VIDEOFLUOROSCOPY
VIDEOFLUOROSCOPY:
A MULTIDISCIPLINARY TEAM APPROACH

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FOREWORD

Being able to image the swallow is seen by most as a boon to dysphagia management. In the right hands, videofluoroscopy provides a potentially useful view of the interaction of barium and bulbar structures. In persons with dysphagia, that view supports hypotheses about why bolus flow is misdirected, incomplete, or too fast or slow. In turn, these hypotheses provide a portion of the support necessary for effective, efficient, humane management decisions. Like the then newly developed procedure of visual field testing that Freud worried would supplant all other forms of patient evaluation, the videofluoroscopic swallowing examination's popularity has attracted critical attention. Critics remind users that what they see are shadows; and that what they conclude from what they see is biased by the technical competence of the procedure, the examiner's training and expectations, and the swallower's compliance. And as Coyle reminds readers in Chapter 6 of this edited volume, clinicians treat the patient and not the barium. Barium is a message, sometimes not even the most important one, and it is never the messenger.

Like Coyle, this volume's other contributors recognize this reality. What they intended and what they achieve is a thoughtful and data-based guide to making barium's message maximally intelligible, coherent, and useful. As Newman says in Chapter 1, the book's purpose is to explore "the complexities of the videofluoroscopic swallowing study and offer guidance on best practice." They do so. Chapter 3 by Nightingale, Lazenby-Paterson, and Crawford is devoted to the specifics of reducing patients' risks and maximizing their comfort. Chapter 8 by Judson and Nightingale is a primer on radiation science and safety. The authors' theme is that patient, clinician, and carer safety is paramount and that a first step is to "ascertain that the potential benefits of the procedure outweigh the potential harm." Brodsky, in Chapter 16, provides the reader with a standard reporting protocol preceded by a thoughtful argument about why standardization can be good patient care. Coffey's Chapter 7 on swallowing in normal aging is motivated by an awareness that without such information, "there is a risk of over-managing swallowing in the elderly with subsequent threats to quality of life." Seven of the book's chapters describe the special challenges and opportunities provided by special populations—stroke, written by Daniels and Murray; neuromuscular conditions such as ALS, written by Regan and Walsh; pediatrics, written by Marks and Howarth; the learning disabled, defined as those with intelligent quotients of 70 or less, written by Lazenby-Paterson and Crawford; dementia, written by Smith and Leslie; head and neck cancers, written by Patterson and Coffey; and other structural causes of dysphagia, written by Newman. These seven chapters are unfailingly thorough and emphasize the potential challenges, risks, rewards, and ethical implications of videofluoroscopy with these populations.

Edited books can be published Towers of Babel, but not this one. Several themes echo throughout. One of the most compelling for modern practitioners is that videofluoroscopy provides only a portion of what is necessary for management and is sometimes not as useful as another tool. Chapter 2—early in the book, lest one overlook it—is a discussion of other instrumented investigations, written by Roe. All chapters highlight the importance of screening, taking a good history, and completing a careful clinical examination. And for
readers responsible for establishing or improving the safety, efficiency, and pleasure of eating and drinking, all authors endorse the importance of normal and abnormal physiology to treatment planning. The bases for doing so are provided by three substantive chapters. Swallowing anatomy and physiology is described in Chapter 4 by Butler and Leslie. The neurophysiology of normal and abnormal swallowing is described by Huckabee and Doeltgen in Chapter 5. These authors also remind readers that “instrumental imaging in the absence of sound clinical understanding is incomplete and can be misleading.” Coyle applies anatomy and physiology to treatment planning and execution in a chapter called “Biomechanical Analysis.” Do not be threatened by the title; your patients will suffer if you are.

The authors promise an evidence-based book and they deliver. References are bountiful throughout. They know that a book about imaging needs images and they deliver. Perhaps best of all, they have not written a polemic. They mention videofluoroscopy as a gold standard, but they put those two words in quotation marks. I had the feeling as I read the book that they do not care what you believe as you begin reading. They may not even care what you believe when you finish, although I am less sure of that. On the other hand, the hard writing that makes this book easy reading makes me think they would be dispirited if their themes did not at least occasionally cause each reader to lay the book aside for a few minutes of contemplation about the rigors and rewards of clinical practice in dysphagia.

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