



# SLP Endoscopix

Indications for FEES	Indications for Fluoroscopy
✓ Severe dysphagia/conservative exam required	✓ Patient has vague symptoms with unknown etiology
✓ Clinical questions about secretion management	✓ Potential UES stricture/hypertonicity
✓ Complaints suggesting pharyngeal dysphagia (coughing, wet vocal quality)	✓ Complaints related to oral phase of swallow
✓ Velopharyngeal incompetence	✓ Complaints related to esophageal phase of swallow (e.g. foreign-body sensation localized to the substernal notch)
✓ Extended exam to monitor impact of fatigue	✓ Need to evaluate extent of aspiration
✓ Repeat exam to evaluate changes in swallow status	✓ Examine movement of multiple structures at the height of the swallow
✓ Need to observe vocal cord mobility and airway closure	✓ Assess laryngeal elevation
✓ Need to visualize surface anatomy, mucosal abnormalities, resection, etc.	✓ Need to visualize submucosal anatomy (e.g. cervical osteophytes)
✓ To evaluate effect of altered anatomy on bolus flow & airway protection (head & neck cancer patients)	✓ Evaluate completeness of tongue retraction
✓ Biofeedback is desired for learning use of maneuvers/compensatory strategies (therapy session) and/or family input is desired	✓ Patients with laryngectomy, who have swallowing complaints
✓ Not able to complete fluoroscopy due to: concerns about radiation, problematic positioning, refusing barium, fluoroscopy not available	✓ Patient who cannot tolerate endoscopy

❖ Patients with globus complaints may benefit from both evaluations.