

Fiberoptic Endoscopic Evaluation of Swallowing (FEES)



Communication Access Leaflet

Speech and Language Therapy

You have **difficulties** with your **swallow**.

Food sticking in throat.



Coughing or **choking** when eating and drinking.



We can use a **camera** to **test** your swallow.

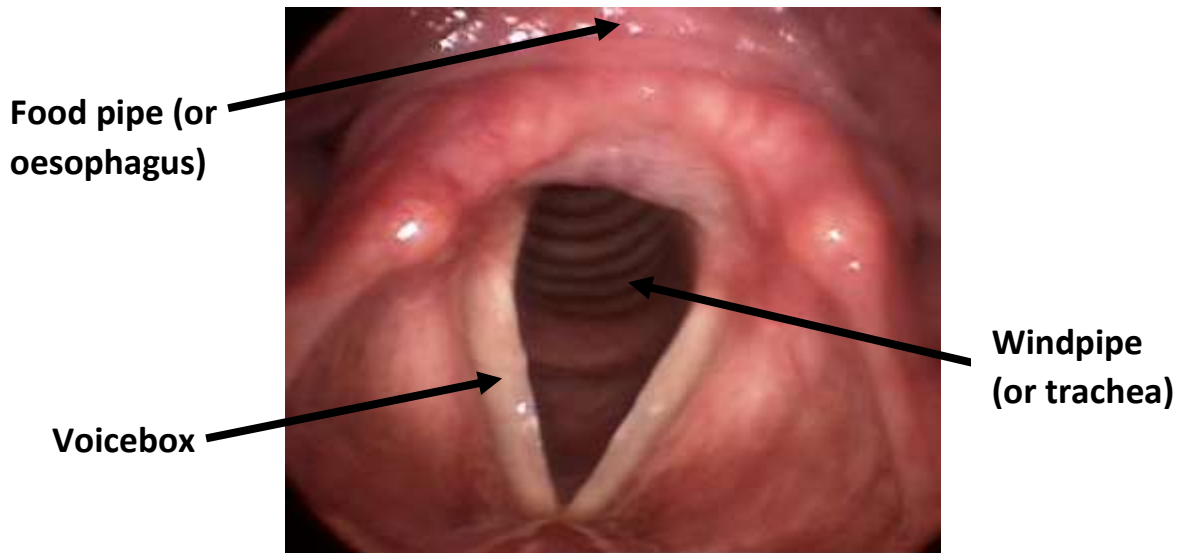


The **camera** goes into your **nose**.



The **camera** looks at your **throat**.

In your **throat** is your **voice box**.



You will **eat** and **drink** with the **camera** in your **throat**.



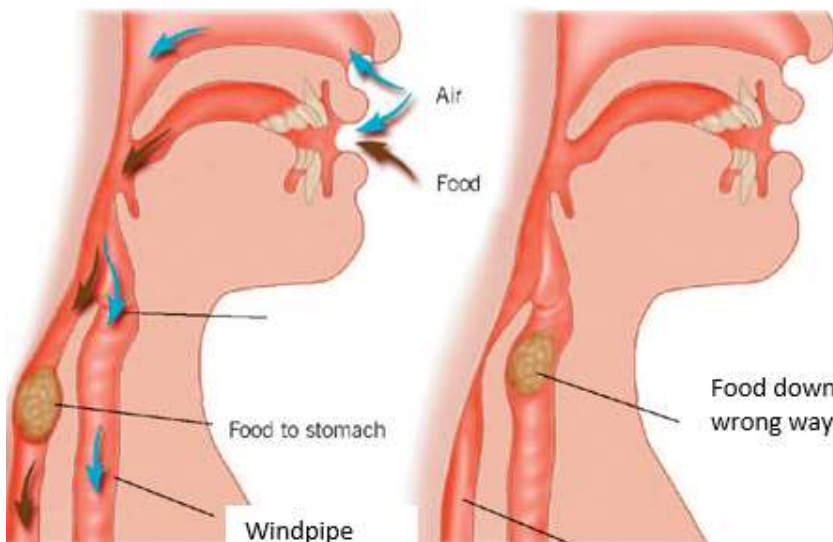
You will eat and drink **different types of food and drink.**



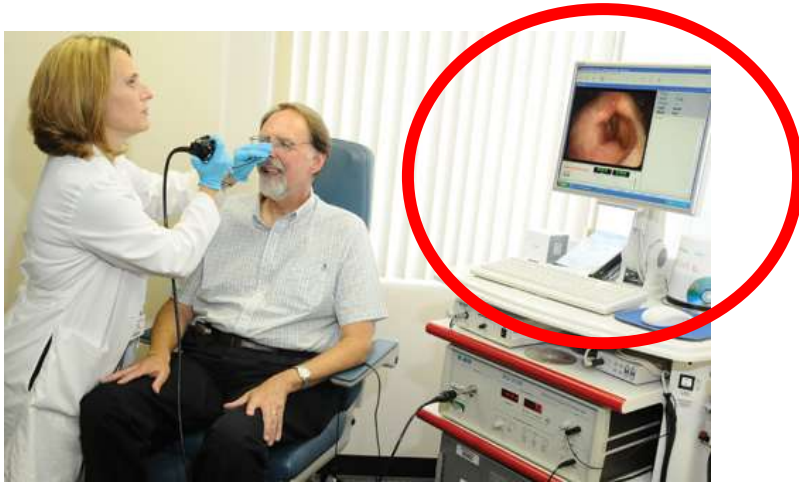
We will check if it **goes down the right way.**

Eating

Food going into windpipe



Your **swallow** will be recorded.



Video will be **stored securely** according to **Data Protection Act**.



FEES takes **15 to 30 mins.**



Small chance of:

Fainting



Nose bleed



After FEES, the **speech therapist** will **discuss results** with you.



A **report** will be **written**.



FEES: Consent Form

Assessment has been explained to me by:

.....

I would like a camera swallow assessment:

Yes

No

Date:

Patient Signature

.....

Speech and Language Therapist:

.....

