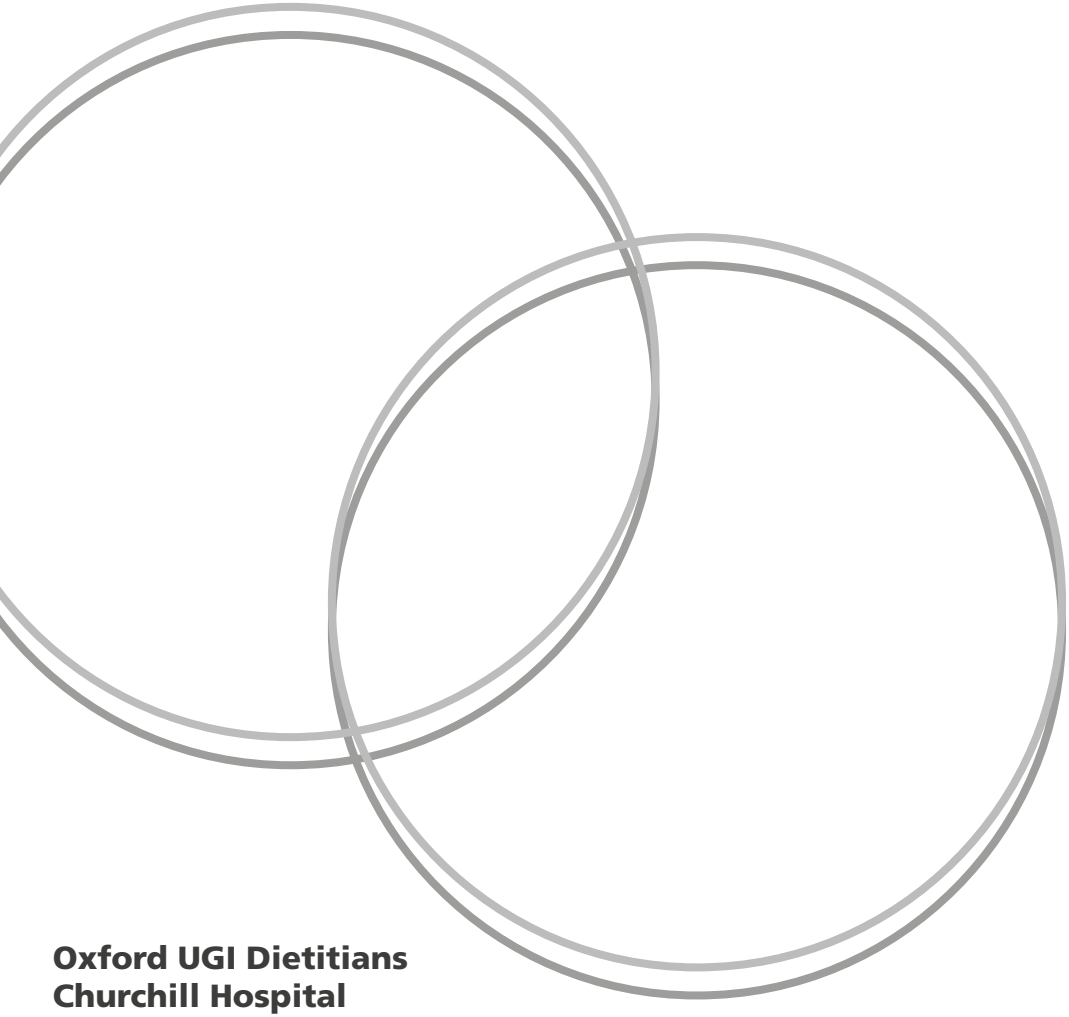
Oxford University Hospitals
NHS Foundation Trust

Eating and drinking following a Gastrectomy

A guide for UGI patients and carers



Oxford UGI Dietitians
Churchill Hospital

Introduction to the post-surgery diet

Weeks following discharge	Texture
Weeks 1 and 2	Pureed
Weeks 3, 4, 5 and 6	Soft and bite-sized
Weeks 7 and 8	Progress slowly to 'Easy to chew' foods

On discharge from hospital, you should be tolerating small volumes of a pureed diet. You should continue this for a further 2 weeks and then progress onto a soft and bite-sized diet for a further 4 weeks. Please see our supporting diet sheets for meal and snack ideas for these two stages.

After 6 weeks of being at home, slowly progress onto 'easy to chew' foods being careful to avoid foods that may get stuck (bolus forming foods) such as doughy bread, solid meat such as chops or steak and sticky rice. Over the next few months, you will gain confidence and learn what you can and cannot tolerate. Speak with your Dietitian if you experience any nausea, feeling uncomfortable following eating or experience food sticking.

The slow progression from pureed food to soft and bite sized and then onto easy to chew food will ensure that you avoid symptoms and problems relating to Dumping Syndrome and help to maximise absorption of vitamins, minerals, calories and protein from food. Please read the information included on Dumping Syndrome and familiarise yourself with the symptoms.

This information is a guide, and it may take you longer to progress on to each stage. We would discourage you from progressing faster than recommended.

Establish a regular eating pattern

You will no longer have the stomach capacity to eat three large or standard size meals per day. Eating and drinking is likely to make you feel full quickly but also eating too much may limit your absorption of nutrients. It is important to aim for a little and often approach to eating and to aim for 6 small meals or snacks per day. Eating small portions is now a life-long change.

Your portion sizes may be very small to begin with which is normal at this stage. We would recommend eating no more than a tea plate size to begin with. Additionally, you should leave a break of about 1 hour between your meals, snacks and desserts,

It is important to ensure you drink enough fluid but eating and drinking at the same time may cause you to feel full up and not able to eat as much. Try to separate eating and drinking by waiting 20-30 minutes after meals and snacks before having a drink. It is ok to have small sips of fluids with meals but try to avoid drinking large volumes whilst eating. Try to set a fluid target daily and use a water bottle or jug to help reach this volume.

Do not be tempted to have a second helping of your meal or snack. Even if you have enjoyed the food and do not feel full, an additional portion may cause you to experience symptoms of dumping and reduce your body's ability to digest and absorb all the nutrients.

Choose your food and fluids carefully

- Focus on protein rich foods for recovery and healing such as pureed fish, meat and poultry, eggs, cheese and lentils. A small portion of protein should form the basis of each meal or snack.
- Include a small portion of carbohydrate with all meals such as mashed potato or mashed sweet potato.
- Avoid bulking up on fruit and vegetables. A high fibre diet can cause bloating in the early days and weeks after surgery; therefore, we recommend being cautious with the amount of fibre in your diet. You can include a small amount of fruit and vegetables but do not aim for your 5 a day of fruit and vegetables at this stage. You will be able to introduce more fibre at a later stage.
- High protein puddings and desserts can provide a good source of protein and calories in the early weeks and months. Make sure that these are the correct texture (depending on how many weeks you are following surgery) and are low in sugar. Many supermarkets now offer a wide range of high protein, low sugar desserts, puddings and shakes.

Top-up your nutrition

High protein shakes and supplement drinks can be used to help you eat enough calories and protein during the early weeks and months following surgery. We would recommend that you drink half of a supplement drink at a time and aim to sip on this slowly. If you use a larger shop bought protein shake, please drink it slowly over an hour or more.

It is important not to use any nutritional supplement drinks that were provided to you prior to surgery. High energy drinks such as Complan, ready-made milkshakes and some probiotic drinks may be too sweet and also cause symptoms of Dumping Syndrome. If you wish to use a probiotic drink, please choose a low or no added sugar variety. Please discuss with your dietitian if you are not sure if a drink is suitable for you to have after surgery.

Protein Fortified Milk

Skimmed milk powder such as Marvel or the supermarkets own brand can be useful to add additional protein to food and drinks. To make a pint of fortified milk add 4 tablespoons of skimmed milk powder to 1 pint of milk. Use this fortified milk throughout the day in milky drinks, in milk puddings, on cereal or added to soup.

Multivitamin and mineral supplements

It is recommended that you **take a multivitamin and mineral supplement daily** after your surgery. This is recommended life long after your surgery. Multivitamin and mineral supplements can be purchased in your local supermarket, chemist or online. Ensure that it is a complete multivitamin and mineral or A-Z. Alternatively, your GP may be willing to prescribe a multivitamin and mineral called Forceval.

In the early weeks, when you are eating pureed, soft and bite sized and easy chew foods, you may prefer to use a chewable or liquid multivitamin and mineral as these are easier to swallow. However, many of these are not complete and lack minerals and iron. If you are taking a chewable or liquid multivitamin, we would recommend taking 2 per day.

- Centrum Fruity Chewable is an easy to take chewable preparation. Take 2 per day. Alternatively, your GP may be willing to prescribe Forceval Soluble x1 tablet per day.
- Once you are eating and drinking solid foods, you will need to change over to a solid tablet multivitamin and mineral supplement. This will provide a complete range of vitamins and minerals in the higher levels that you require. You can either ask your GP to prescribe Forceval capsules x1 per day or you can buy an A-Z Complete Multivitamin and Mineral supplement with 14mg of iron.
- Additional vitamin D, calcium and vitamin B12 supplements may be required longer term. Please discuss with your Specialist UGI Dietitian.

Common problems following a gastrectomy

Following a gastrectomy, many patients experience one or more of the following problems:

- lack of appetite
- weight loss
- loss of muscle mass and strength
- loose stools
- reflux (not applicable if you have had a total gastrectomy)
- swallowing difficulties
- nausea
- feeling full quickly.

These problems should improve within 12-18 months after surgery; however this varies greatly from patient to patient. Please speak with your Dietitian if you need any help with managing these problems.

Lack of appetite

A lack of appetite is extremely common following a gastrectomy, whether this be due to a partial or total removal of your stomach. Gut appetite hormones are affected by surgery to the oesophagus and stomach and often lead to unintentional weight loss due to a reduced or complete lack of appetite.

Rather than relying on hunger and appetite hormones, you will need to remind yourself to eat at regular intervals. To establish a habit of eating frequently and decide on a pattern of meals, snacks and drinks that works for you and can be followed daily. You may find it useful to set an alarm on a smart phone or kitchen appliance, to act as a reminder in the early days and weeks.

Your tastes are also likely to change following surgery, so please do try different foods to help stimulate your appetite and encourage you to eat. Recipe books or online recipes can be a good source of ideas and inspiration and may encourage you to try something different.

You will need to use a smaller plate to prevent over-eating but also to make meals feel less overwhelming when your appetite is poor. Taking away the worry of meal preparation can be helpful for some, so do take up offers from family and friends to prepare a meal.

Ready prepared meals that you buy in from the supermarket or specialist home delivery service can also be very helpful. Consider ready meals from the supermarket and try to choose small options such as the M&S or Waitrose Mini Meals, ready meals aimed at children of ~200g portion size or those available via Cook, Wiltshire Farm Foods or Oakhouse Foods. The home delivery companies can often provide a variety of different texture of meals that will suit the stage required following your surgery.

Weight loss

Maintaining weight and preventing unintentional weight loss can be extremely difficult following gastric surgery.

A poor appetite and a feeling of fullness, combined with issues such as diarrhoea, nausea, and the need to eat small portions, can all contribute to weight loss. If you experience prolonged problems with diarrhoea, bloating and/or excessive wind then please speak with your Dietitian who may be able to help. This will not only affect your quality of life but also the absorption of nutrients, energy and protein from food, which in turn may affect your weight further.

In the longer-term your weight should stabilise, but you will need to be careful to eat regularly and not skip meals to prevent future weight loss. Do not expect to return to your pre-treatment or pre-surgery weight but instead try to focus on improvements in energy levels and feeling stronger.

Although weight loss is common following surgery, if you are worried that your weight is continuing to fall then please do contact your Specialist Dietitian for further advice.

Loose stools

Loose stools or diarrhoea can be a problem following a gastrectomy. In most cases, the diarrhoea will settle within a few weeks, but you may need to take medication, such as Imodium (Loperamide), to help control it.

Monitoring the frequency and timing of the bowel movements can be useful in determining if it is related to eating certain foods. Dumping Syndrome can cause diarrhoea, so please familiarise yourself with the symptoms. Loose stools that are caused by Dumping can often be prevented with small changes to your eating habits. You may find it useful to keep a food diary if you suspect certain foods are causing problems.

Aim to reintroduce high fibre foods slowly and gradually. Wholegrain cereals, breads, rice and pasta should be limited in the early weeks. Foods such as dried fruit, sprouts, cabbage, green beans, garlic, onions, leeks, mushrooms, peas, beans and pulses may affect your bowel function. If these are foods that you usually enjoy or you have a recipe you would like to follow, introduce slowly, in small quantities and as one new food at a time.

Caffeinated drinks such as coffee, tea and soft drinks can affect your bowels and may contribute to loose stools and diarrhoea. Consider changing to decaffeinated drinks if you are experiencing loose, frequent bowel movements or urgency. You should ensure adequate fluids are taken to prevent dehydration if you are experiencing loose, frequent stools.

Please do not cut out specific foods or food groups without discussing with your Dietitian. If you suspect that a certain food or type of food is causing diarrhoea, please speak with your Dietitian.

Constipation following surgery

Constipation can occur following your surgery. This can be due to the surgery itself, the pain relief medications prescribed after surgery, or the change in diet. It is important that you try to avoid becoming constipated and that you treat any constipation promptly.

Reflux

Acid reflux can occur following a partial gastrectomy.

Things that you can do to help with reflux:

- Avoid rushing your meals. Give yourself plenty of time to eat and try not to be too distracted at mealtimes to ensure you chew your food well.
- Try to sit upright during mealtimes and remain in an upright position for at least 45 minutes following your meal. You may experience reflux or regurgitation when bending or leaning forward. Try to kneel or squat instead of bending over.
- A walk following your meal can often help with digestion and avoid reflux at night or following a meal. Always leave at least 2 hours following your last meal or drink of the day before going to bed.
- Sleeping propped up in bed at night can help to avoid regurgitation and reflux at night.
- Avoid wearing tight clothing and especially clothes that are tight fitting around the waist or abdomen.
- Foods that cause reflux can vary greatly from patient to patient. Try to keep a record of what you are eating and when you experience reflux to identify if it is caused by a specific food or meal or due to the quantity or timing of the meal.

Swallowing difficulties

Do not be alarmed if in the early weeks or months you have problems with swallowing or regurgitation. This can occur due to the development of thickened scar tissue at the site of the surgical join or due to the valve at the bottom of the stomach not opening properly (following a partial gastrectomy only). An endoscopy may be arranged where a small balloon can be inserted into your oesophagus or stomach and inflated to stretch the opening, making it easier to swallow again. This is called a dilatation.

Some people experience food sticking when they eat certain foods such as meat and bread. When you do progress onto solid foods, do ensure you take small bites and chew these foods well. If you experience repeated episodes of food sticking, then please get in touch with your Nurse Specialist or Specialist Dietitian.

Feeling full quickly

Due to a reduction in the capacity (or total removal) of your stomach, eating and drinking will make you feel full quickly. Even small quantities may make you feel uncomfortable and bloated.

Your digestive system will adjust with time and eating and drinking will become easier. However, in the long-term you will need to adapt to eating small amounts, frequently rather than relying on large meals 2-3 times per day. Adopting a meal pattern of little and often will need to be a lifelong change.

Overeating can affect the rate that food passes through your system and affect how well you digest and absorb your food and nutrients. This can also lead to symptoms of Dumping Syndrome.

Nausea

Feeling sick after eating can be a problem in the short-term following a gastrectomy. If you have had a partial gastrectomy, the remaining part of your stomach may not empty efficiently, leading to nausea and sometimes vomiting. The valve at the bottom of your stomach may not open properly (following a partial gastrectomy only). An endoscopy may be arranged where a small balloon can be inserted into your stomach and inflated to stretch the opening, making it easier for food to pass through and empty and prevent nausea and vomiting. This is called a dilatation.

Overeating can also cause your stomach to over-fill and experience nausea. Please look at your portion sizes and discuss with your Specialist Dietitian if you suspect that you are eating more than recommended or than you can tolerate.

Nausea can also be a sign of Dumping Syndrome, so it can be useful to record your symptoms of nausea in a food diary to help you identify if specific foods cause the problem.

Important hints and tips:

- **Eat little and often.**
- Aim for 6 small meals per day – served on a tea plate or in a ramekin.
- Eat slowly and chew food well.
- Allow plenty of time for meals.
- Avoid fluids with meals, leave 30 minutes before and 30 minutes after a meal.
- Leave 1 hour between the main meal and a pudding or dessert.
- Avoid fizzy drinks that will cause discomfort and bloating.
- Keeping a food diary in the early weeks can help to identify foods that are not well tolerated.
- Have set times to eat and drink. Do not rely on eating when feeling hungry. If necessary, set an alarm or ask someone to remind you when it is time to eat again.
- You may find it useful to remain in a sitting position following meals (avoid bending forward) to prevent regurgitation of food and fluids.
- Consider going for a short walk around the house, in the garden or beyond after meal times.

Should I be following a balanced diet following my Gastrectomy?

In the early days and weeks following surgery, you should focus on eating enough protein and calories to support recovery from surgery, help to maintain your weight and muscle mass and strength. As mentioned earlier, avoid bulking up on fruit and vegetables as this can caused increased bloating and discomfort.

On a longer-term basis, it is important to aim for a balanced diet, but this should be established over several months following surgery. It is important not to bulk up your meals with high fibre foods and fruit and vegetables until you have established an eating pattern of little and often and your weight is steady.

A vitamin and mineral supplement will provide you with the vitamins and minerals that you need in the short term, but we also advise you to take a complete multivitamin and mineral supplement long-term as a top-up.

Do not be concerned if a return to a healthy diet takes longer than anticipated. If you would like to discuss this further with your Dietitian, please do get in touch.

Drinking enough

Fluids are important to prevent dehydration which can cause constipation. It can be difficult to drink enough fluid following a gastrectomy, especially when you need to avoid drinking and eating at the same time. Try to set a daily fluid target and decide on certain times for drinks. Having a bottle or jug of water to hand can be helpful so that you can sip on fluids throughout the day.
Always take a drink out with you when you leave the house.

Movement and gentle exercise can also help to prevent and deal with constipation. As you start to recover from your surgery, increasing your activity can help to improve your digestion and bowel function.

Medications for constipation

Medications for constipation (known as laxatives) can be prescribed by your GP or purchased over the counter from your pharmacy/ supermarket. Try to avoid constipation in the first instance but if you are having problems opening your bowels, then it is advisable to speak with your GP and/or use a product that has worked for you in the past. Drinking plenty of fluids is still important even if you are taking a laxative. Please be aware that your bowel habits may be different to prior to surgery. You will be eating smaller amounts of food since your surgery, but you should still be opening your bowels every few days.

Eating out following my Gastrectomy

When you feel able to eat out you must continue to follow the guidance of little and often. Remember not to fill up on drinks prior to your meal and avoid drinking and eating together.

You may find that you prevent over-eating by ordering a starter portion as your main meal or sharing a meal with a friend or relative. Always try to order foods that you are familiar with or have recently tried since your surgery. This will prevent you experiencing symptoms of Dumping Syndrome and/or food sticking or causing discomfort.

Useful resources

You will find a range of nutrition information on the internet related to cancer and following surgery. Please ensure that any information is relevant to eating and drinking following a gastrectomy.

Breakthrough Cancer Research, Ireland

They have produced a very useful recipe booklet called **"Eating Well with Swallowing Difficulties in Cancer"**. This includes recipes to support you through the liquidised and pureed to the soft and bite-sized stages and has plenty of high protein soup recipes for use at any stage following surgery.

Unfortunately, paper copies are not available in the UK, but their website has an easy e-book to access via the internet.

Internet link:

www.breakthroughcancerresearch.ie/wp-content/uploads/2021/01/eating-well-with-swallowing-difficulties-in-cancer.pdf

Oxford Oesophageal and Stomach Organisation (OOSO)

The Oxford Oesophageal and Stomach Organisation (OOSO) website provides a variety of information, recipes and hints and tips for eating and drinking for those recently diagnosed, during chemotherapy and beyond surgery. Please visit the OOSO website to find out more.

Internet links:

www.ooso.org.uk

www.ooso.org.uk/post-surgery-treatment-diet

www.ooso.org.uk/longer-term-post-treatment-diet

To discuss further any of the points discussed in this booklet, please contact your Specialist Dietitian.

Oxford UGI Specialist Dietitians:

Churchill Hospital, Oxford

Contact: **01865 228305**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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