



Guide for Fluoroscopy Studies

To order a study: Fax order to (513) 803-1111 or enter order into EPIC.

Esophagram or UGI: Contact our scheduling center at (513) 636-3200 to schedule.

Video Swallow Study: Contact the Division of Speech Coordinator at (513) 636-4802 to schedule.

Order	ESOPHAGRAM	UGI	VIDEO SWALLOW STUDY
<p>Indication</p>	<ul style="list-style-type: none"> • Esophageal anatomic abnormalities (e.g. vascular rings or stricture) • Esophageal dysmotility • Assess for post-surgical leak/perforation • Assess for trans-hiatal or para-esophageal hernias • GERD (reflux) or delayed cough AFTER feeding 	<ul style="list-style-type: none"> • Evaluate developmental anatomic abnormalities of the upper GI tract • Difficulty feeding with liquids and/or solids • Nausea/vomiting with feeds • GERD (reflux) or delayed cough AFTER feeding • Post-surgical anatomy/complications • Assess for trans-hiatal or para-esophageal hernias • Malrotation with/without midgut volvulus • Pre-surgical workup for G/GJ tubes • Assess Nissen fundoplication 	<p>Consider a VSS for patients with:</p> <ul style="list-style-type: none"> • Clinical signs and symptoms of aspiration/pharyngeal swallowing dysfunction which may include coughing, choking, color changes, or congestion <u>during</u> oral intake • Clinical concerns for swallowing difficulty or aspiration in high-risk populations for swallowing dysfunction, with diagnoses that include neurological, degenerative conditions, cardiac diagnoses, cancer, or genetic syndromes; patients with symptoms that can recur over time (EoE, TEF/EA with narrowing); patients with a history of BRUE • Recurrent pneumonia • Post-operative state with potential impact to vocal folds/airway or esophagus, including cardiac patients or patients who are status post airway reconstruction procedures • History of silent aspiration; need to update safety of swallowing and subsequent oral feeding recommendations <p>VSS is <u>not preferred</u> in patients who:</p> <ul style="list-style-type: none"> • Have negligible oral intake • Have had multiple swallow studies with no significant change in neurological or structural status • Have had no feeding/swallowing therapy or other appropriate intervention since most recent VSS • Have had recent surgery or acute illness that could impact results <p>In these cases, please consider optimal timing of VSS to minimize radiation dosage. Clinical feeding evaluation/therapy to prepare patients to take an appropriate amount and/or introduce feeding strategies to maximize success of a video swallow study.</p>
<p>Body Region</p>	<p>ESOPHAGUS</p>	<p>UPPER GI TRACT</p>	<p>AIRWAYS</p>