

Dietary information after a gastrectomy

Department of Nutrition and Dietetics

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Information for Patients

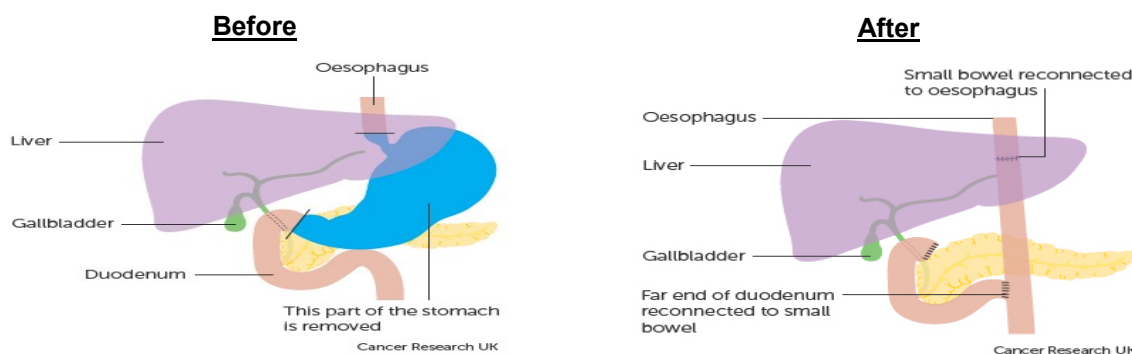
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Who is this information leaflet for?

The information contained in this leaflet is for adult patients who have had all of their stomach removed (total gastrectomy) or part of their stomach removed (partial gastrectomy).

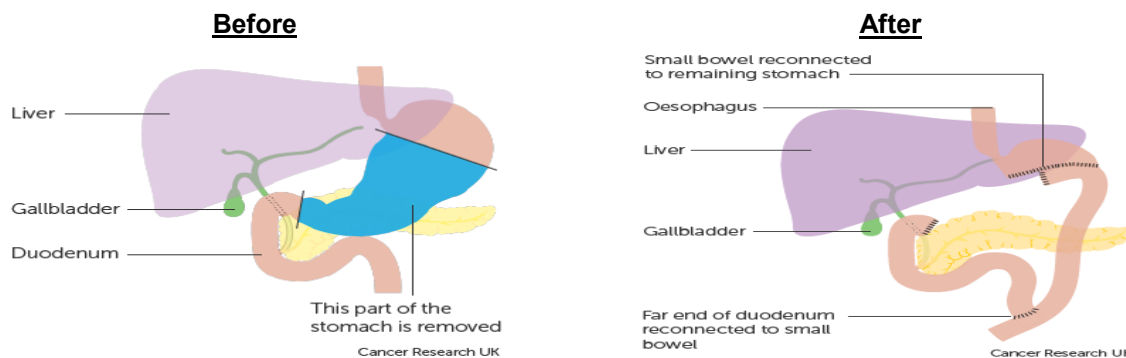
You should use this information to support your learning and help you to adapt to the changes to eating and drinking after your operation. Good nutrition after your operation is vital to help your recovery.

Total Gastrectomy



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Partial Gastrectomy



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or call 111 for non-emergency medical advice

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Diet after your operation

Good nutrition after your operation is vital to aid your recovery. Your diet may be supported with a combination of oral diet (food, fluids, nutritional supplements) and nutrition provided by a feeding tube.

After your operation you will be advised by your doctor when you can start to have something to drink or eat, this will be a few days after your operation and you will usually be allowed to drink before you can eat. This rest period allows the joins inside to heal.

You will find when you start to eat you will no longer be able to eat large meals. You will find it difficult to take in enough diet by mouth and will need to make every mouthful count.

When you start to eat, it is important that you:

- start with small amounts spread throughout the day – little and often - and you should aim to eat small amounts at least 5-6 times a day
- take time to build up your diet
- chew foods well
- sit upright when eating
- take time with eating – what used to take a few minutes will take longer

You may find it easier to start with smooth foods such as smooth yoghurt, smooth soup, mousse, custard, jelly as well as fluids and milk based drinks. To start you should only have a **small** amount each time – this may be a few spoonfuls or 1 portion of a particular food. For example:

	Breakfast	Mid-morning	Lunch	Mid-afternoon	Evening	Before Bed
When you start eating	1 x pot smooth	Milky drink - full cream	1 x bowl soup	Milky drink	1 x bowl custard	Milky drink
Sip fluids throughout the day - ideally after or in-between meals						

You may not be able to meet your nutrition through just food and drink. During your operation you may have had a feeding tube (Jejunostomy/JEJ) inserted into part of your small intestine (jejunum). The JEJ tube can be used to give liquid nutrition which is prescribed by your Dietitian into your small intestine to provide your body with the nourishment it needs to recover. The JEJ tube is narrow and clear, with a clamp along its length and a piece of plastic sits against the skin on the outside of your tummy. When not in use, it is hidden under your clothing. The JEJ tube will be in place for at least 6 weeks.

You will be taught how to care for the tube as well as how to use the tube and equipment for feeding and fluids. The ward Dietitian will discuss with you and your family about the best way to use the JEJ tube to support your recovery.

With practice, you should find out what works for you. It is trial and error and you will have good and bad days. As you continue to recover you will hopefully have more good days. Try not to let a bad day affect your progress take each day as a new day. If you are struggling you should speak with your Dietitian or Cancer Nurse Specialist/Keyworker.

Once you have started eating, you should follow a softer, mashed and moist diet for 4 weeks. These foods should have a texture that can be squashed or broken apart with a fork. On the ward, you will be advised to order meals from the level 5 (minced & moist) and level 6 (soft & bitesize) menus only.

Eating after surgery can be a difficult and scary time. It is normal to feel like this. With time and practice, your confidence with eating and drinking will improve. Ideas on the types of foods you can have are on the next page. This softer mashed diet should be followed for the first 4 weeks after your surgery. An example meal pattern is below:

	Breakfast	Mid-morning	Lunch	Mid-afternoon	Evening	Before Bed
For the first 4 weeks after your surgery	Small bowl of porridge made with whole milk	2 digestive biscuits	Small portion of shepherds pie with extra gravy	Individual trifle	Crackers with cheese - break - Sponge and custard	Milky drink
	Sip fluids throughout the day - ideally after or in-between meals					

It is important to recognise when you start to feel full. This may not be as easy to do as it was before your operation and it will happen sooner than you are used to. Even tiny amounts may make you feel full.

During this time you should avoid foods which are:

• Doughy	• Chunky	• Hard	• Tough	• Chewy
• Dry	• Fibrous	• Dense	• Sharp	• Bulky

This includes bread, toast, chunks and pieces of meat e.g. steak, chops.

Some foods may cause discomfort during this period and should be avoided, if possible, such as:

- Highly spiced/seasoned food e.g. chilli based dishes, curries
- Strong tea and coffee
- Unripe fruit, dried fruit, pips and skins on fruit
- Stringy, coarse or fibrous vegetables e.g. celery, green beans, onions
- Foods with skins/shells on e.g. sweetcorn
- Coarse cereals e.g. granary bread, muesli, granola
- Fried and fatty foods
- Alcohol
- Fizzy drinks

There should be no need to liquidise/blend your food at home. If you need to do this at home, please contact your Dietitian or Cancer Nurse Specialist/Keyworker.

If you have a JEJ feeding tube in place when you go home it is likely that you will be using it to support your diet which provides important nutrients to help your recovery - this may be just overnight.

On discharge, the ward Dietitian will talk with and handover your dietetic care to the Home Enteral Nutrition Service (HENS) who look after patients who use a feeding tube at home.

Example softer mashed diet ideas for the first 4 weeks after surgery

~ Continue to eat little and often, chew well and take your time eating ~

Breakfast	<ul style="list-style-type: none"> • Porridge or Readybrek made with plenty of milk • Weetabix, Oatibix, Rice Krispies, Cornflakes - all soaked in warm or cold milk • Smooth full fat yoghurt • Fruits that can be mashed e.g. banana, stewed apples
Lunch/ Evening meal	<ul style="list-style-type: none"> • Meat dishes with mince and plenty of sauce e.g. shepherds pie, cottage pie, corned beef hash • Alternative meat dishes and plenty of sauce using Quorn or soft tofu in place of meat • Fish with no bones and plenty of sauce e.g. fish in parsley sauce, fish pie • Mashed potatoes, instant mash, mashed carrots and swede • Well cooked vegetables e.g. carrots, swede, broccoli, cauliflower • Tinned spaghetti or ravioli • Well cooked pasta and rice (not al dente) with plenty of sauce • Macaroni cheese • Cauliflower cheese • Jacket potato (no skin) with butter and moist fillings e.g. tuna mayonnaise, cream cheese, grated cheddar cheese, egg mayonnaise, paté
Pudding <i>You may want to have a small break before having a pudding</i>	<ul style="list-style-type: none"> • Milky desserts e.g. semolina, rice pudding, tapioca • Sponge pudding with custard, ice cream, cream • Smooth full fat yoghurt • Trifle, mousse, angel delight, ice cream, crème caramel, jelly
Snacks	<ul style="list-style-type: none"> • Biscuits e.g. digestives, ginger nuts • Plain or flavoured sponge cake with cream or custard • Milky drinks e.g. ovaltine, hot chocolate, latté, smoothies, milkshakes • Bite & melt crisps such as wotsits, quavers, skips • Chocolate (no fruit or nuts) • Breadsticks with dips e.g. smooth hummus, sour cream and chive • Tinned fruit e.g. pears with whipped cream or ice cream • Crackers such as Ritz or Tuc with butter and grated cheese, egg mayonnaise, cream cheese • High protein/energy drinks from the supermarket such as Complian • Alternatively, you could make your own: 200mls full fat milk blended together with 1 scoop of ice cream and a flavouring of your choice - chocolate powder, strawberries, banana etc. • Oral nutritional supplements are available on prescription - you can ask your Dietitian if these are indicated for you

Foods and drinks can be fresh, frozen, tinned and can be homemade or ready made.

What happens after the softer mashed diet period?

Over the past 4 weeks you will have been following a softer mashed diet. You will slowly be learning and adapting to eating after your operation.

If all is well, you should be able to start to add other foods into your diet after 4 weeks. The next page gives examples of meal ideas for after the 4 week softer mashed diet period.

For any new foods you are introducing, you should try a small amount first (such as 1-2 teaspoons) and see how you cope with this. You should only try one new food at a time. You should avoid trying lots of new foods together, if something does not suit you it will be difficult to know which food it is if you have tried lots of different ones at the same time. If you get on well with this small amount you can gradually build up the amount and move on to trying the next new food.

With time you should be able to add a wide variety of foods and textures into your diet from all the food groups.

Your diet should contain a mixture of foods from the following groups:

- Carbohydrates - potatoes, breakfast cereals, pasta, bread, rice, crackers, noodles, quinoa, couscous and other grains
- Fruit and vegetables - raw, cooked, tinned, dried, frozen, stewed
- Dairy - milk, cheese, yoghurt, cream, alternative milks e.g. soya, almond, rice (ensure these are fortified with calcium)
- Protein - meat, fish, poultry, eggs, nuts, beans, lentils, pulses and vegetarian alternatives such as Quorn, soya and tofu

It is important to remember that there are no set rules with eating and drinking as you recover from your operation and add foods. You may be able to add some foods quickly and others may take you a number of attempts at different times during your recovery. Some foods e.g. salad and bread products may continue to be difficult to digest. When trying new foods it is important to start with a small amount (such as 1-2 teaspoons) and see how you cope with this.

During this time you may continue to receive nutrition through your JEJ feeding tube. This will provide important nutrients to help you recover.

When adding foods you may find it easier to leave some of the more difficult foods such as bread, steak, chops and salad until the end.

Remember, your portion sizes will remain small but you should also find the amount you can manage to eat or drink at a time slowly increases during your recovery (over a number of months), however this may not return to what you would consider a normal portion size for you.

Also remember, your JEJ feeding tube will remain in place for at least 6 weeks and for as long as you need it - this is different for everybody.

Example meal ideas after softer mashed diet period

~ Continue to eat little and often, chew well and take your time eating ~

Breakfast	<ul style="list-style-type: none"> • Cereal or porridge made with milk • Toast with scrambled eggs, baked beans or smoked salmon • Eggs benedict • Cooked breakfast • Pancakes, crumpets or waffles
Lunch/ Evening meal	<ul style="list-style-type: none"> • Pasta with a sauce and grated cheese • Meat or poultry casseroles with potatoes and vegetables • Roast dinner • Fish in sauce with mash, peas and carrots • Omelette and salad with dressing • Potatoes - mashed, boiled, roast, chips to accompany a meal or jacket potato with filling • Sandwiches • Pizza • Fish and chips • Curry and rice
Pudding <i>You may want to have a small break before having a pudding</i>	<ul style="list-style-type: none"> • Milky desserts e.g. semolina, rice pudding, tapioca • Sponge pudding with custard, ice cream, cream • Full fat yoghurt • Trifle, mousse, angel delight, ice cream, crème caramel, jelly, cheesecake
Snacks	<ul style="list-style-type: none"> • Piece of fruit • Cheese on toast • Crackers and dips/hummus • Cakes, biscuits, pastries • Toasted teacake or malt loaf • Cereal bar • Bagel with cream cheese • Crisps or nuts • Sausage rolls or scotch egg • High protein/energy drinks from the supermarket e.g. Complian. • Alternatively, you could make your own: 200mls full fat milk blended together with 1 scoop of ice cream and a flavouring of your choice - chocolate powder, strawberries, banana etc. • Oral nutritional supplements are available on prescription - you can ask your Dietitian if these are indicated for you

Foods and drinks can be fresh, frozen, tinned and can be homemade or ready made.

Managing post surgical issues

Below are ideas to help manage some common problems you may experience after your operation.

Discomfort & avoiding problems when eating

- Eat little and often e.g. 5-6 smaller meals a day may be better tolerated than 3 larger ones
- Take your time, relax and eat slowly
- Sit upright when you are eating
- Chew foods well, this will make it easier to digest your food
- Avoid drinking with meals as this will make you feel full, try and drink half an hour after eating
- Try using a smaller plate to serve your food on so that it is less overwhelming
- Leave a gap between your main course and pudding
- If you do not feel like having a meal, try having a nourishing snack/drink instead
- Try to build up the variety of food in your diet to help ensure a balanced intake, you could try a new food each day
- Look after your teeth to ensure you can chew properly. Clean your teeth twice a day. If you have dentures, ensure they are fitted correctly and cared for. You should visit your dentist regularly

Loss of appetite

- Try to eat regularly during the day even if you don't feel like it eat little and often
- Try to avoid long periods without eating
- Try to be active at home as much as you can - activity and fresh air can stimulate appetite

Taste changes

- Sometimes tastes can change after surgery for reasons we cannot explain. Foods which you liked before may now be unappealing and those which you did not like may now taste really good. Keep trying and experimenting with foods as your tastes may change throughout your recovery
- Experiment with different temperatures of food. Some people find cold food or food at room temperature is tastier than hot food
- If you struggle to tolerate some tastes e.g. milk, look at alternative products available, for example almond, soya, hazelnut, rice or oat milk - ensure they are fortified with calcium
- If you are struggling with specific changes speak with your Dietitian or Cancer Nurse Specialist/ Keyworker for further advice

Managing post surgical issues

More ideas are below to help manage other common problems you may experience after your surgery.

Feeling full quickly

- To begin with even tiny portions may make you feel full. Eating little and often will help
- If you feel full have a rest from eating or drinking before continuing, or wait till your next small meal/snack

Indigestion, nausea and reflux

- Try eating little and often and take your time
- Avoid tight fitting clothing around your abdomen
- Sit upright when eating and avoid lying down, lifting or bending immediately after eating
- If you are experiencing nausea, foods and drinks at room temperature may be better tolerated
- Sleeping with extra pillows or raising the head of the bed may help with reflux at night
- Sometimes medication such as antacids or anti-sickness drugs may help. You should speak with your Cancer Nurse Specialist/Keyworker for further advice
- Experiment, some people find not eating late at night helps, some people find plain biscuits, toast or a milky drink before going to bed helps
- Sometimes food can be a bit slow to leave the stomach and may make you feel uncomfortable, nauseous or cause indigestion symptoms. This is called delayed gastric emptying. If you think this is happening you should speak with your Cancer Nurse Specialist/Keyworker

Diarrhoea

- This is quite common after this type of surgery, particularly in the first few months. It may be accompanied by a colicky pain
- You may find eating more protein foods helps to slow down the rate food passes through your gut
- Try and drink plenty of fluids to prevent you from being dehydrated ,you may find sipping constantly is the easiest
- Sometimes taking anti-diarrhoea medication can help. You should speak with your Cancer Nurse Specialist/Keyworker for further advice
- If stools are oily, pale, difficult to flush or have a very strong smell you may not be absorbing fat. This may lead to weight loss. If this is happening, you should speak with your Cancer Nurse Specialist/Keyworker who may arrange for you to have a stool test. If this shows you are not absorbing fat, this can be managed with medication

**If you have any concerns you should always contact your
Doctor, Cancer Nurse Specialist/Keyworker or Dietitian**

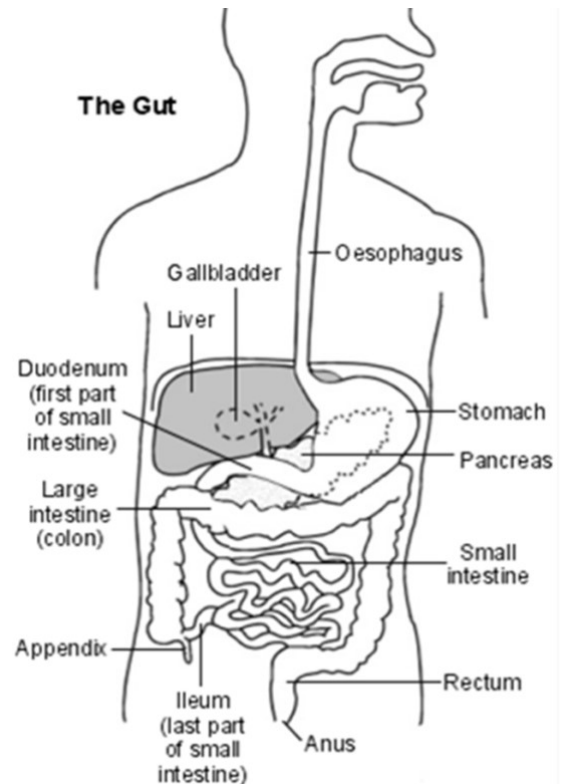
Dumping Syndrome

Occasionally after having an operation where all, or part, of your stomach is removed you may experience dumping syndrome.

This is caused by food moving too fast into your small intestine.

There are 2 types of dumping syndrome:

- Early
- Late



	What are the symptoms?	Why does this happen?
Early	<ul style="list-style-type: none"> • Watery diarrhoea • Abdominal cramping/bloating • Nausea and vomiting • Weakness/light-headedness • Flushed skin • Sweating • Heart palpitations 	<p>Early dumping starts during a meal or up to 30 minutes after a meal.</p> <p>It is caused by food being delivered into a part of your small intestine (jejunum) faster than normal.</p> <p>This rapid movement causes fluid to be drawn into the small intestine which dilutes the partly digested food.</p> <p>This results in a drop in your blood pressure which can make you feel unwell.</p>
Late	<ul style="list-style-type: none"> • Profuse sweating • Shakiness • Weakness/feeling faint • Headache • Anxiety • Poor concentration • Feeling cold • Tired/needing to rest 	<p>Late dumping starts 1 to 3 hours after a meal or it can happen if you miss a meal.</p> <p>Sugary and starchy foods pass rapidly into the small intestine (jejunum) causing your body to produce a sudden rush of insulin.</p> <p>Insulin is a hormone which helps maintain a consistent level of sugar in the blood.</p> <p>The sudden rush of insulin results in your blood sugar falling lower than normal which can make you feel unwell.</p>

Prevention

If you experience dumping syndrome whether early or late, it is possible to alter your dietary choices and eating pattern, to prevent it from happening.

To try and prevent both forms of dumping syndrome:

- Reduce the amount of refined sugar/sugary foods and drinks you eat and try not to eat them on their own
- Sugary foods have less of an impact if they are eaten as part of a complete meal which includes fat and protein (good sources include meat, fish, eggs, beans, pulses, lentils, nuts, quorn, tofu and dairy foods such as milk, cheese and yoghurt)
- Avoid soup and drinks with your meals and avoid drinking fluids for 30-60 minutes after food. Try to drink fluid in between meals
- Eat slowly and chew food well before swallowing
- Do not miss meals and avoid going for long periods without food
- You should eat little and often aiming for at least 5-6 small meals a day rather than 3 larger ones
- When you feel full stop eating. Never force yourself to finish a meal. You can always have a snack later on
- Try increasing the fibre in your diet, for example wholemeal and wholegrain foods. You should increase fibre gradually
- Avoid very hot or very cold foods and drinks
- Avoid alcohol
- Do not rush up from eating remain seated for 5-10 minutes before slowly getting up
- Try lying down for 15-20 minutes after a meal to slow down the movement of food

Treatment of late dumping syndrome

Your blood sugar level, which drops with late dumping syndrome can be increased and your symptoms improved by eating or drinking a small amount of something sugary, for example a cup of tea with sugar, sugary sweets, toast and jam or chocolate biscuits. Try to follow this with something more substantial and based on starchy carbohydrate, for example cheese on crackers, beans on toast or a sandwich.

How long will dumping syndrome last?

The symptoms of dumping syndrome usually settle within the first 3 months after your operation. Some people will continue to have symptoms unless dietary changes are made.

If you do not experience dumping syndrome then we recommend that you continue to eat plenty of starchy and sugary foods as these are a good source of energy.

What about my body weight?

You may have lost body weight following your surgery. This is not unusual however the focus is aimed at minimising further weight loss and establishing and maintaining a stable body weight.

It is advised during your recovery that you should check your body weight once a week. This can be on your scales at home, a relatives/friends home or scales in a shop such as a chemist or supermarket.

On the next page you will find a weight chart which may be helpful to track your weight.

It is important to try and weigh yourself on the same set of scales, on the same day, in similar clothing at a similar time of day.

If you are losing weight, please contact your Cancer Nurse Specialist/Keyworker or Dietitian as soon as possible for advice

In the meantime, to add extra nourishment to your diet consider starting the following:

- Use full fat milk (blue top) wherever possible. You can fortify the milk by adding dried milk powder
Recipe for fortified milk
 1. Measure out 1 pint of milk into a jug
 2. Measure out 2-4 tablespoons of dried milk powder and place in another jug
 3. Add a little bit of the milk you have measured out to the dried milk powder. Mix well to form a smooth paste
 4. Add the rest of the milk to the smooth paste. Stir/whisk well until completely dissolved
 5. Store in the fridge and use within 24 hours. Use this fortified milk throughout the day on cereals and in drinks
- Choose full fat products where possible
- Have nourishing drinks made with 100% milk in between meals
- Add cheese to mashed potatoes, soup, sauces, scrambled egg and baked beans
- Add margarine or butter to potatoes, rice, vegetables
- Add milk powder into soups and milky puddings
- Add cream to mashed potatoes, soups and sauces
- Add cream and jam/honey to milky puddings and porridge
- Use extra oil, ghee or butter in cooking e.g. fried foods, eggs
- Add extra butter or margarine to bread, toast, crumpets etc
- Use sauces e.g. full fat mayonnaise, salad cream on sandwiches, with crackers
- Have regular snacks e.g. cheese and crackers, nuts, thick and creamy yoghurt, eggs or baked beans on toast, bowl of cereal

Other important information

What happens in the longer term?

We would expect for most people that after their operation any problems would settle and/or resolve within the first 12 months after their operation.

Remember, as it was discussed prior to your operation, recovery can take 9-12 months, or longer.

However, for some people a few of the problems after surgery may continue to be problematic after 12 months and may be permanent. These may have been covered above or they may be other issues such as:

- Difficulties with extreme temperatures of food
- Grumbling sounds in the lower abdominal area when eating
- Heightened sensations of food passing through your digestive tract

These are not uncommon and it is important if any of these are happening to you, that you inform your Cancer Nurse Specialist/Keyworker. They can work with you and advise on how to manage these symptoms or their cause, however in some cases there is no explanation.

Vitamins and Minerals

After this type of operation, an A-Z multivitamin and mineral supplement may be recommended. This can be bought over the counter from most supermarkets or chemists. It does not need to be an expensive brand. Please talk with your Dietitian for advice on whether you need to take one.

If your operation involved part or total removal of your stomach, it is likely you will need to arrange with your GP to have regular check ups of your vitamin B12 levels. Your stomach is responsible for producing a substance called intrinsic factor which is needed to absorb vitamin B12. As a result of the surgery, your stomach can only do this a little bit or not at all. Over time, your vitamin B12 levels may decrease. To treat low vitamin B12 levels, your GP must arrange for you to have regular vitamin B12 injections every 3 months.

Eating out

Eating out with others is a very social occasion and there is no reason why you should not continue to do this. Friends and family should be aware that you only eat small portions, and in a restaurant ask for a child's portion or have a starter as a main course. Do not worry about leaving food.

Support for you

Useful telephone numbers

Upper GI Cancer Nurse Specialist/Key worker

0116 258 5809

(Monday – Friday 8am-4pm)

Dietitian

0116 258 5400

(Monday – Friday 8am-4pm)

Local Support Group

Meets 4 times a year for conversation, coffee and cake. For more information on how to support or attend please speak with your Cancer Nurse Specialist/Keyworker, their contact details are above

Further Information

Macmillan Information and Support Centre, Ground floor of Osbourne building, Leicester Royal Infirmary

Tel: 0116 258 6189

Macmillan Cancer Support

www.macmillan.org.uk

Tel: 0808 808 00 00

Oesophageal Patients Association

www.opa.org.uk

Tel: 0121 704 9860

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk