

# Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial

## PhEAST



# In August we reached 250 recruits!

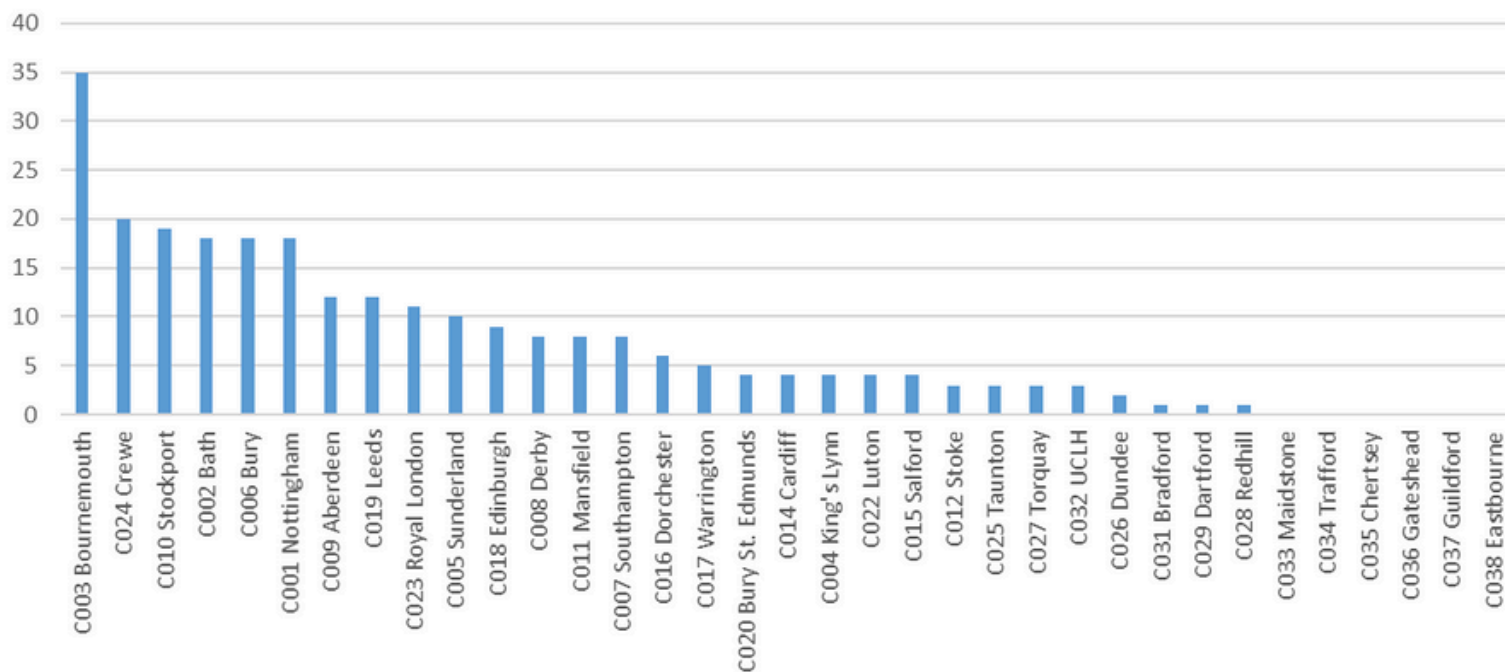


PhEAST recruited **10** patients in August - well done to all sites involved.

We are delighted to welcome Queen Elizabeth Hospital Gateshead, Eastbourne District General Hospital, and Royal Surrey County Hospital to the trial!

## Recruitment Update

Recruitment as of 31st August = 254



We sadly had to say farewell to one of our SLTs, Nazrana, in August - we all wish her well on her future endeavours!

Please contact Roxanne Fiddy-Kent ([roxanne.fiddy-kent@nottingham.ac.uk](mailto:roxanne.fiddy-kent@nottingham.ac.uk)) for SLT support. Working days: Mondays & Wednesdays.

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## Extension to Recruitment - MA/26/24

Recruitment has now been extended to **31/03/2025**, and was submitted to your R&D team on 30/08/2024.

An application to further extend the trial has been submitted to the trial funder. If successful, a second amendment to extend the trial recruitment period will be submitted.

All sites will be notified of the progress in due course!

## FAQs

**Q:** How do we stop our catheter from losing contact?

**A:** Two possible solutions:

- Ensure the patient is reclined at a 45° angle, to allow gravity to pull the catheter onto the pharynx.
- Twist the catheter, when in the correct position.



**Q:** Can a VFS or FEES be solely be used as the day-14 primary outcome?

**A:** No - a bedside swallowing assessment should be completed to capture the DSRS.

**Q:** Can a patient be enrolled if they have pre-morbid dysphagia that was caused by a previous stroke, and not caused by head and neck cancer, TBI, brain tumour etc?

**A:** No. The dysphagia in PhEAST must have been caused by their most recent stroke (index event).

**Q:** Can patients be enrolled if they have a heart monitor (e.g. Zio patch)?

**A:** Yes.

**Q:** Can patients be enrolled if their malignant MCA has been treated?

**A:** Yes. Do not enrol patients whilst they have an untreated malignant MCA – instead, wait for the patient to be stable following treatment (e.g. hemicraniectomy), and then enrol.