University Hospitals of Leicester NHS
NHS Trust

FEES - Fibreoptic Endoscopic Evaluation of Swallowing UHL Policy

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Board Director Lead:	Chief Nurse
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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Changes reflect updates in RCSLT FEES Position Paper 2020 (Review 2021). Introduction of LocSSIP for FEES and changes in equipment and process for cleaning following consultation with Infection Prevention Team.

KEY WORDS

Dysphagia, swallowing, flexible nasendoscope, instrumental swallow assessment, fibreoptic endoscopic evaluation of swallowing (FEES)

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for Fibreoptic Endoscopic Evaluation of Swallowing (FEES) carried out by Speech and Language Therapists (SLTs).

2 POLICY SCOPE – WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to SLTs who have achieved or are working towards competencies in Fibreoptic Endoscopic Evaluation of Swallowing (FEES) working in UHL.

2.2 It applies to ENT clinicians supporting with scoping for FEES.

2.3 The policy applies to adult inpatients or outpatients at UHL;

- Who have been referred to SLT by the medical team.
- Identified as having an oro pharyngeal dysphagia following a clinical swallowing examination (CSE) by SLT
- The patient requires instrumental swallowing assessment to support dysphagia management.
- The patient must not be subject to any contraindications for FEES listed in Section 5.2.

FEES is an evidence based instrumental assessment that can be appropriate for use in a variety of client groups (RCSLT FEES policy). Please refer to the Policy for Management of Inpatient Oro-pharyngeal Dysphagia (B9/2014) and UHL assessment and management of oro-pharyngeal dysphagia on patients in the critical care and high dependency units (C34/2007)

3 DEFINITIONS AND ABBREVIATIONS

CSE- Clinical Swallowing Examination. Swallowing/ dysphagia assessment carried out on the ward or in an outpatient clinic or domiciliary setting. This may include: Case history, oromotor examination and oral trials. Observation, laryngeal palpation, cervical auscultation and pulse oximetry can be used to gain information.

Dysphagia is a term meaning difficulty with swallowing.

ENT refers to the Ear, Nose and Throat clinical specialty.

FEES - Fibreoptic Endoscopic Evaluation of Swallowing is the insertion of a fibre optic endoscope through the nose, to the level in the pharynx just below the soft palate. This assessment enables evaluation of the structures, and ability to swallow food and liquids.

SLT- Speech and Language Therapy/ Therapist

RCSLT - Royal College of Speech and Language Therapists is the governing body for Speech and Language Therapists in the UK

LocSSIP – Local Safety Standards for Invasive Procedures

4 ROLES – WHO DOES WHAT

4.1 **Trust Lead:** Chief Nurse

4.2 **Medical Lead:** The ENT Lead Consultant is responsible providing second opinions.

4.3 **Head of service for Adult SLT** is responsible for ensuring that the service is suitably structured and that staff have access to appropriate training, supervision and are aware of this policy.

4.4 **Clinical lead SLTs** are responsible for monitoring changes in the evidence base and national policy regarding this procedure and updating practice as required.

4.5 **FEES competent SLTs** are responsible for maintaining the competencies associated with this procedure and following the policy.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

This section is taken from RCSLT FEES Position Paper 2020

5.1 **Indications for FEES when a patient is referred with potential dysphagia**

FEES can be performed when there is a clinical need to assess (Langmore 2001):

- Velopharyngeal sphincter and nasal regurgitation
- Laryngopharyngeal structures, mucosa, tone and function
- Laryngopharyngeal sensation and laryngeal adductor reflex sensitivity
- Vocal fold mobility
- Secretion management
- Ability to swallow real foods and fluids
- Penetration, aspiration and airway protection
- Laryngopharyngeal residue
- Swallow fatigue over time
- Impact of therapeutic interventions and biofeedback on swallow function.

FEES is also indicated when there is a need for a conservative assessment because of the lack of necessity to carry out oral trials; for example: aphagic patients, and those with extremely high aspiration risk or fragile respiratory status.

FEES is beneficial for assessment of the following issues, which could co-exist with dysphagia:

- Excessive saliva secretions and secretion aspiration risk
- Dysphonia • Post-laryngopharyngeal surgery
- Post-radiotherapy changes to structures
- Suspected:
  - -Recurrent laryngeal nerve injury
  - -Laryngopharyngeal reflux (LPR) and associated injury, hypersensitivity or muscle tension dysphagia
  - -difficult airway, oedema or vocal fold palsy and their potential impact on MDT tracheostomy weaning and decannulation plan
  - -unrelated cough

-intubation trauma

-burns inhalation injury to oropharynx or laryngopharynx

• Impact of ventilation, Above Cuff Vocalisation (ACV), cuff deflation and a one-way speaking valve on the larynx, secretions, and aspiration risk.

• Respiratory disorders such as Inducible laryngeal obstruction (ILO) and Chronic obstructive pulmonary disease (COPD).

5.2 **Contraindications for FEES assessment:**

• Skull base/facial surgery or fracture within the previous six weeks
• Major or life-threatening epistaxis within the previous six weeks
• Trauma to nasal cavity secondary to surgery or injury within the previous six weeks
• Sino-nasal and anterior skull base tumours/surgery
• Nasopharyngeal stenosis
• Craniofacial anomalies
• Hereditary haemorrhagic telangiectasia
• Choanal atresia
• Laryngectomy within the previous two weeks.

5.3 The decision to refer for a FEES assessment will be taken with the agreement of a medical team.

5.4 Consent will be gained from the patient by the SLT or consent will be sought in best interests as per UHL Policy for Consent (B35/2024) and UHL Mental Capacity Act Policy (B23/2007)

5.5 FEES should be performed in a safe and appropriate setting with suitable equipment and two FEES trained personnel (except for expert level 3). SLTs performing FEES must undergo regular mandatory training in life support techniques appropriate to the setting.

5.6 The SLTs must know the location of the nearest resuscitation trolley.

5.7 The SLTs must know how to obtain medical assistance promptly in the event of an emergency.

5.8 This procedure provides an assessment of swallowing function. If the SLT observes unexplained anatomical features or physiology, the SLT must document this and request that the managing medical team make a referral, such as to ENT, for further assessment.

5.9 Please see Appendix 2 for details of the FEES procedure.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 See RCSLT FEES Position Paper (2020), ‘Fibreoptic Endoscopic Evaluation of Swallowing (FEES): The Role of the Speech and Language Therapist’ (Appendix 1, Section 13). Training will be provided through a combination of in-house teaching by SLT specialists and external opportunities as available.

6.2 Evidence of competence will be monitored at annual appraisal.

6.3 FEES-competent SLTs new to the Trust will provide evidence of previous education and training and familiarise themselves with this policy and local procedures.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting to**
Incidents reported via Datix	Adult SLT Clinical Service Leads (Acute)	Datix	N/A	CSI Quality & Safety
Documentation of consent	Adult SLT Clinical Service Leads	LocSIPP FEES	Annual	Adult SLT Clinical Service Leads
Compliance with Infection Prevention guidance for cleaning the endoscope	Adult SLT Clinical Service Leads	Audit of records in Tristel log	Annual	Via CSI Infection Prevention meeting
Copy of written report is placed in the medical notes	Adult SLT Clinical Service Leads	Medical Notes	Annual	Adult SLT Clinical Service Leads

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Royal College of Speech and Language Therapists (RCSLT) FEES Position Paper Wallace S, McLaughlin C, Clayton J, Coffey M, Ellis J, Haag R, Howard A, Marks H, Zorko R. Fibreoptic Endoscopic evaluation of Swallowing (FEES): The role of speech and language therapy. London: Royal College of Speech and Language Therapists, Position paper. 2020
https://www.rcslt.org/wpcontent/uploads/2020/06/2505_FEES_position_paper_update.pdf

UHL Management of Inpatient Oro-pharyngeal Dysphagia Policy B9/2014

UHL assessment and management of oro-pharyngeal dysphagia on patients in the critical care and high dependency units C34/2007

Infection Prevention UHL Policy	B4/2005
Aseptic Non Touch Technique (ANTT) Guidelines	B20/2013
UHL Policy for Consent	B35/2024
UHL Mental Capacity Act Policy	B23/2007
Cleaning and Decontamination for Infection Prevention	B5/ 2006
Decontamination of Flexible Endoscopes	B18/2015
Safer Handling Policy	B29/2023
Patient Health Records – Documenting UHL Policy	B30/2006
UHL Health Records Management Policy	B31/2005
Incident and Accident Reporting UHL Policy	B57/2011
Healthcare Environment Cleaning Policy and Procedure	B36/2010
Personal Protective Equipment at Work Policy	B9/2004
Information Governance Policy	B4/2004

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Appendix 1

Wallace S, McLaughlin C, Clayton J, Coffey M, Ellis J, Haag R, Howard A, Marks H, Zorko R. Fibreoptic Endoscopic evaluation of Swallowing (FEES): The role of speech and language therapy. London: Royal College of Speech and Language Therapists, Position paper. 2020

https://www.rcslt.org/wp-content/uploads/2020/06/2505_FEES_position_paper_update.pdf

Indications for FEES Section 6, p. 18
Contraindications Section 8.1, p.23
Adverse Effects and Complications Section 8.2, p.24
Training and Competency Section 13 p.41

Appendix 2

Procedure for the use of Fibreoptic Endoscopic Evaluation of Swallow (FEES)		
No.	*Action*	**Rationale**
1	Ensure the medical practitioner responsible for the patients care agrees to the use of FEES.	To adhere to the RCSLT FEES Position statement (2020) and ensure that contraindications have been considered
2	Ensure that medical cover is available in the event of a complication arising.	To adhere to the RCSLT FEES Position statement (2020) and ensure there is medical help available should a complication arise.
3	Decontaminate hands and apply PPE	To minimise risk of cross contamination. Follow UHL Infection Prevention Policy (B4/2005) and Personal Protective Equipment at Work Policy (B9/2004)
4	Explain the FEES procedure to the patient using departmental information sheet.	To establish understanding and ensure a valid consent is obtained. To promote dignity. UHL Policy for Consent (B35/2024) and UHL Mental Capacity Act Policy (B23/2007)
5	Verbal consent will be gained for the FEES procedure. Written consent using a departmental consent form will be obtained to use the recording in training if appropriate.	To establish understanding and ensure valid consent is obtained. Follow trust guidance on gaining consent. UHL Policy for Consent (B35/2024) and UHL Mental Capacity Act Policy (B23/2007)
6	Prepare appropriate food and/or drink dyed using food colouring if required. Following UHL Infection Prevention Guidelines (B4/2005)	Dye can be used to ensure that food and drink cannot be confused with internal colours of the throat.
7	Cleaning of FEES Equipment in designated decontamination area • If the processable scope has not been cleaned within the last 3 hours it will require the application of the 3 step Tristel cleaning system. (B18/2015 Appendix C) • Endoscope will be maintained in line with manufacturers advice (cleaning and leak testing) pre- and post clinical use. • Disposable scope systems do not follow this cleaning process. The monitor is cleaned with Distel/ Clinell cleaning wipe or Chlorclean.	• ANTT policy (B20/2013) Decontamination of Flexible Endoscopes Policy and Procedures B18/2015 Cleaning and Decontamination for Infection Prevention (B5/2006), Infection Prevention Policy (B4/2005) • To provide a clean work surface for decontaminating scope • To minimise cross infection and maintain hygiene standards. • To provide a clean work surface for using the scope
8	Complete the Tristel Quality Audit Trail Book (This does not apply to Disposable scopes.	To ensure a traceability system is in place. Decontamination of Flexible Endoscopes B18/2015
9	Set up FEES equipment following manufacturers guidelines: Including: software, camera, focussing of the scope, light source if needed. Disposable scope has automatic lighting and focus.	To ensure the most efficient and accurate delivery of the assessment.

Procedure for the use of Fibreoptic Endoscopic Evaluation of Swallow (FEES)		
10	Ensure the person is in an upright sitting position. Reposition if necessary following UHL Moving and Handling guidelines	To ensure comfort and dignity and that optimal position for a safe swallow is achieved. To ensure that manual handling guidelines are followed. UHL Safer Handling Policy (B29/2023)
11	Use a small amount of lubricating jelly on the endoscope.	To ensure a smooth passage through the nasal cavity.
12	The endoscopist SLT will pass the endoscope along the floor of the nasal passage, between the turbinate bones and over the soft palate until a view of the pharynx and airway are visible. Structures will be observed at rest and in function and notes documented on assessment sheet.	Insertion and manipulation of the nasendoscope in a manner that minimises discomfort and risk and optimises a successful view of the laryngopharynx RCSLT FEES Position Paper (2020) To establish potential areas of difficulty during the assessment and consider if onward referral to ENT is appropriate.
13	The plan for the assessment will be based on the previously completed clinical swallow assessment. The order of presentation of oral intake and use of strategies will be suggested by the endoscopist SLT in consultation with the assessing SLT. The assessing SLT will offer the patient the food and drink whilst the endoscopist SLT maintains the view endoscopically. Exception is for Level 3 Endoscopists who are able to work independently. If the patient requires support for feeding this can be provided by another member of staff. (RCSLT, 2020) Notes of consistencies given, times of administration and any manoeuvres trialled are recorded on the assessment form, and announced (if audio available).	To ensure a complete assessment of the swallowing process. To assist frame by frame review.
14	Both the endoscopist and the interpreting SLTs will provide continuing feedback to the patient throughout the assessment.	To promote dignity and respect and ensure informed patient participation when possible.
15	On completion of the assessment the endoscopist will remove the endoscope from the nasal passage	To minimise discomfort to the patient.
16	The patient will be informed that the images will be reviewed and the SLTs will return to explain the findings and suggested management plan.	To ensure that the patient is fully informed about the reporting and feedback process. As per patient information
17	The assessing SLTs will save the images	To comply with UHL Information Governance Policy B4/2004
18	The used endoscope will then be stored in a 'used' tray and taken to the agreed decontamination area. If using a disposable scope this will be disposed of in clinical waste.	To minimise the risk of cross contamination

Procedure for the use of Fibreoptic Endoscopic Evaluation of Swallow (FEES)		
19	PPE will be disposed of as per UHL policy and any used food/liquids and utensils. Disposable scopes will be disposed of in clinical waste.	To minimise cross infection and maintain hygiene standards. Personal Protective Equipment at Work Policy B9/2004 Healthcare Environment Cleaning Policy B36/2010
20	(Steps 21-22 refer to cleaning of processable scopes). Cleaning of FEES Equipment in designated cleaning area • The used endoscope will then be cleaned by an SLT who has completed training using the 3 step Tristel cleaning system.	Refer to the Cleaning and decontamination for Infection Prevention Policy B5/2006 Decontamination of Flexible Endoscopes Policy and Procedures B18/2015 ANTT guidelines B20/2013 Personal Protective Equipment at Work Policy B9/2004
21	The cleaned endoscope will be stored away.	To minimise cross infection and maintain hygiene standards.
22	Complete the Tristel Quality Audit Trail Book	To ensure a traceability system is adhered to. Decontamination of Flexible Endoscopes Policy and Procedures B18/2015
23	The saved assessment will be reviewed by the endoscopist and assessing SLTs, using the FEES assessment form. A hypothesis and suggested management plan will be formulated.	To provide a rationale for the dysphagia which will inform the management plan.
24	The endoscopist and assessing SLTs will write a report using the FEES Report form. The assessment will be documented in the SLT notes/ medical notes. Any clinical incidents will be reported via the UHL Hospital Incident reporting system.	To ensure that the medical team and if appropriate the patient, carers /relatives have a written record of the FEES result. Incident and Accident Reporting Policy B57/2011
25	The findings and suggested management plan will be discussed with the senior medical clinician where possible	To ensure the most appropriate management outcome and information is discussed with the patient and carers
26	Inform patient, carers and/or relatives of the results of the FEES assessment using their recorded images where appropriate. Explain suggested management plan and agree with patient and/or carers and medical team.	To ensure patient and any carers/relatives understand the assessment results and any changes which may be recommended to their eating and/or drinking and therapy. To ensure that dysphagia management is patient-centred and multi-disciplinary.
27	Copies of the report will be filed in the medical and SLT notes. The outcome of patient discussion will be recorded in both the Medical notes and the SLT case notes. Verbal handover will be given to	To ensure accurate records To maximise understanding of the recommended changes to the patient's eating and drinking.

	Ward Team and a new Bedside Swallow Advice Sign will be displayed if any changes are made	Adhere to Patient Health Records Documenting UHL Policy B30/2006 UHL Health Records Management Policy B31/2005

Appendix 3 LocSIPP

Patient ID Label *or write name and number*
Hospital No.:
Name:
Address:
D.O.B.: Sex:
Telephone No. 1:
Telephone No. 2:

STOP THE LINE

Safer Surgery Checklist

Invasive Procedure Safety Checklist
Fibreoptic Endoscopic Evaluation of Swallowing (FEES)

LocSSIPs

NHS University Hospitals of Leicester NHS Trust

Date:		**Patient infection status:**		**Observer 1:** (name & designation)	
Location:		**Endoscopist:** (name & designation)		**Observer 2:** (name & designation)	
Time:		**Interpreter:** (name & designation)			

BEFORE THE PROCEDURE	TIME OUT	SIGN OUT
Prior to list with all team members	**Verbal confirmation between team members before start of procedure**	**Before patient or team members leave room**
Medical practitioner responsible for the patient care has agreed to FEES Yes ☐ No ☐	All team members identified and roles assigned? Yes ☐ No ☐	Any equipment issues? Yes ☐ No ☐
Patient identity checked as correct? Yes ☐ No ☐	Any concerns about procedure? Yes ☐ No ☐	If reusable scope has been used place in the Cantell tray with red lid, ready for decontamination as per policy Yes ☐ No ☐ N/A ☐
Appropriate consent completed? Yes ☐ No ☐	**If Yes, but procedure goes ahead, then please note the mitigations below:**	If disposable scope is used, then this is placed in the orange bin Yes ☐ No ☐ N/A ☐
Any known food allergies? Yes ☐ No ☐		Feedback given to the Patient Yes ☐ No ☐
If 'Yes', please note the mitigations below:		Tristell sticker Or Ambuscope sticker
Reusable equipment has been decontaminated as per policy SOP and leak test performed? Yes ☐ No ☐ N/A ☐		
Disposable scope is checked and in unopened sterile packaging prior to opening Yes ☐ No ☐ N/A ☐		
Decontaminate hands and appropriate PPE donned as necessary Yes ☐ No ☐		
Read out by: (PRINT)	Read out by: (PRINT)	Read out by: (PRINT)
Signed: Date:	Signed: Date:	Signed: Date:

(8231423)

FEES - Fibreoptic Endoscopic Evaluation of Swallowing UHL Policy B27/2013 (LocSSIP)
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