brain, spinal cord, and nervous system
- A speech-language pathologist, who evaluates and treats swallowing problems

To help find the cause of your dysphagia, you may need one or more tests, including:

- X-rays. These provide pictures of your neck or chest.
- A barium swallow. This is an X-ray of the throat and esophagus. Before the X-ray, you will drink a chalky liquid called barium. Barium coats the inside of your esophagus so that it shows up better on an X-ray.
- Fluoroscopy. This test uses a type of barium swallow that allows your swallowing to be videotaped.
- Laryngoscopy. This test looks at the back of your throat, using either a mirror or a fibre-optic scope.
- Esophagoscopy or upper gastrointestinal endoscopy. During these tests, a thin, flexible instrument called a scope is placed in your mouth and down your throat to look at your esophagus and perhaps your stomach and upper intestines. Sometimes a small piece of tissue is removed for a biopsy. A biopsy is a test that checks for inflammation or cancer cells.
- Manometry. During this test, a small tube is placed down your esophagus. The tube is attached to a computer that measures the pressure in your esophagus as you swallow.
- pH monitoring, which tests how often acid from the stomach gets into the esophagus and how long it stays there.

How is difficulty swallowing (dysphagia) treated?

Your treatment will depend on what is causing your dysphagia. Treatment for dysphagia includes:

- Exercises for your swallowing muscles. If you have a problem with your brain, nerves, or muscles, you may need to do exercises to train your muscles to work together to help you swallow. You may also need to learn how to position your body or how to put food in your mouth to be able to swallow better.
- Changing the foods you eat. Your doctor may tell you to eat certain foods and liquids to make swallowing easier.
- Dilation. In this treatment, a device is placed down your esophagus to carefully expand any narrow areas of your esophagus. You may need to have the treatment more than once.
- Endoscopy. In some cases, a long, thin scope can be used to remove an object that is stuck in your esophagus.
- Surgery. If you have something blocking your esophagus (such as a tumour or diverticula), you may need surgery to remove it. Surgery is also sometimes used in people who have a problem that affects the lower esophageal muscle (achalasia).
- Medicines. If you have dysphagia related to GERD, heartburn, or esophagitis, prescription medicines may help prevent stomach acid from entering your esophagus. Infections in your esophagus are often treated with antibiotic medicines.

In rare cases, a person who has severe dysphagia may need a feeding tube because he or she is not able to get enough food and liquids.

Related Information

- [Esophageal Spasm](#)
- [Esophagitis](#)
- [Esophagus Tests](#)
- [Gastroesophageal Reflux Disease \(GERD\)](#)
- [Laryngoscopy](#)
- [Stroke](#)
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