

MDM CHENG: WILL MY TUBE BE EVER REMOVED?

Following a stroke, Mdm Cheng started to experience swallowing problems. She was admitted to a hospital for chest infection and was found to be unsafe for feeding by mouth. While at the hospital, she received nutrition via a nasogastric tube. She did not receive any therapy and was discharged with the tube. While at the nursing home, she became very quiet and lost interest in communicating with people around. A year later, she got referred by the doctor in her nursing home to us for an assessment of her swallowing abilities.

Our speech therapist did a clinical assessment by her bedside and found that her swallows were weak and slow. It was not safe for her to start oral feeding. Seeing that she may have the potential to resume oral feeding, the speech therapist suggested a course of swallowing therapy for her.

The Videofluoroscopic Swallowing Studies (VFS), which is a moving X-ray of swallowing abilities, is a gold-standard for an accurate assessment of swallowing disorders.



Mdm Cheng's family agreed for this procedure. A pre-therapy examination was done. Following this, eight sessions of VitalStim therapy (a therapy which utilizes small currents to stimulate the muscles in the neck region responsible for swallowing), was carried out for Mdm Cheng. As therapy progressed, she was found to swallow faster and cough less during trial oral feeding.

At the end of the eighth session, she received another VFS. This time round, it was found that she swallowed faster.. She had very little food remaining in her throat after her swallows and food no longer entered the airway during or after the swallowing. Based on this success, the therapist decided to continue with the sessions gradually working towards weaning her off the tube.

Another eight sessions of VitalStim therapy was carried out and the VFS was repeated again. This time, she was able to resume oral feeding with minced diet and thickened fluids. Mdm Cheng was eventually weaned off from the NG tube.

The family is happy with her progress. Now Mdm Cheng is able to join the others at the dining table during mealtimes and she has even become more talkative.

This story highlights the importance of being able to enjoy a basic activity of life, such as having a meal with family and friends. Therapy does make a difference!

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Wondered if Speech
Therapy Works?



FIND OUT MORE ...

READ THIS REPORT ON
TREATMENT OUTCOMES

As the leading provider of speech-language & swallowing therapy, RASSW has Evidence-based practice at their core of their professional practice model. In this leaflet, we would like to share with you two success stories of our clients achieving their outcomes.

DOES THERAPY WORK?

“Does speech therapy really work?”

“Do I need therapy?”

“Will I improve?”

“Will she go to normal school?”

“Will he eat again?”

“Will he need to be on this tube life-long?”

These are some questions that clients frequently ask. In order to answer these questions, the speech therapist needs to assess/examine the clients in various settings. These sessions may involve:

- examining muscle function during eating and drinking and speech
- assessing speech intelligibility
- testing the child's or adult's understand of words and sentences
- clients going through tests and procedures
- discussion with families on expected change and its significance to their overall lives

The first few sessions mark the beginning of a journey towards the expected life styles of our clients.

Go ahead and read about Jeremy and Mdm Cheng who embarked on this journey with us.

JERAMY LEARNS TO COMMUNICATE

Jeremy came to our clinic when he was close to 4 years of age. His mother was concerned about his limited speech. He was not communicating like his 4-year-old peers. During his session with us, we found that he lacked an understanding of English grammar for his age. He did not look at people while talking and he was unable to tell stories or relate events from his daily life.

Following this, the next few sessions were devoted to formal assessment of his communication abilities. The Sequenced Inventory of Communication Development, Revised (SICD-R), a structured and comprehensive assessment of a child's communication skills, was carried out. The results revealed a communication delay of one year. He could not understand complex instructions and the meaning of the words such as “in” and “on”. He had difficulty expressing himself. He could not ask appropriate questions or use words such as “I”, “you” and “me”.

Using this profile, the speech therapist sat down with the parents to set goals for Jeremy. These were specific targets planned for the first block of sessions.

He attended speech therapy session on a weekly basis. During the sessions, the therapist, Jeremy and his parents engaged in different structured play

activities that aimed to stimulate his language development. His mother also learned skills to elicit appropriate language structures from him at home. It was a learning experience for the child, his parents and the therapist!

Jeremy has completed 10 therapy sessions. He is more talkative and has better eye contact with others. He now speaks in longer sentences on his own to express his needs. When the SICD-R was reviewed, it showed that he now passed some of the items which he previously failed, especially in sections relating to verbal expression.

His parents are happy with his progress and he is now going to take a therapy break so that he can generalize what he has learnt to his daily life before resuming another block of therapy a month later.

This story makes us wonder how important it is for parents to make **that decision** to take the first step to seek professional help!

