Endoscopy Procedures for Evaluation and Treatment of Dysphagia

Dysphagia is difficulty swallowing. An endoscopy is a way to look inside the body by sending a thin, tube with a camera and light on the end down the throat and airways while your child is asleep in the operating room. This handout talks about treatments we may do using endoscopy.

Why do we use endoscopy for dysphagia?

We will look for:
- A gap in the voice box (larynx) that can allow liquids to fall into the lungs (called a laryngeal cleft)
- A hole between the windpipe and the swallowing tube (tracheo-esophageal fistula)
- A floppy windpipe or other reasons for getting frequent colds, pneumonias and other airway infections
- Blockages in the airway that may make your child's breathing noisy

What scopes might we use?

- We may use a tiny light on a metal tool (laryngoscope) to examine the airway in detail. We put the laryngoscope into the mouth to look at the back of the throat and voice box.
- We may use a rigid bronchoscope, which has a light and camera on the end, to see the inside of the airway (leading to the lungs).
### Diagnostic injection augmentation

We inject a small amount of gel into the voice box between the windpipe and esophagus to create more bulk. The gel is absorbed into your child’s body after 2 to 4 months.

- Some children will have a temporary improvement in swallowing and airway protection. Benefits of the gel may continue or go away.
- It may help determine if your child may be a candidate for a more permanent procedure called a suture augmentation (see below).
- Other children may not see any benefit from the injection and may need to continue with thickened liquids, tube feeding or both and monitored as they grow.

### Suture augmentation

We stitch (suture) the back of the voice box between the windpipe and esophagus. This procedure:

- May provide similar benefits to the injection augmentation but with longer lasting effects.
- Is not frequently done during the first surgery.

The surgery team will discuss with you if this may be a good option later. It depends on your child’s airway anatomy and response to the injection augmentation.

### What are the risks of these surgeries?

- Damage to the mouth, teeth, or airway
- Bleeding and infection
- Airway swelling
- Difficulty breathing

### What other procedures may we do at the same time?

- Place ear tubes
- Remove adenoids and tonsils or perform other sleep surgery
- Perform imaging tests such as MRI, CT

### How do I care for my child after endoscopic surgery?

- If your child is very young or has other medical problems, they may need to stay overnight at the hospital.
- Continue giving your child thickened liquids or tube feedings.
- Give pain medicines as needed.
- You may notice temporary snoring.
- Your child may go back to daycare, school and physical activity when they feel ready.
- Recovery may depend on what other surgeries are done.

### When should I contact my health care provider?

Call your provider if you notice any of the following:

- Your child is not drinking enough or appears dehydrated
- A fever over 101.5°F (38.6°C)
- Difficulty breathing
- Less responsive (lethargic)
How do I follow up with my team afterwards?

- Schedule a visit for a VFSS (Videofluoroscopic Swallow Study) after your child’s surgery. The scheduler will let you know when to get the VFSS.
- Also schedule a follow-up visit with Otolaryngology Clinic on that same day or shortly after.