**A close-up of a logo

Description automatically generated**

**BARTS HEALTH NHS TRUST VIDEOFLUOROSCOPY ASSESSMENT REPORT**

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| **Name:** | **DOB:** | **NHS Number:** |
| **Date of assessment:** | **Radiologist:** | **Managing SLT:** |
| **Relevant Medical History:** | | |
| **Reason for Referral:** | | |
| **Current nutritional Intake:** | | |
| **Current Communication:** | | |

**IMPRESSION AND SUMMARY OF FINDINGS**

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| If this is a repeat study – comment on comparison with previous study and whether any change etc.  If additional factors are taken into account in formulating the management plan, they should be noted here – eg impulsiveness, candidacy for therapy or use of compensatory strategies etc. |
| **Recommendation:**   * Food/Fluids * NBM/ non-oral/oral/ mixed. * Management strategies re swallow * Management strategies re maximising voice quality * Management strategies re voice prosthesis selection * Arrangements for review. * Procedure for therapy * Other investigations / interventions |
| **Plan:** |

**ASSESSMENT FINDINGS IN DETAIL:**

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| **Consistencies trialled:** | **Bolus presentation:**  Able to follow all instructions and was self-feeding. |
| **Views:** Lateral, Lateral-oblique & Antero-posterior | **Contrast:** Omnipaque, Baritop liquid and Bartitop powder. |
| **Anatomical features/ Abnormalities:**   * Stoma identified at * pseudo-valleculae * Upper anastomosis viewed at * Lower anastomosis * Peristalsis commences at * Flap reconstruction (identify type) * Anastomosis identified at - (identify level of spine) * Hypothesised myotomised area from identified at (identify level of spine) * Peristalsis commences at (identify level of spine) * Reconstructed segment identified at (identify level of spine) | |
| **General:**   * consent * standing/seated * Oxygen * follow all instructions provided ? * Positioning * Anatomy – comment on any structural abnormality seen on the initial view – eg. osteophytes, post-Sx ‘metalwork’, any abnormally thickened structures etc   **Oral Stage:**   * lip and tongue ROM/apparent strength * palatal movement/elevation * glossopalatal seal * bolus formation, manipulation and AP transfer, * timeliness and cohesiveness of transfer * post-swallow oral residue, awareness of this, success in spontaneously clearing, success in clearing with prompting * premature spillage secondary to poor oral control   **Pharyngeal Stage:**   * pre-swallow pharyngeal pooling (“to the level of \_\_\_\_\_\_\_\_\_”) * timing/site of swallow trigger and any variability in this within or across textures * any nasal backflow? * BOT to PPW approximation * Bolus flow and maximum dilation * Any anatomical obstruction/stricture * Post swallow residue – where? awareness? ability to clear spontaneously or with prompting? * Aspiration (via TEP) – when? On which texture(s)? Estimated amount/severity? Airway response? Effectiveness of cough – reflexive/ prompted ? * Effect of compensatory strategies (or put in separate box below) * Any fatigue effect   **A-P view:**   * symmetry of swallow, residue etc   **Oesophageal stage (if appropriate):**   * flow through proximal oesophagus * any hold up, backflow, presence of osteophytes etc * tertiary contractions   **Voicing**   * Air insufflation catheter inserted transnasally via XX nostril, with tip observed at (identify level of spine) * Oxygen introduced at 0.5, 1, 1.5, 2 and 2.5 l/min * Voice prosthesis in situ at (identify level of spine) * Vibratory source/segment visualised at (identify level of spine) * Describe vibration and voicing at each volume of O2 trialled (e.g. audible, tonic, hypotonic, hypertonic, mixed tonicity, spasmodic) * Any muscle activity on voicing? * Any focal areas of narrowing on voicing? Does the area distend at all? * Optimal voice quality / maximum tonicity was achieved with …. O2 | |
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c.c. Medical notes, SLT file and patient copy.