

## RCSLT Statement

### Use of Ultrasound for Swallowing and Upper Airway Assessment

14 May 2020

Due to the restrictions on use of SLT-led endoscopy in the context of the COVID-19 pandemic, SLTs have started to explore alternative adjuvant methods to support their clinical decision-making for the assessment of the upper airway and swallowing. Specifically, the utilisation of ultrasound has been discussed across networks.

Whilst ultrasound may appear to mitigate some aerosol generating procedure (AGP) risks relating to coronavirus transmission due to it being non-invasive, its application as an assessment tool is not well understood in our profession. Like fiberoptic endoscopic evaluation of swallowing (FEES) and videofluoroscopy (VFS), it requires the specialist training, skill and experience of multidisciplinary trained professionals to ensure valid and reliable image acquisition and interpretation.

In response to rising interest in ultrasound, a working group of multidisciplinary clinicians has been established to appraise the literature and ascertain our current position on the utility of ultrasound in speech and language therapy services. The work is being informed by international collaborators with many years of experience in this area. The group will keep RCSLT members updated with progress and outcomes. If you have emerging research skills and a special interest in the clinical application of ultrasound and wish to join the working group for rapid review, please email [amit.kulkarni@rcslt.org](mailto:amit.kulkarni@rcslt.org) by Wednesday 20 May 2020.

In the interim, the RCSLT advises its members not to initiate the use of airway and swallowing ultrasound for patient assessment and clinical decision-making.