



# A SASS MINUTE

## Awakening Old Dogs to Newer Tricks

SASS, in its 9th year of providing FEES services, has had the privilege of working professionally with many Speech-Language Pathologists. We have seen clinicians attempting to use evidence supported-procedures and practices, and, reluctantly at times, abandoning favorite, but unsupported and hearsay practices.

What continues to amaze us is the attitude some SLPs have about using, or even considering, FEES. Dr. Jere Logemann did a wonderful sales job for using MBS in the '70's, '80's, and '90's. It was a huge step for our low-tech profession to use high-tech medical technology to look through human tissue to witness and study—in real time—the complexities of normal and abnormal swallowing events, and to focus treatments more effectively. It changed our profession forever. Similarly, computerized tomography (CT) revolutionized imaging, but MRI was developed as a less dangerous procedure and to image differently than CT. Today, both are used together to discover and diagnose diseases. MBS and FEES mirror that same CT and MRI relationship. Why are physicians open to using both, while many SLPs are reluctant?

There are many reasons SLPs give for not using FEES. *"You can't see penetration or aspiration because of whiteout."* *"The endoscope might hurt my patient."* *"You can't see the oral cavity or the esophagus."* *"Reimbursement is not as good as MBS."* *"The equipment is too expensive."* *"It's just not as good as MBS."* The latest? *"FEES is not evidenced-based."*

Some of these arguments may have some validity for some people, but most are simply subjective opinion and from hearsay, and not from experience or published clinical reports. Many may foster attitudes developed from out-of-date university instruction. Recently, SASS has received requests from physicians for research articles comparing FEES and MBS. This is good news! They are doing their homework, and so should more SLPs. Next is a capsule review of some of the clinical literature comparing FEES and MBS.

Langmore et al. published the first study of FEES in 1988 describing an endoscopic procedure to detect aspiration and to determine swallowing safety for oral feeding. Five years earlier, Logemann (1983) reported the first study using MBS. So, FEES is not a new development. In 1997, Wu et al. published a study in *Laryngoscope* comparing FEES and MBS. They reported FEES to be safer, more efficient, and more sensitive in detecting aspiration. Then, in 2007, Kelly, Drinnan, & Leslie published some of the first reliability and sensitivity data comparing the two procedures—when recorded simultaneously! Penetration-aspiration scores were significantly higher (more severe) with FEES than MBS, and the results could not be used interchangeably with the other, as the differences could lead to misrepresenting swallowing function improvement or worsening. In a similar study with children, da Silva et al. (2010) found diagnostic agreement among raters was low when comparing FEES and MBS, and FEES had higher specificity and positive predictive values compared to MBS. Most recently, Pisegna and Langmore (2016) reported another simultaneous FEES-MBS comparison study. Results were that clinicians reported significant differences in visualizing anatomical sites, and residue was rated present in more locations and being more severe using FEES than MBS. These authors cautioned that the higher sensitivity of FEES could also lead to more severe interpretations. Interesting!

Not evidenced-based? Not equal to MBS? FEES is now a proven and established "gold standard" for oropharyngeal swallowing assessment (Rao et al. 2002; Butler & Donzelli, 2013). It is better when evaluating the pharynx and larynx than MBS, and is more sensitive at detecting aspiration/penetration and measuring residue. So, how do we awaken our SLP colleagues wearing opinionated blinders to the value of "newer tricks" to improve patient assessments and interventions?

## ***SASS-I-FRAZ and More!***

- **ASHA CE Provider:** It's Official!! SASS is now a recognized, card-carrying, official ASHA Continuing Education Provider. We now will sponsor all of its own CE courses—FEES & others. SASS has co-sponsored its course through the Vanderbilt Bill Wilkerson Center ASHA CE Providership since 2010. We express our sincere appreciation to that organization and especially Kate Carney who oversaw the processes and was always such a great help. Thanks Kate.

- **Idaho State University, Pocatella:** SASS was invited to ISU Pocatella Annual NSSLHA Symposium on March 4 and provided a day-long presentation entitled, "FEES: Another Tool for Dysphagia Assessment and Intervention." NSSLHA President Layne Zauner invited us and worked tirelessly to help get us there. Students and professionals, alike, attended. Lots of dialogue, questions, and every graduate student scoped Dr. A. Great introduction for them all and we had a wonderful visit to a beautiful state.

- **NEW Online Registration for SASS FEES Training Courses:** Hopefully, in a few weeks, SASS will move into the 21<sup>st</sup> Century and have online event registration for all its sponsored courses. This has been a working goal for a few years and we are finally working with tech experts who can get us there. This will be much easier for everyone wanting to register and complete the process quickly. Look for it before June 1. A very big step for SASS!

- **NEW LOCATION for FEES Courses in Nashville:** Beginning in August, 2016, SASS will be holding its Nashville-based Basic and Advanced FEES courses at a new location. At this printing, the location has not been finalized but it will be larger in size, be minutes from the Nashville International Airport, and offer other new amenities. We are very excited about this new move. Watch for notice of these changes on the SASS website in the next few weeks.

- **ON THE ROAD AGAIN!:** We are off to Anchorage, Alaska, and the **Providence Alaska Medical Center** for a Basic+, 2 1/2 day training course. Lots of interest there, and we are looking forward to seeing beautiful Alaska.

In September 24 and 25, 2016, **Carolinas HealthCare System, Charlotte AHEC, Charlotte, North Carolina**, is hosting a SASS Advanced FEES course. Registration is not open yet, but should be by June. Check our website.

- **BIGGER, BRIGHTER, & CLEARER!** It is amazing to see the improvement of picture quality digital endoscopy brings over fiberoptics. No more pixels, no more broken fibers, just great video clarity. SASS has just added two new ATMOS digital FEES units to its carts. We have a learning curve to conquer yet, and a few SASS adjustments to make, but look for even better quality in in our studies and in our reports. Excellent results on our trial runs, so far.

**Clinical Note:** A patient with a long neck/pharynx may result in darker pictures making scoring larynx penetration and/or aspiration difficult. Use white milk for the liquid rather than green dye.



### **SASS FEES Training Courses: 2016**

**Basic FEES: Aug 20-21; Oct 8-9; Dec 3-4 - 1.5 CEs**

**Advanced FEES: Jun 4-5; Sep 17-18 - 1.4 CEs**

"Top-Quality Training for over 5 years" - See website for more information



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