

Nissen Fundoplication

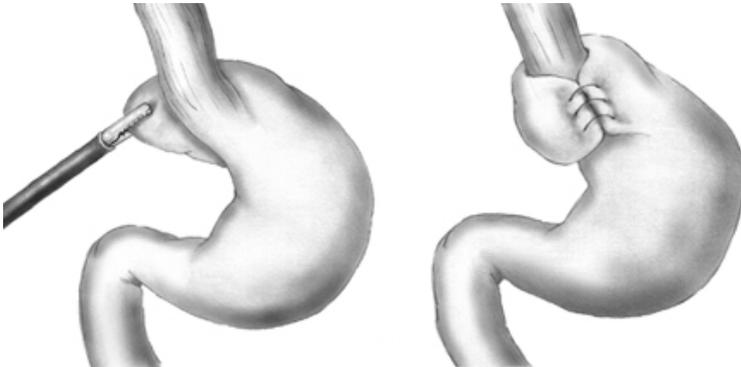
Dietary advice

Nutrition & Dietetics Department

What is a Nissen Fundoplication?

A fundoplication is a surgical procedure used to treat severe gastro-oesophageal reflux disease (GORD). Reflux is when the acidic contents of the stomach are brought back into your oesophagus (the pipe that goes from your mouth to your stomach). This causes a burning sensation commonly known as heartburn. It occurs because the join between your oesophagus and stomach doesn't work properly.

During surgery, the top part of your stomach is wrapped around your oesophagus. This tightens the join to prevent your stomach contents from refluxing. If you have a hiatus hernia, this may be fixed at the same time.



All patients vary in their speed of recovery, depending on how much the oesophagus has been damaged by reflux before surgery. Most patients should be back to eating and drinking normally within 3 to 6 months.

Who is this leaflet for?

If you have had a Nissen Fundoplication you will need to make some changes to your diet. After your operation you may experience some difficulty swallowing, bloating and pain after eating. These symptoms can last up to 6 weeks. This leaflet will guide you on what to eat to minimise these symptoms, and is only temporary.

This information is only a guide. If you are experiencing specific difficulties (i.e. you are losing weight unintentionally) or have a specific dietary requirement, then please ask to be referred to a dietitian.

General Guidelines (for all stages)

- Eat small frequent meals (6 to 8 per day) to ensure adequate nutrient intake and to prevent feeling too full.
- Sit upright while eating and remain upright for 30 minutes after eating.
- To help minimise burping, avoid drinking fizzy drinks, chewing gum or drinking through a straw.
- Relax, chew food well and eat slowly.
- Drink small amounts of fluids with meals to keep foods moist.
- Limit the following gas-forming or irritating foods: tomato products, caffeine, alcohol, onions, green peppers, beans, fatty foods, beans, spicy foods and citrus fruits.
- Avoid eating for 2 hours before going to bed and sleep propped up with an extra pillow.
- If at any point you are struggling, drop back to the previous stage and continue to build-up diet as tolerated.

Stage 1: Liquid diet (up to 3 days)

This diet will begin in hospital and may last up to 3 days. The main aim is to help minimise weight loss and prevent irritation to your operation site. Have small meals of liquids, making sure you drink them slowly.

Examples of suitable fluids include:

- Water
- Squash
- Fruit Juice (Avoid citrus juices)
- Smoothies
- Smooth soup
- Milky drinks (e.g. milk, milkshakes, milky decaffeinated coffee, hot chocolate)
- Ice cream (allow to melt in the mouth before swallowing)
- Commercial high calorie soups and milkshakes from your chemist or supermarket e.g. Complan® or Build-up®
- Nutritional supplements e.g. Fortisip Compact or Fortijuce may be prescribed by your doctor

Avoid:

- Very hot or cold fluids
- Fizzy drinks (avoid for 6 weeks as can cause bloating and gas)
- Alcohol
- Excessive amounts of caffeine

Stage 2: Puree diet (weeks 1–4)

The next stage introduces food in a smooth pureed texture, to allow easier swallowing. It is recommended that you follow this stage for up to 4 weeks. The food should be smooth, moist and contain no lumps. To achieve a suitable texture, use a blender, food processor or a sieve. You may need to add liquid in order to puree some foods, however try to avoid adding water as this dilutes the amount of nutrients. Instead, try stock, gravy, cream, sauce or soup.

Breakfast ideas

- Smooth porridge or Ready Brek®
- Wheat biscuits soaked in milk
- Puréed sweetened fruit – tinned pears, stewed fruit, fruit compote
- Full fat smooth yoghurt or fromage frais
- Pureed scrambled egg

Meal ideas

Meat and alternatives

- Purée cooked meat and then add gravy/ sauce
- Chopped cooked meat e.g. ham can be added to sauce before blending
- Fish with added white sauce, parsley sauce or cheese sauce
- Pulses (e.g. lentils, or chick peas) try adding to curry sauce, soups and casseroles
- Eggs e.g. scrambled egg, poached egg or soft omelette
- Adding grated or cream cheese to sauces, soups and mashed potatoes

Starchy foods and vegetables

- Creamy soup
- Potatoes, sweet potato, and butternut squash: Cook and mash with butter, yoghurt, grated cheese and/or full cream milk
- Soft pasta e.g. tinned spaghetti, macaroni or ravioli
- Ground rice and other grains: Puree with a sauce (e.g. a cheese or curry sauce)
- Purée or mash vegetables with a sauce or a little extra liquid

pudding ideas

- Milk puddings (e.g. custard, rice pudding, semolina, tapioca)
- Sponge blended with cream or custard
- Blancmange, mousse, fruit fool, milk jelly, Angel delight®, instant whip
- Tinned and stewed fruit, fruit crumble blended with cream or custard
- Full fat smooth yoghurt, fromage frais, egg custard, crème caramel

Snack ideas

- 'Dunked' or soft biscuits
- Corn snacks or light crackers that 'melt in the mouth' (e.g. Skips®, Wotsits®, Quavers®, Ritz crackers®, Tuc biscuits®, bread sticks) and dips (e.g. sour cream, houmous, taramasalata, tzatziki)
- Soft chocolates that 'melt in the mouth' e.g. buttons, Milky way®, Maltesers®
- Any of the above pudding ideas

Stage 3: soft diet (weeks 4-6)

If you feel no pain or discomfort on the puree diet, proceed to a soft diet. Try to avoid any large solid lumps. If you try to eat foods which have to be swallowed in one lump (like chicken or steak) there is a risk they will get stuck. This can be very uncomfortable, so remember to chew food well.

Meal ideas (in addition to puree foods)

Meat and alternatives

- Shepherds pie, cottage pie, corned beef hash
- Minced cooked meats with gravy or sauce
- Small pieces of tender meat (e.g. casserole, stew, hotpot)
- Poached fish in sauce (check for bones), fish pie, fish mornay
- Tinned fish (tuna, salmon) with mayonnaise or sauce
- Cheese sauce (e.g. cauliflower cheese, macaroni cheese, carbonara)

Starchy foods and vegetables

- Mash the inside of a jacket potato with butter and soft filling
- Mashed or soft vegetables such as broccoli, carrot, cauliflower, parsnip
- Mushy peas, Pease pudding

Snack ideas

- Cheese spread or cream cheese and digestive biscuits
- Soft fruit (e.g. banana, pear, peach, melon)

Avoid:

- Bread, rolls and sandwiches
- Dry foods (e.g. cold cuts of meat, ricotta cheese and stuffed pasta)
- Stringy foods (e.g. green beans, bacon, pineapple, oranges)
- Tough skins (e.g. jacket potato skins and crispy coatings)
- Hard foods (e.g. nuts, raw vegetables, salad, crisps)

Stage 4: 'Normal' diet (week 6 and onwards)

If you have managed the soft diet well, you can slowly introduce a 'normal' healthy diet as tolerated.

Further information

If you have any questions or concerns following your surgery, or are concerned about your weight, please contact your consultant or dietitian.

Oesophago-Gastric Dietitians

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Reference sources

- National Institute for Health and Clinical Excellence: CG17 'Dyspepsia: Management of dyspepsia in adults in primary care' (August 2004)
- Living with Reflux website www.livingwiththeflux.org
NICE 2014 GORD and dyspepsia in adults investigation and management CG184.

Contact details

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PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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