



**Royal Surrey
County Hospital**
NHS Foundation Trust

Eating after your Gastrectomy

Nutrition & Dietetics Department

Regional Oesophago-Gastric Cancer Unit

Patient information leaflet

Who is this leaflet for?

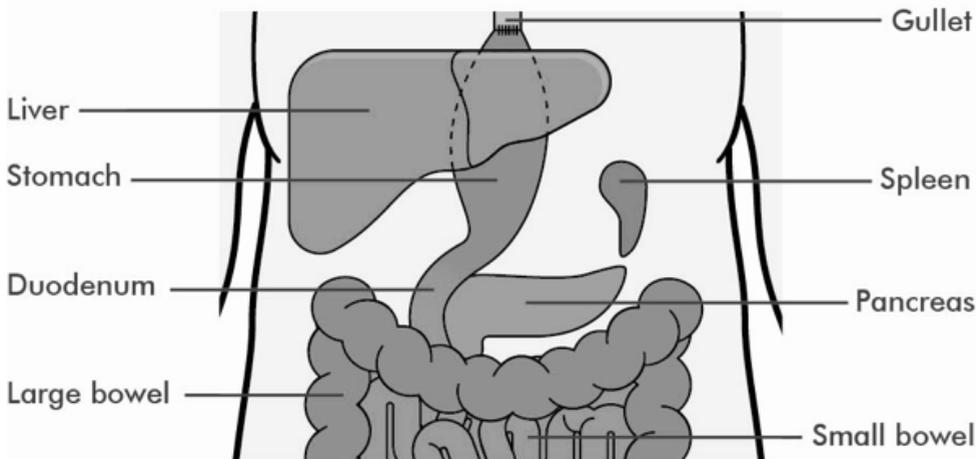
This leaflet is for you if you, or someone you know, has had an operation called a 'total gastrectomy'.

It will guide you on how to build up your diet after surgery and changes you will need to make to your eating pattern. It usually takes a few months to adapt to the changes after surgery. It is very important that you receive adequate nutrition to ensure your wounds heal and your rehabilitation continues. The following information will teach you how to modify your diet, step by step, as you progress through your recovery.

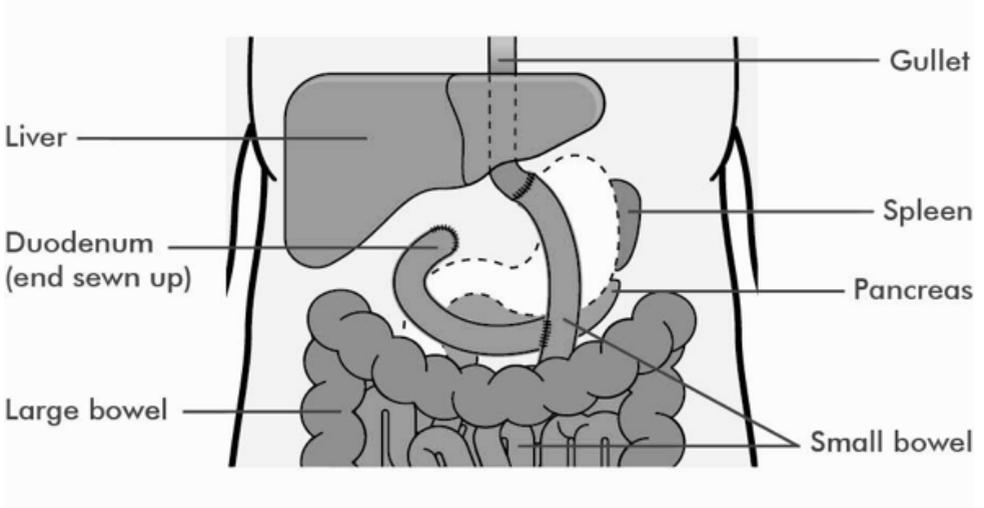
What is a Total Gastrectomy?

During your surgery all of your stomach was removed and your gullet (food pipe) joined directly to your small bowel (see pictures below).

1. Before Surgery



2. After Surgery



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How will my surgery affect eating and drinking?

This surgery will affect how you eat and drink in the following way:

- The stomach works as a reservoir or bag to hold the food you have eaten. Without it, there is less room to hold food and drink.
- The stomach slowly releases food and drinks into your small bowel. Without it the food and drink can travel more quickly through your bowel.
- Your ability to absorb all the nutrition, vitamins and minerals that you need to stay healthy is reduced.
- You may notice differences in the way it feels when you are hungry and when full.
- Food and drink may taste differently.

It takes time to adapt to the changes after surgery. In the long term, you should still be able to enjoy most of the foods you ate before the surgery. However, you will need to make some changes to your eating habits. The amount you can eat at one time will probably always be limited.

Stage 1: Starting to eat and drink

You will be told by your surgeon when you can begin to eat. Start with **small portions** of the soft foods listed below. It is fine to have them several times over the day.

A small portion could be a third of a bowl of porridge, a pot of yoghurt or cup of soup. Some examples of foods to start with are listed below:

- Soup
- Mousse
- Porridge
- Custard
- Cereal soaked in milk
- Milky drinks
- 1 biscuit dunked in tea
- Jelly
- Yoghurt

Avoid the following:

- Sugary drinks and large glasses of fruit juice (more than 100mls).
- Fizzy or carbonated drinks which can cause a build up of gas and lead to discomfort.
- Prescribed supplement drinks such as Fortisip® and Fortijuce®.

When you are eating:

- Sit as up right as possible to allow the food to move down more easily.
- Take your time and chew your food well.
- Sip on fluids slowly.

Stage 2: Soft Diet

If you are managing well, after one to two days you will be allowed a soft moist mashable diet.

Whilst still in hospital you will be given the hospital 'soft menu' to choose your meals from.

- Extra gravy or sauce can be requested to moisten the food further if necessary.
- Eat little and often aiming for every two hours. This can be difficult to do with the hospital meal pattern. You can order extra snacks from the menu to have between meals and ask your friends and family if they are able to bring in extra snacks.

Once home, choose soft foods which are mashable on the back of a fork or that crumble when chewed.

- Continue to add extra gravy or sauce to moisten the food.
- Avoid hard foods and bread; this includes large pieces of meat, seeds, pips, skins, bread and hard crusts, hard stringy or lumpy foods.

General Rules

- Eat little and often, every two hours, and avoid eating a large meal.
- Take your time when eating and always chew your food well.
- Have drinks between meals and not at the same time as food. Drinks will fill you up and not leave space for food.
- Try to include a wide variety of meals and snacks.
- When you do have a drink, choose nourishing fluids such as milk and milky drinks where possible.
- Avoid large quantities of very sugary food and drink.

Making the most of what you eat

Now that you can only eat small amounts, make the most of what you do eat. Select foods that are packed full of calories. This includes foods that are often thought of as being 'unhealthy' such as cakes and biscuits, butter and full cream milk. This will help with your recovery and prevent weight loss.

Try to keep your meals varied and include all the food groups listed below:

Protein foods – meat, fish, eggs, beans, cheese, milk, nuts

Protein is important to help build muscle and recover from your operation.

Include a soft, high protein food in most of your meals and snacks.

Starchy foods – potato, rice, pasta, cereal, crackers

Include a starchy food in most of your meals and snacks. To make these foods more nourishing, add toppings and sauces such as butter, cheese sauce or peanut butter. At this stage avoid bread and doughy pastry.

High fat foods – butter, oil, cheese, nuts, whole milk, cream and dairy foods

Fat is an important part of your diet. Including high fat foods will help stop weight loss. Avoid foods which are low fat and choose 'whole' or full fat products instead.

Fruit and vegetables

Fruit and vegetables contain lots of vitamins and minerals to keep us healthy. However, they are low in calories and protein, and can fill us up. Include only small portions of fruit and vegetables. Choose different fruits and vegetables rather than having the same ones every day. Add extra calories to fruit and vegetables by adding butter or cheese, mayonnaise, cream, olive oil or full fat yoghurt.

Foods to avoid:

You should avoid textures that are not mashable on the back of a fork or which don't crumble, such as:

- Bread and stodgy pastry;
- Solid pieces of meat such as steak, pork chops or bacon;
- Uncooked raw vegetables, hard nuts, popcorn or any other food with a hard consistency;
- Stringy foods (e.g. lettuce, green beans and celery);
- Tough skins (e.g. jacket potato skin) and crispy coatings.

The plan below shows how you can spread your meals over the day.

Example of a 'Little and Often' eating plan

| | |
|----------------------------|---|
| Small breakfast | Small bowl of porridge made with whole milk. Add a spoonful of honey and double cream |
| Mid-morning snack | Two crackers with margarine and peanut butter |
| Small lunch | Small portion cottage pie with vegetables and grated cheese |
| Mid afternoon snack | Piece sponge cake |
| Small evening meal | Scrambled egg with two tablespoons of baked beans and grated cheese |
| Evening snack | Two crackers with butter and pate |
| Before bed | Milky drink with a few squares of plain chocolate |

Try some of these snacks throughout the day:

- Cheese and biscuits
- Egg or pate with crackers
- Soup and buttered crackers
- Scrambled or poached egg
- Cereal or cereal bar
- Porridge
- Greek yoghurt with fruit and chopped nuts.
- Peanut butter on crackers
- Glass milk or milky coffee with a biscuit
- A mug of soup – add cream or grated cheese

Prescribed supplement drinks

These are high calorie supplement drinks prescribed by your doctor. They include Fortisip®, Ensure Plus® and Scandishake®. They are very rich and **we don't advise them** after this surgery.

Stage 3: Building up

Over the next few weeks and months it is important to build up the amount you are eating. Keep following the general rules above but also think about eating a variety of meals and snacks.

After a few months on the softer textures you should be able to build up to manage most textures. The amount will still be restricted but you should find you can manage slightly larger portions as the months go on. If you get any abdominal discomfort after eating you know you need to cut back a little.

Bread and leafy salad items. These are the hardest foods to eat after your surgery. They may continue to be difficult to digest. Try a small amount, but if they leave you feeling overly full for a long period of time, avoid them.

Vitamins and minerals after your surgery

After the surgery it is harder to absorb all the vitamins and minerals needed to keep healthy from your food. This is due to both the surgery and the medications you may be taking.

- **Vitamin B12:** This vitamin can no longer be absorbed from your diet. Before you leave hospital you will have a B12 injection and then every 3-4 months at your GP surgery. You will need this injection for the rest of your life.
- **Iron:** This will not be absorbed as easily now. Include iron rich foods such as red meat, eggs, fortified breakfast cereals and oily fish. Try drinking fruit juice with iron rich foods because this can help to absorb iron. Low levels of vitamin B12 and iron will cause anaemia.
- **Calcium:** This will also not be absorbed so easily now. A lack of calcium can weaken your bones. Include high calcium foods and drinks. These include milk, yoghurt, cheese and calcium enriched soya milk every day.

To help you get these and other nutrients which you need we recommend taking a daily complete multivitamin and mineral supplement.

There are many supplements available to buy. Make sure that the supplement you choose contains the full range of vitamins and minerals.

Examples of suitable supplements are:

- Sanatogen A-Z Complete®
- Forceval or Forceval Soluble®
- Lloyds pharmacy A-Z Multivitamins and Minerals®
- Tesco A-Z Multivitamin and Minerals®
- Superdrug A-Z Multivitamin and Minerals®
- Boots A-Z Complete vitamins and Minerals®
- Centrum Chewable®

We will offer an annual blood test at your clinic appointments to look at vitamin and mineral levels. If levels are low, we will advise you on supplements or any dietary changes required.

Problems you may experience after your surgery

This surgery changes your digestive system. This can cause some short and long term changes. You may experience some of the symptoms listed below.

Dumping Syndrome

After surgery food can pass through your system more quickly. This can sometimes cause 'dumping syndrome'. Symptoms include bloating, nausea, palpitations, flushing, sweating, faintness, tiredness, loose stools or diarrhoea. It can be unpleasant and distressing, but it is not serious and generally the frequency of symptoms should lessen over time.

Symptoms can be made worse by sugary food and drinks or having too large a portion of food. Remember to follow the small, frequent meal pattern. If your symptoms persist or are extreme, contact your dietitian for further advice.

Diarrhoea and Constipation

In the early days after surgery, it is very common to have changes to your bowel function. Diarrhoea, often in the morning, can be common. You may have normal stools for a few days or weeks and then have a day or two with episodes of diarrhoea.

This is unlikely to be due to the food you are eating unless it is caused by 'dumping' as mentioned above. It can be helped by medication such as loperamide (Imodium®), which slows down your bowel.

Speak to the team if the diarrhoea does not settle or occurs a few times every day.

Pale, floating or difficult to flush stools can be a sign that you are not digesting your food properly. Medication and further dietary advice can help.

For some, constipation can be a problem. Ideally you should open your bowels regularly. Pain control medication can make constipation worse and you may need advice on managing this. If needed, your medical team or GP can prescribe laxatives to help with bowel movements.

Loss of Appetite

It is very common to have a loss of appetite and loss of interest in food after surgery. This can last a few weeks or years. Appetite is complex, but is partly controlled by the production of hormones produced in your stomach. As your stomach has been removed, it is possible you won't get the same 'brain messages' to say you are hungry.

Just because you are not feeling hungry doesn't mean you don't need the calories from your food. Try to eat by the clock (every one to two hours) rather than waiting until you feel hungry.

Tips to stimulate your appetite:

- Go for a short walk or get some fresh air before your meal.
- Relax and avoid rushing meals.
- Try using a smaller plate and serve meals which are attractive and colourful.
- If you are too tired to prepare a meal, have a ready meal instead.
- If food has no taste, try stronger flavours such as seasoned or marinated foods.
- Make the most of the foods that you enjoy.
- Avoid drinking large amounts of fluids, particularly before or after a meal, as this can leave you feeling full and reduce the capacity for food.

Bile Reflux

Bile reflux (sometimes called 'indigestion') can be felt as a burning in the throat, an unpleasant taste in the mouth or coughing on waking. Bile is produced naturally as part of digestion but after your surgery, it is easier for it to come up into your throat.

The following may help control bile reflux:

- Extra pillows, a foam wedge, adjustable backrest or raising the bed head by about four to six inches with blocks of wood or a house brick can be beneficial. A pillow under the knee area may prevent you slipping down during the night.

- Eating in the evening can cause discomfort and increase reflux at night. Avoid eating for two to three hours before you go to bed and have larger meals in the middle of the day.

Reflux can sometimes be treated with medication to help prevent bile from building up. Speak to your specialist nurse or GP regarding the dosage and timing of your medication.

In the long term

It can take a year or longer for the digestive system to adapt after surgery. When you feel fully recovered, your weight has stabilised and you are more fit and active, it may be appropriate for you to focus more on a 'healthy' diet.

This should include plenty of high fibre foods, be low in saturated fat and include more fruit and vegetables. You may however still need to follow the little and often meal pattern. We would also recommend that you keep taking the multivitamin and mineral supplement.

If you are still losing weight you will need to continue with the high calorie food choices.

If you have any questions about eating after your surgery contact your dietitian, specialist nurse or consultant.

Additional useful information may be found at:

- **NHS Direct**
Website: www.nhsdirect.nhs.uk
Telephone: 0845 4647
- **Macmillan Cancer Support**
Website: www.macmillan.org.uk
Telephone: 0808 808 0000
- **Oesophageal Patients Association**
www.opa.org.uk
Telephone: 0121 704 9860
- **Cancer Research UK**
Website: www.cancerresearchuk.org
Telephone: 0808 800 4040

The information in this leaflet was correct at the time of writing. Please note that product changes are not the responsibility of the author.

If you have any questions about the information in this leaflet please contact your dietitian, specialist nurse or Consultant.

Contact details

Oesophago-gastric Dietitians

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Guildford, Surrey, GU2 7XX.

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Email: rsch.dietitians@nhs.net

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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