



DIAMOND DIAGNOSTICS

Dysphagia Consultation Specialists

Office 480-926-4363

Fax 480-926-4364

1324 N. Farrell Ct., Ste. 102

Gilbert, Arizona 85233

When faced with selecting the instrumental evaluation of suspected dysphagia, SLPs must make a decision on which assessment to use. The two most common assessments are the FEES and the MBSS. Unfortunately, this decision is sometimes made based on availability, cost or simply familiarity with one assessment over the other, without regard to which one best answers the clinical questions that are posed for each specific patient. While evidence tells us that both the FEES and MBSS have similar sensitivity and specificity, each assessment has its own benefits, indications and contraindications for specific patient groups. The following chart was designed to help the clinician determine which assessment is right for their patient.

	MBSS	FEES
What stages of the swallow does it assess (See attachment)	The oral stage, the pharyngeal stage and the esophageal stage from the lateral and anterior-posterior view. All three may be assessed interdependently.	The pharyngeal stage from the superior view.
Who is indicated for this exam	Patients with suspected oral, pharyngeal or esophageal dysphagia. Due to ability to visualize all three stages, patients with suspected oral or esophageal stage dysphagia should obtain an MBSS if not contraindicated.	Patients with suspected pharyngeal dysphagia. An MBSS may be required to determine the presence of oral stage or esophageal stage dysphagia.
Who is contraindicated for this exam?	Patients that can not sit upright or leave bed, patients with severe kyphosis, some bariatric patients, patients that can not be moved, vent dependent patients, patients allergic to barium	Patients with orofacial trauma, patients that can not tolerate an invasive procedure, patients with severe dementia or anxiety, patients with significant movement disorders, patients with bleeding or on bloodthinners.
Benefits	Assessment of all three phases of the swallow interdependently, allowing for assessment of aspiration risk before, during and after the swallow, visualization of entire swallow without moment of "white out", SLP collaboration with a physician before, during and after the assessment, no risk of bleeding in nasopharynx during the assessment.	Easy to assess at bedside, no radiation which allows for a longer assessment, visualization of the anatomical structures on camera, better assessment of fatigue on performance of swallow, allows for assessment of bedridden, vent dependent patients. Patients with difficulty managing secretions only are easily assessed.
Challenges	Radiation exposure, which also limits time assessed and assessment of fatigue during feeding, barium trials do not precisely mimic food trials, thin viscosity is not truly thin due to barium, micro aspirations may not be visualized.	Physician is not present at assessment, assessment may make use of local anesthetic, which may create reactions, assessment is limited to pharyngeal stage only without assessment of oral or esophageal stages, moment of "white out" during the swallow may limit visualization of aspiration or penetration.