Sometimes, doctors can’t cure what ails you. That’s where the value of palliative care medicine comes in.

Shirley Codada, MD, joined the NCH Healthcare System in March 2016 as the medical director for the palliative care service line for patients with complex medical needs. Her credentials include Board Certification in Internal Medicine, as well as in Hospice and Palliative Care. Through a generous donation, the organization was able to establish a new palliative care outpatient clinic which offers care and comfort to patients suffering from the debilitating symptoms of progressive illnesses, such as chronic pulmonary disease or cancer.

Palliative care is a field that focuses on relieving distressing physical symptoms — such as pain, nausea, and fatigue, while recognizing spiritual and emotional aspects of coping with an illness. “People often ask if palliative care is hospice—but it is not,” said Dr. Codada.

“Palliative care provides symptom management at any stage of a disease, which may include a patient’s option to pursue curative treatment,” she adds. In short, any patient with a serious, progressive illness can be helped through a palliative care consultation regardless of one’s prognosis.

“For example, some cancer patients can be so sick with pain and nausea while undergoing chemotherapy that treatment has to be stopped and this is never a good thing,” said Dr. Codada. “We intervene to manage their symptoms, optimize their quality of life and allow them to better tolerate their treatment,” she explained.

Other times the progression of the disease can be such that ongoing treatment is doing more harm than good. At that point, palliative care practitioners meet with a patient and their family to reassess the goals of care, which may include a discussion regarding end of life care. “The priority is on always respecting the choices of the patients and families we work with and spend time educating them about their illness and supporting their journey,” said Dr. Codada.

Because of this new outpatient approach, patients currently being cared for at the hospital will be able to transition to their homes with the benefit of ongoing specialized palliative care. “The model of care at the clinic is patient and family centered with access to an interdisciplinary team of professionals not typically available through a physician’s office—such as a social worker and a chaplain,” explained Dr. Codada.

Additional services through the clinic include helping patients with advanced directives, providing caregiver support, and community education outreach for healthcare professionals, as well as the public in promoting supportive healthcare with dignity.

For more information on the Outpatient Palliative Care Clinic, call (239) 624-8490.

NCH Launches Outpatient Palliative Care Clinic

HIGHLIGHTS OF NCH’S PALLIATIVE CARE CLINIC
✔ Continuity of care for those transitioning from the hospital to home
✔ A focus on treatment-associated symptoms
✔ Assistance with healthcare navigation & coordination of care
✔ Caregiver support
✔ Counseling for the family
✔ Assistance with Advance Directives
✔ Focus on the physician, patient and family connection
✔ Community education for healthcare professionals and patients & families
✔ Palliative care resource center

Dysphagia can be a serious, life-threatening condition

Someone with a swallowing disorder may not even know they have it. “That’s what makes disordered swallowing, called dysphagia, particularly risky,” says NCH Outpatient Rehabilitation Speech Pathologist Susan O’Neill, MS,CCC-SLP. “The consequences can be serious, leading to pneumonia, dehydration, malnutrition and even death.”

Knowing the symptoms can help. Signs of dysphagia include:
✔ Build up of mucus during or after a meal
✔ Coughing during or after eating or drinking
✔ Feeling foods or pills won’t go down well
✔ Any discomfort swallowing

Another thing many people don’t know until they meet O’Neill: “There is no such thing as a swallowingologist,” she said. Patients are often taken aback when she introduces herself as a speech pathologist investigating their swallowing efficacy. However, anatomically, the same parts of the body are involved.

“Since many people who have dysphagia don’t experience pain or discomfort while swallowing, or the discomfort builds so slowly over time, problems are often very serious before they seek medical attention,” said O’Neill.

“Often, by the time they get to me, they’ve lost 50 pounds, have pneumonia and may require a feeding tube. This can be prevented by knowing those signs and seeing their doctor,” she adds.

The most serious symptom is aspiration during swallowing, which causes food or liquids to enter the pulmonary system. “We experience this as something ‘going down the wrong pipe’ and we react,” said O’Neill. “But for some people, this reaction is deadened.” This is where the risk of infection increases.

“Dysphagia occurs most in the very young or in the very old, as well as in people who had strokes or cancer in the head or neck, including the mouth, throat and esophagus,” said O’Neill.

Parents often miss it in their otherwise healthy children too. “We often hear about a baby transitioning to solid food gagging on everything. The parent might think they just have a picky eater. By the time the child is four or five years old they are still feeding pureed food,” O’Neill said. “Early detection is key,” she adds.

One of the best diagnostic tools is the video fluoroscopy with a modified barium swallow. The X-ray movie taken while the patient swallows allows the patient to see what they may not be able to feel, especially if they have a progressive neurological disorder, said O’Neill.

HIGHLIGHTS OF NCH’S OUTPATIENT REHABILITATION SERVICES
✔ Speech-Language Pathology
✔吞咽障碍
✔ Physical Therapy
✔ Occupational Therapy
✔ Early Childhood Services

Call the NCH Outpatient Rehabilitation Center at (239) 552-7567 to get more information if you suspect that you or someone close to you is experiencing the symptoms of dysphagia.