



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: Chin tuck eliminated aspiration of thin barium in post-oesophagectomy patients.

Clinical Question [patient/problem, intervention, (comparison), outcome]:

Does chin tuck eliminate aspiration in patients with dysphagia, characterised by a delayed swallow?

Search Terms: Complete

Search Systems: Complete

Citation: Lewin, J.S., Hebert, T.M., Putman, J.B.Jr, and DuBrow, R.a. (2001). Experiences with Chin Tuck manoeuvre in postoesophagectomy aspirators. *Dysphagia*. 16(3). 216-219.

Design: AB Design at best. Poorly controlled study. Poor control of confounding variables ie patients receiving Chemotherapy versus Radiotherapy versus Combination. Mixed aetiology.

Participants: 26 participants referred consecutively post-oesophagectomy (23M/3/F). Mean Age 66yrs (52-82). ½ participants had chemotherapy/radiotherapy and ½ didn't. How dysphagia identified not specified

Experimental Group: Swallowing evaluated between 6-43 days post-op after a Barium Swallow had identified that there was no leak. MBS then conducted. All participants trialed on: 5ml-thin/5ml-thick/5ml-apple sauce/ ¼ cracker-solid. Chin tuck applied if aspiration occurred followed by repeat swallow of same consistency using chin tuck. If strategy eliminated aspiration then moved to next consistency. If chin tuck failed applied other strategies but these were not specified

Control Group: NA

Results: 81% aspirated (21/26) – chin tuck eliminated aspiration in 81% of aspirators with all consistencies.

Unsuccessful patients: 1 reduced aspiration/1 eliminated when combined with other strategies/1 eliminated on puree consistency but not thin fluid/1 no effect. 71% silent aspirators.

Comments on Design: Poorly designed study in terms of confounding variable and controlling for treatment effect.

Level of Evidence (NH&MRC): Level 4

Appraised By: Adult Sp/Lang and Dysphagia Gp

Date: October 2002