



### **This month's top papers: April 2026**

Welcome to the latest blog in the literature podcast from the NTSP. We try to bring you a quick roundup of what is hot in the world of tracheostomy and laryngectomy publications by scouring internationally recognised journals and media and bringing you the highlights.

The papers we will discuss this month are detailed below, along with an automated transcript of the podcast. Please note that the transcript is generated by AI and so may not be totally accurate.

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### **This month's top papers**

- Clinical Position Statement of the Union of European Phoniaticians (UEP) Swallowing Committee: Management of Dysphagia in Patients with Tracheostomy:
- Impact of Tracheostomy on Dysphagia in Children

### FEATURED PAPERS – APRIL 2026

1. Gupta A et al.  
Impact of Tracheostomy on Dysphagia in Children.  
Laryngoscope Investigative Otolaryngology. 2026.
2. Adel SM et al.  
Management of Dysphagia in Patients with Tracheostomy: Clinical Position  
Statement of the UEP Swallowing Committee.  
Dysphagia. 2026.

## Impact of Tracheostomy on Dysphagia in Children

Gupta A et al.

Laryngoscope Investigative Otolaryngology. 2026.



### Lay Summary:

Swallowing problems are common in children who require tracheostomy, but it is often difficult to determine whether dysphagia relates to the tracheostomy itself or to the child's underlying medical condition.

This large retrospective study explored swallowing difficulties before and after tracheostomy in more than 500 children undergoing tracheostomy at a tertiary paediatric centre.

The authors found that dysphagia symptoms increased significantly after tracheostomy placement. Many children developed new swallowing difficulties after tracheostomy, particularly problems with swallow initiation and penetration of thickened fluids. However, some measures of oral intake improved over time, and many children were able to progress towards more oral feeding after tracheostomy.

The study reinforces the importance of early swallowing assessment and ongoing multidisciplinary dysphagia management in paediatric tracheostomy care.

### Summary for Healthcare Professionals:

#### Background

Dysphagia is highly prevalent in children requiring tracheostomy, although the relative contribution of tracheostomy versus underlying comorbid disease remains unclear. Previous paediatric studies have rarely examined swallowing both before and after tracheostomy placement.

#### Methods

Retrospective observational cohort study examining 525 children undergoing tracheostomy between 2014 and 2025 at a tertiary paediatric centre. Swallowing assessment included:

- symptom-based dysphagia evaluation
- videofluoroscopic swallow studies (VFSS)
- FEES findings
- Penetration Aspiration Scale (PAS)
- Functional Oral Intake Scale (FOIS)

#### Key Findings



- Dysphagia symptoms increased from 37% pre-tracheostomy to 91% post-tracheostomy
- Oral phase impairment was the most common VFSS abnormality after tracheostomy
- Thin liquids demonstrated higher rates of penetration and aspiration than thickened fluids
- In children undergoing VFSS both before and after tracheostomy:
  - abnormal swallow triggering increased significantly
  - thick liquid penetration increased significantly
    - FOIS scores improved in many children over time despite persistent dysphagia
    - Most patients had substantial underlying comorbidities including neurological, airway and congenital disorders

### Clinical Relevance

The paper highlights the complexity of dysphagia in paediatric tracheostomy populations and reinforces that swallowing dysfunction often reflects both:

- underlying disease burden
- physiologic consequences of tracheostomy and critical illness

The findings support:

- early swallowing assessment
- serial instrumental evaluation
- careful secretion management
- multidisciplinary feeding rehabilitation

### Strengths

- Large paediatric tracheostomy cohort
- Inclusion of pre- and post-tracheostomy swallowing data
- Use of instrumental swallowing assessments
- Functional oral intake outcomes included

### Limitations

- Retrospective single-centre design
- Highly comorbid patient population
- Variable timing of VFSS assessments
- Symptom-based dysphagia definitions may overestimate prevalence
- Causal relationships difficult to establish

### Future Directions

Prospective longitudinal studies are needed examining:

- swallowing trajectory over time
- impact of speaking valves and cuff management
- relationship between dysphagia and decannulation outcomes
- optimal paediatric rehabilitation strategies

### Management of Dysphagia in Patients with Tracheostomy: Clinical Position Statement of the UEP Swallowing Committee

Adel SM et al.  
Dysphagia. 2026.



#### Lay Summary:

This major European position statement reviews current evidence regarding swallowing problems in adults with tracheostomies and provides practical recommendations for dysphagia assessment and management.

The authors emphasise that swallowing difficulties are extremely common in tracheostomised patients and may lead to aspiration, chest infection, malnutrition and delayed rehabilitation.

The document highlights the importance of early dysphagia assessment, multidisciplinary care and instrumental swallowing assessment using FEES or videofluoroscopy.

The statement also discusses tracheostomy tube selection, cuff management, speaking valves, secretion management and decannulation strategies.

Importantly, the authors stress that tracheostomy itself is only one factor contributing to dysphagia, and underlying neurological disease, critical illness and respiratory dysfunction also play major roles.

#### Summary for Healthcare Professionals:



#### Background

This Union of European Phoniaticians (UEP) Swallowing Committee position statement aimed to provide evidence-informed recommendations regarding dysphagia management in adults with tracheostomy.

#### Methods

Eleven expert clinicians from the UEP Swallowing Committee performed structured literature review and iterative consensus development between June 2023 and June 2024.

The document reviews:

- epidemiology and pathophysiology
- tracheostomy tube characteristics
- cuff management
- speaking valves
- FEES and VFSS assessment
- bedside swallowing evaluation

- dysphagia rehabilitation
- decannulation considerations

### Key Findings and Recommendations

#### Epidemiology and Pathophysiology

- Dysphagia prevalence in tracheostomised patients ranges widely from 11–93% depending on assessment methodology
- Dysphagia may relate to:
  - altered airflow and laryngeal sensation
  - reduced subglottic pressure
  - impaired laryngeal elevation
  - cuff-related oesophageal compression
  - underlying neurological or critical illness factors

#### Assessment

The statement strongly supports:

- early dysphagia assessment
- multidisciplinary management
- FEES and VFSS as gold standard assessments

The authors emphasise that aspiration is frequently silent in tracheostomised patients and may be missed clinically.

#### Speaking Valves

The document highlights potential benefits of speaking valves including:

- restoration of expiratory airflow through the upper airway
- improved secretion management
- restoration of laryngeal sensation
- possible reduction in aspiration severity in selected patients

The authors recommend routine consideration of speaking valve use during weaning where clinically appropriate.

#### Clinical Relevance

This paper provides an excellent contemporary overview of dysphagia management in tracheostomy care and reinforces several key principles:

- swallowing assessment should occur early
- aspiration is frequently silent
- tracheostomy management and swallowing rehabilitation are closely linked
- MDT collaboration is essential
- cuff management and airflow restoration matter clinically

#### Strengths

- Comprehensive multidisciplinary consensus statement
- Broad literature review
- Practical clinically relevant recommendations
- Strong focus on instrumental assessment and rehabilitation

### Limitations

- Narrative rather than systematic review methodology
- Evidence quality variable across topic areas
- Some recommendations rely on expert consensus due to limited evidence
- Primarily adult-focused document

### Future Directions

The paper highlights ongoing need for:

- standardised dysphagia assessment pathways
- prospective intervention studies
- validation of decannulation protocols
- improved understanding of speaking valve physiology
- integration of dysphagia assessment into routine tracheostomy pathways

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### **OVERALL REFLECTIONS – APRIL 2026**

Both papers this month reinforce the close relationship between tracheostomy care and swallowing function.

Several recurring themes emerge:

- dysphagia is highly prevalent in tracheostomised patients
- aspiration is frequently silent
- instrumental swallowing assessment remains essential
- underlying comorbidity and critical illness contribute substantially to swallowing dysfunction
- multidisciplinary rehabilitation is central to recovery

The paediatric cohort study from Gupta et al. highlights the complexity of swallowing outcomes in medically fragile children undergoing tracheostomy, while the UEP position statement provides a broad evidence-informed framework for dysphagia management in adult tracheostomy populations.

Together, these papers reinforce the importance of integrating swallowing assessment, cuff management, secretion management and communication rehabilitation into routine tracheostomy care pathways.