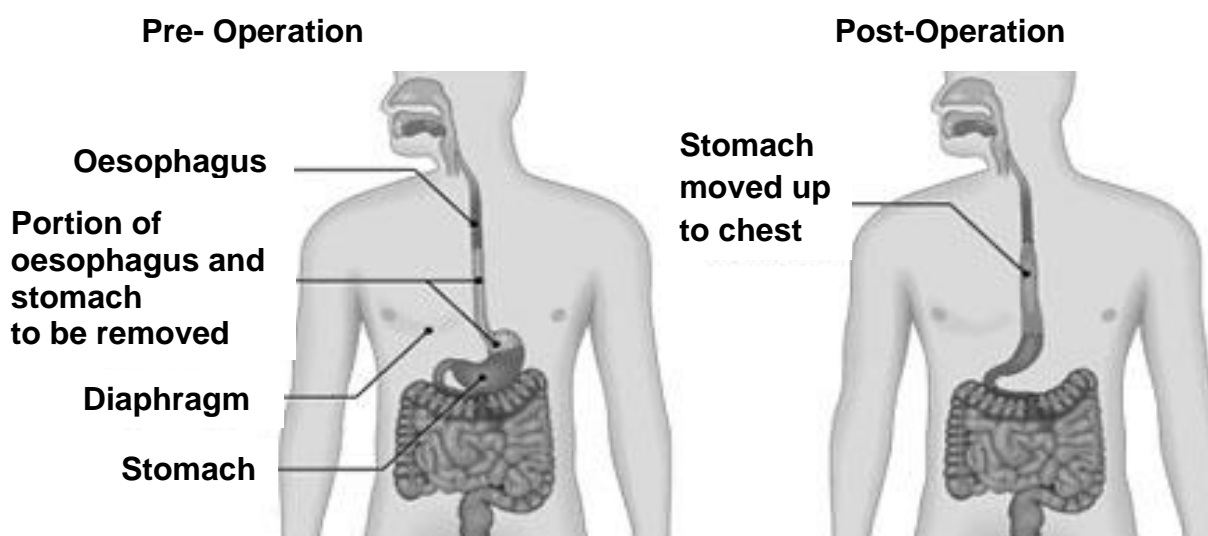


Eating and Drinking after an Oesophagogastrectomy, Total Gastrectomy or Sub-total Gastrectomy

Therapies - Dietetics Department

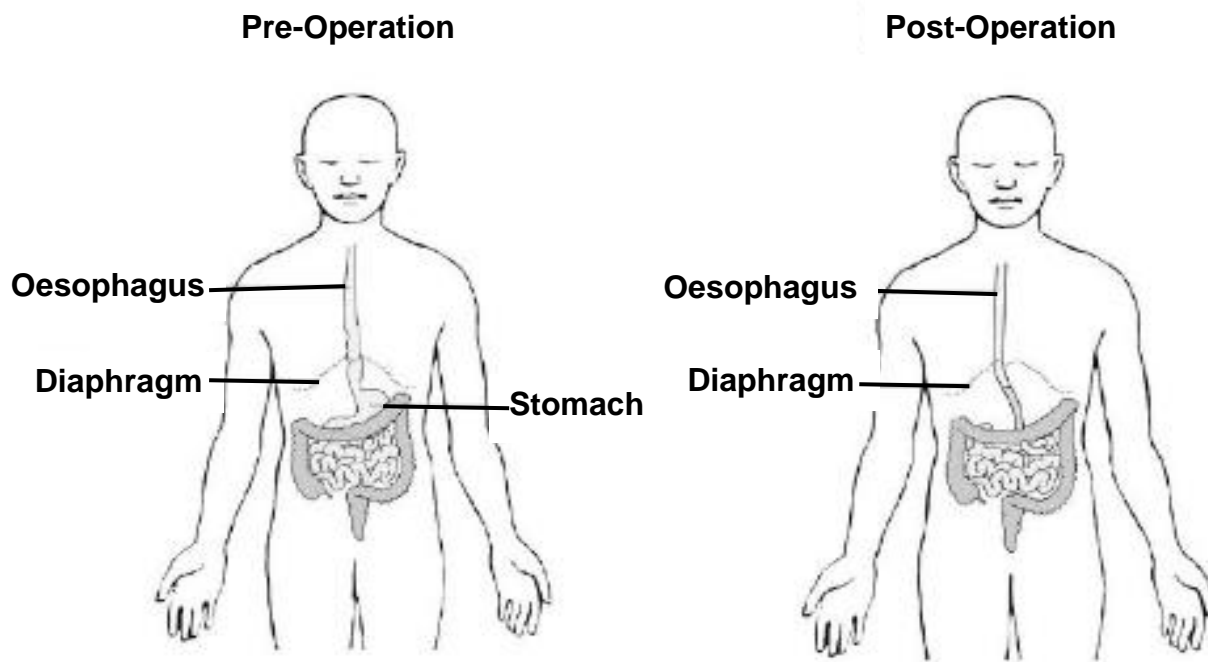
This information has been developed by dietitians working in the north west with patients who have undergone oesophageal or gastric surgery.

An OG involves removal of part of the oesophagus (gullet) and usually some of the stomach. The remaining stomach is then joined to the remainder of the oesophagus and stretched to form one long tube. Below is a diagram to illustrate an OG. This may not be exactly the same as your surgery but the end result is very similar.



During a gastrectomy operation, you may have had all of your stomach removed (total gastrectomy) or majority of the stomach removed (sub-total gastrectomy). The remaining stomach is joined to the oesophagus to form a long tube.

The diagram below illustrates before and after undergoing a total gastrectomy.



No matter which of the surgery's you have undergone, the stomach (which is a storage area for food after we have eaten) is either not there/has been reduced and so you will notice you cannot eat as much food in one sitting.

What changes do I need to make to my diet?

There are five main points to follow after having your surgery:

| | |
|-------------------------|---|
| Have small meals | By eating less at each mealtime you should avoid feeling too full or uncomfortable. Having small portions should also help you to avoid problems with indigestion, reflux, nausea or vomiting. Aim for the portion size of a saucer sized plate at each meal. |
| Frequent Meals | By reducing your portion size you will need to eat more frequently through the day to ensure your body receives adequate nutrition. |
| Have a routine | You may find it easier to establish a new routine i.e. six meals per day. |
| Chew food well | Take your time and eat in a relaxed environment. Eat slowly and chew your food well before swallowing. Try to sit upright when you are eating. This will help you to avoid feeling too full. |
| Fluids | If you have too much fluid with a meal you will feel full and this will reduce the amount of food you are able to take. Leave a 30 minute gap either side of eating before you have any fluid. |

What types of food should I eat?

In the short term, aim to follow a 'soft diet' while you start adapting to your new eating pattern. A 'soft diet' is generally classed as any food you can push your fork through easily. Your dietitian will provide you with an appropriate menu to follow at home before you are discharged from hospital.

When you are reviewed in clinic, it will be discussed whether you can start introducing more solid foods into your diet.

The long term aim is to eat a varied and balanced diet adequate for your nutritional needs. There are no foods to avoid long term, but it is important to keep your portion sizes small (saucer sized) and increase the frequency of your meals.

You may have been advised that you can develop lactose intolerance. Please be aware that this is not common and dairy foods should not be avoided for this reason. You can discuss this with your dietitian if you wish to have more information.

| | |
|----------------------------------|--|
| Meat and alternatives | Meat, fish, chicken, eggs, soya, Textured Vegetable Protein/Texture Modified Protein, tofu and Quorn®. |
| Dairy Products | Milk, cheese and yoghurts. Full Fat versions may be better if you are trying to put on weight. |
| Cereals and starchy foods | Potato, bread, rice, pasta, cereals, yam, plantain, chapatti, naan bread, noodles. |
| Fruit and Vegetables | Fresh, frozen, tinned or dried will all provide a good source of nutrients |

How to fortify your food if you are losing weight

If you are underweight or losing weight you can make the food you are eating more nourishing without having to increase the amount you are eating.

Milk

Milk can be fortified by mixing milk powder into it. Four tablespoons can be added to a little milk to form a paste and then added to a pint of full cream milk. This can then be used as normal milk on cereal, in drinks, soups, custards, jellies and puddings.

Soups and casseroles

These can be fortified by adding extra cream, beans, lentils, vegetables or pulses.

Mayonnaise, salad cream, salad dressings and vinaigrettes can be used freely/plentifully. Try to use them as often as possible.

Cheese

Cheese is versatile and can be added to many foods and soups. Try cheese (and meat) in omelettes, sandwiches, potatoes, pasta dishes and shepherds pie. Add a handful of grated cheese into a bowl of soup.

Try cheese and crackers or biscuits as a snack with plenty of butter.

Cheese sauces can be used with vegetables, pasta and potatoes.

Butter, margarine and oils such as olive, rapeseed or sunflower oil can be used in cooking and as dressings on salads. Use as much as you can, as often as possible and use butter generously on bread and add it to vegetables and potatoes.

Cooking sauces (such as creamy chicken sauces, curry sauces, sauces for pasta) can be used to add nourishment to meals. Use whenever possible and add your fortified milk to homemade or packet sauces (see above).

Nourishing drinks are convenient to have as snacks between meals but ideally should not replace meals/snacks. Milky drinks or drinks such as “Complan” or “Build Up” will give you more nourishment than drinks just made up with water (your dietitian may be able to help with some ideas for this).

Iron

Any surgery that involves partial or total removal of the stomach may affect your body’s ability to absorb iron. Iron is found in many commonly eaten foods and is needed for red blood cell formation. Red blood cells help to transport oxygen around the body. You do not need to take any iron tablets unless your doctor advises you to.

Tips:

- Avoid tea and coffee at mealtimes as this can reduce iron absorption.
- A small drink containing Vitamin C, e.g. pure fruit juice, or Vit C enriched drink taken with a meal can help increase iron absorption.
- Don’t drink too much with your meal as it will fill you up - keep to small sips.
- See the table below for a list of iron containing foods.

Foods that contain Iron

| Food | Type | How often? |
|------|---|--|
| Meat | All types, especially red meat, contain iron. Beef, lamb, pork, chicken, corned beef, liver and liver pate, haggis and kidney are all good sources. | Red meat two to three times per week. Liver every one to two weeks (avoid this if you are pregnant) . |
| Fish | Herring, pilchards, mackerel, tuna, crab, anchovies, shrimps, cockles, mussels, kippers, sardines and shellfish. | Try to eat one to two servings per week (Aiming for one of these portions to be an oily fish e.g. salmon, mackerel, trout, sardines and tuna). |

| | | |
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| Eggs | Scrambled, boiled, poached even fried occasionally! | There is no limit on this but you may have been advised to cut down by your family doctor (GP) or dietitian. Four a week would be a good number for most people, |
| Vegetables | All varieties, fresh, tinned or frozen. Baked beans, kidney beans, lentils. Leafy green vegetables such as broccoli, spring greens, peas, hummus, spinach and kale. | The government recommends at least five portions of fruit and vegetables each day. Try to make at least two of these portions vegetables. |
| Breakfast cereals | Any “fortified” cereal has iron added to it.’ | Taken once a day, this group of foods can regularly contribute to a healthy balanced diet. |
| Miscellaneous | Liquorice allsorts, chocolate-especially plain Dried fruit-especially apricots and figs Sesame seeds, pine nuts. | As part of your normal diet unless otherwise advised by your dietitian. |

Sample Menu

Once your surgeon/dietitian has advised you to progress to solid foods (this can take up to six weeks after surgery), the menu below is an example of a typical day eating and drinking after oesophageal or gastric surgery.

Aim for each meal portion size to fit a saucer plate, you may find it easier to serve your food on a saucer plate.

| | |
|------------------|---|
| Breakfast | ½ banana on toast or one egg and bacon or small bowl cereal or fruit and yoghurt. |
| Mid am | Cheese on toast or toasted crumpet/muffin or scone with jam and cream or toasted sandwich or potato cake. |
| Lunch | A small burger/toasted sandwich with meat/fish filling A starch food e.g. potato, rice, pasta or noodles Vegetables or salad Puddings e.g. milky pudding, custards, ice cream, yoghurt, cake, fruit and cream. |

| | |
|---------------|--|
| Mid pm | Peanut butter on toast or toasted muffin/crumpet/bagel with butter and jam or cheese and biscuits Crisps Couple of biscuits. |
| Dinner | A small burger/toasted sandwich with meat/fish filling A starch food e.g. potato, rice, pasta or noodles Vegetables or salad Puddings e.g. milky pudding, custards, ice cream, yoghurt, cake, fruit and cream. |
| Supper | Glass of milk (leave ½ hour either side of food) Toasted teacake Or milky drink such as Horlicks®/hot chocolate. |

Frequently asked questions

- **When will I start to feel hungry again?**

Depending on the surgery you have had you may experience 'small stomach syndrome' which is where all or part of the stomach has been removed and as a result your appetite has also been reduced. The length of time it takes for your appetite to return is individual to yourself; you can discuss this in more detail with your dietitian who can advise you.

- **I had a feeding tube placed during my surgery, when will this be removed?**

If you are able to meet your nutritional requirements orally without needing the feeding tube (jejunostomy) then it will usually be removed a few months after your surgery. You will have been shown how to flush cooled boiled water through the tube daily to keep it patent (to stop it getting blocked) in case it needs to be used in the future. If you are receiving feed through the tube you will need to continue with this under the supervision of your dietitian and surgeon.

- **Will I lose weight?**

It is common to lose weight after this type of surgery. Usually this is a result of poor oral intake caused by any number of reasons e.g. early satiety (getting full quickly), poor appetite, struggling to establish new eating pattern. Also if you are having chemotherapy/radiotherapy this can also cause weight loss due to the side effects of treatment e.g. fatigue, taste changes, poor appetite. If you are losing weight it is important you discuss this with your dietitian.

- **What is dumping syndrome?**

Dumping syndrome can occur after any surgery involving the stomach. Symptoms include nausea, sweating, dizziness, stomach cramps, diarrhoea. Between 20-50% patients report some dumping syndrome symptoms in the first few weeks of surgery. This will usually settle down. 12 months post-surgery, less than five percent of patients report dumping syndrome symptoms.

- **How do I avoid experiencing symptoms of dumping syndrome?**

The best way to avoid symptoms is to have little and often saucer size portions, leave 30mins either side of your food before you have a drink and avoid too many sugary foods and sugary drinks.

- **How can I avoid reflux after my surgery?**

Reflux is common after surgery. Small frequent meals, sitting upright after eating for around 30 mins, avoiding eating two hours before going to bed and avoiding drinking one hour before going to bed, raising the bed head at night (or using more pillows) are all tips to help avoid reflux.

- **Do I need extra vitamins and minerals?**

Your dietitian will advise you on any additional nutritional supplements you may need to take. You may need iron and B12 supplements depending on the type of surgery you have had. Your GP should monitor and correct these levels where appropriate.

Remember, if you have any concerns or questions contact your dietitian as soon as possible.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

RLH Specialist Upper GI Dietitian

Telephone Number: 0151 706 4704

Generic Email address: uppergidietitians@liverpoolft.nhs.uk

‘Little and often support group’

Last Thursday of the Month 13:30-15:30

at Kent Lodge, Broadgreen Hospital

Macmillan cancer support

www.macmillian.org.uk

Author: Therapies Department

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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