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Difficulties Faced by Speech Therapists While Conducting Fiberoptic Endoscopic Evaluation of Swallowing (FEES) in Indian Hospital Settings

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Abstract
Fiberoptic Endoscopic Evaluation of Swallowing (FEES) is a validated instrumental assessment widely used for the evaluation and management of dysphagia. The procedure enables direct visualization of pharyngeal and laryngeal structures, secretion management, and airway protection during swallowing. Although FEES is internationally recognized as a speech therapist–led assessment, its routine implementation in Indian hospital settings remains limited. Speech therapists face multiple challenges related to infrastructure, professional role ambiguity, limited training opportunities, patient-related factors, and medico-legal concerns. This paper discusses the practical difficulties encountered by speech therapists while conducting FEES in Indian hospitals and emphasizes the need for institutional support and policy-level clarity to improve dysphagia care delivery.

Keywords: FEES, Dysphagia, Speech Therapist, Swallowing Assessment, Indian Hospitals

Introduction

Dysphagia is a commonly observed condition among hospitalized patients, particularly those with neurological disorders, head and neck cancers, prolonged intubation, and geriatric conditions. Accurate assessment of swallowing function is essential to prevent complications such as aspiration pneumonia, malnutrition, and dehydration. Instrumental assessments play a vital role in identifying swallowing physiology and planning appropriate interventions.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) is a portable, repeatable, and radiation-free assessment that allows real-time visualization of swallowing structures at the bedside. Despite its clinical advantages, FEES is not routinely implemented by speech therapists across Indian hospital settings. Several practical and systemic challenges limit its widespread use, affecting timely dysphagia management.

Infrastructure and Equipment Limitations

One of the major challenges in Indian hospitals is the lack of dedicated FEES equipment within speech therapy departments. Endoscopic equipment is often owned by ENT or gastroenterology departments, leading to restricted access, scheduling conflicts, and dependency on other specialties. The limited availability of portable endoscopy systems further restricts bedside assessments, especially in intensive care units. Additionally, many hospitals lack designated spaces for conducting FEES. Inadequate procedural rooms, absence of proper lighting, lack of audiovisual recording facilities, and insufficient infection-control protocols compromise assessment quality and clinician efficiency.

Professional and Administrative Barriers

FEES is frequently perceived as a physician-led or ENT-exclusive procedure within Indian healthcare systems. This perception results in restricted professional autonomy for speech therapists, despite their expertise in dysphagia evaluation. Administrative policies in many hospitals do not clearly define the scope of practice of speech therapists, leading to dependence on other departments and delays in patient care.

Hierarchical decision-making structures and lack of interdisciplinary collaboration further limit the routine integration of FEES into dysphagia services.

Training and Competency Challenges

Although FEES training workshops and short-term courses are increasingly available in India, standardized certification

and structured clinical mentorship remain limited. Many speech therapists receive theoretical instruction without adequate opportunities for supervised hands-on practice in real hospital environments.

This gap in structured training affects clinician confidence and contributes to institutional hesitancy in authorizing independent FEES practice by speech therapists.

Patient-Related Challenges

Patients in Indian hospital settings often present with anxiety, fear, or limited awareness regarding endoscopic procedures. Cultural beliefs, language barriers, and low health literacy may affect cooperation and informed consent. Critically ill patients, those with cognitive impairment, or reduced alertness pose additional challenges during FEES assessment.

High patient load and time constraints further limit the ability of speech therapists to conduct comprehensive evaluations.

Medico-Legal and Ethical Concerns

Concerns regarding potential complications such as epistaxis, vasovagal responses, and laryngospasm contribute to reluctance in FEES implementation. The absence of clear medico-legal guidelines defining responsibility and accountability for FEES performed by speech therapists increases professional risk.

Many hospitals lack standardized protocols for consent, documentation, and emergency preparedness specific to FEES, leading to defensive clinical practices.

Systemic and Policy-Level Constraints

At a national level, the lack of formal guidelines and regulatory recognition for FEES conducted by speech therapists limits its integration into routine dysphagia care. Financial constraints, lack of reimbursement structures, and unequal resource distribution between public and private healthcare institutions further restrict service availability.

Conclusion

Speech therapists in Indian hospital settings face multiple challenges in conducting FEES, ranging from infrastructural limitations to professional, patient-related, and medico-legal barriers. Addressing these challenges through policy development, standardized training, interdisciplinary collaboration, and institutional support is essential for advancing evidence-based dysphagia management. Strengthening FEES services will improve patient outcomes and enhance the role of speech therapists in Indian healthcare.

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