

Table 1. FEES vs. VFSS: Key comparisons across clinically relevant domains.

Domain	FEES	VFSS
Study setting	Otolaryngology clinic or bedside; ENT + SLP present	Radiology fluoroscopy suite; radiologist + SLP present
Phases assessed	Primarily pharyngeal (with possible direct view of oral preparatory phase)	Oral preparatory, oral, pharyngeal, cervical esophageal
View type	Direct endoscopic view of structures and mucosa	Lateral fluoroscopic view of structures
Bolus material	Patient's typical food/drink, including breastfeeding	Barium; requires minimum intake
Radiation	None; can be repeated as needed[PP1.1]	Low dose; study duration limited
Secretion assessment	Comprehensive: pooling, character, aspiration of secretions, patient response	Baseline secretions not visible unless mixed with barium
View of swallow	"White out" - lose view lost at peak pharyngeal contraction	Continuous fluoroscopic capture; serial imaging may be needed across feeding duration
Structural anatomy	Direct view: VF mobility and closure, assessment of interarytenoid and postcricoid regions	Lateral structural view; oral/pharyngeal coordination pattern
Upper esophageal sphincter (UES) assessment	May visualize closed post-swallow segment; incidental reflux	Clear view of UES opening; restriction in opening apparent
Portability	Can transport to patient bedside if necessary	Requires fluoroscopy suite; scheduling and transport needed
Patient acceptance	Contingent on conditioning to scope presence	Painless; requires bolus acceptance of barium specifically