

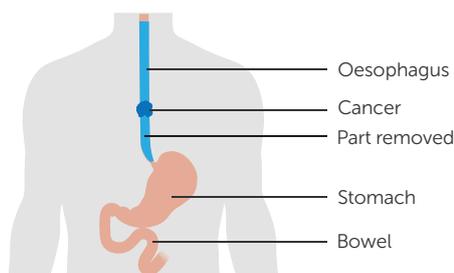
Patient information factsheet

Following a soft food diet after a gastrectomy or oesophagectomy

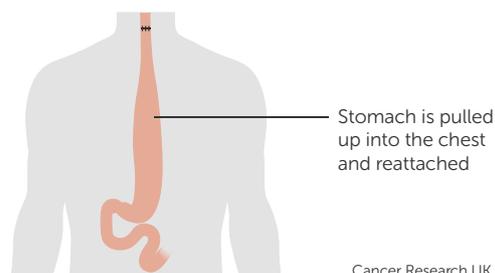
Your doctors have recommended that you follow a soft food diet after having your gastrectomy or oesophagectomy operation. Removing your stomach or your oesophagus is major surgery, so it will take time for your body to recover. During your recovery, it is important that you eat a nourishing diet to help the healing process and to minimise weight loss.

We've written this factsheet to explain what a soft food diet includes and how it can help you to recover from your operation. The pictures below provide an idea of how your digestive system will look after your operation. Please note that everyone is different, and not all operations are the same.

Before oesophagectomy

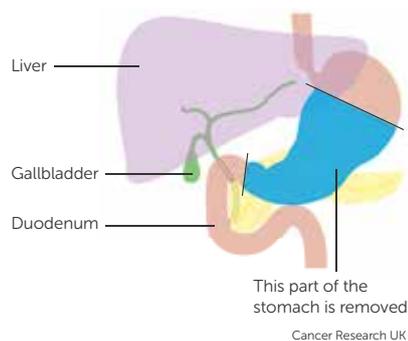


After oesophagectomy



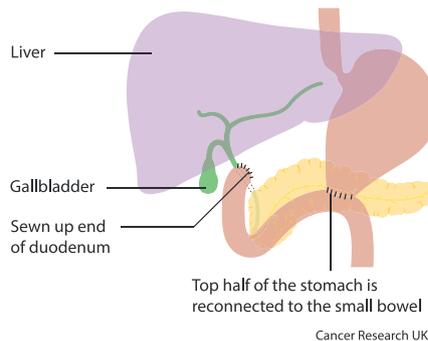
Cancer Research UK

Before partial gastrectomy



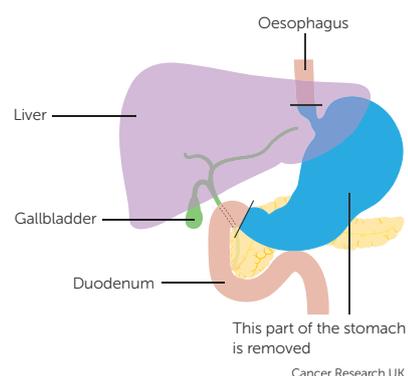
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After partial gastrectomy



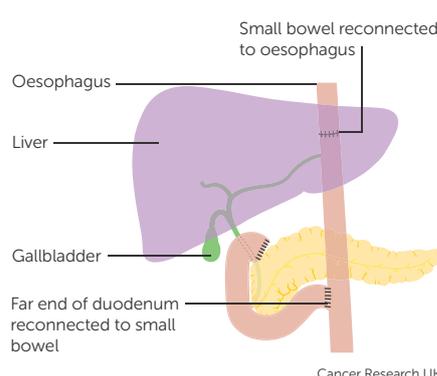
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Before gastrectomy



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After gastrectomy



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Eating after your operation

After your operation, we will help you to bring fluid and food back into your diet in five steps:

Step 1 (day one)	Mouth care and ice chips only
Step 2 (approximately days two to four)	Sips of water, black tea or coffee. No more than 50mls per hour
Step 3 (approximately days three to five)	Free fluids including nutritional supplement drinks and strained soup
Step 4 (from discharge until clinic appointment)	Purée diet with no lumps
Step 5 (once advised at your clinic appointment')	Modified soft food diet

After your operation you won't have a large 'storage area' for food and you will need to eat less at each meal. Over-eating can lead to significant and potentially life-threatening complications, so it's really important that you only eat small regular meals to start with after your operation.

As you recover from your operation, try to:

- eat five to six small meals per day
- have smaller meals compared to your normal portion and stop eating when you feel full
- use a small plate so that you are not tempted to eat a large meal. If after one hour you still feel hungry, have a snack (see snack ideas)
- chew your food well and don't rush meals
- add sauces or gravy to soften foods
- sit upright when you eat, and for about 30 minutes after meals
- drink eight to ten cups of fluid each day, which can include nourishing drinks (Drink most of this between meals and as snacks and only sip small amounts during meals to stop food being 'flushed through' your system too quickly.)

Following a soft food diet

For Step 5 of your diet after your operation, you will need to follow a 'modified' soft food diet of moist foods with only soft lumps which can easily be chewed. Some foods are naturally soft, while others may need to be softened by mashing with a fork, pushing through a sieve and using extra gravy, sauce or custard.

Although it is soft, you should avoid bread for the first two to three months after your surgery.

Don't include the following foods in your soft food diet:

- chewy foods (toffees, tough meat)
- crunchy foods (nuts, crisps, muesli)
- stringy foods (rhubarb, cabbage, celery)
- dry and crumbly foods (biscuits, toast, samosas, pastry)
- seeds or pips (summer fruits, citrus, pineapple)
- skins or husks (beans, peas, sweetcorn)
- doughy foods (bread, pizza, bun)

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Here are some suggestions for meals and snacks in a soft food diet:

Breakfast ideas

- porridge or Ready Brek made with milk
- Weetabix or Oatibix soaked in milk
- scrambled egg
- mashed banana
- yoghurt or fromage frais
- stewed fruit with yoghurt

These could also be nutritious snacks.

Main meal ideas (try to include some protein, carbohydrates and vegetables in every main meal)

Protein

Meat, poultry, fish and vegetarian alternatives

- minced meats in stews and casseroles
- minced Quorn or textured vegetable protein
- tofu or soya mince
- houmous
- thin slices of cold meat
- smooth paté
- well-cooked lentils mashed with a fork and served with a flavoured sauce, like dhal

Fish

- boneless fish cooked by steaming, baking, poaching or microwaving, and served with a sauce
- tinned tuna or salmon with mayonnaise

Eggs

- scrambled or poached eggs
- plain omelette
- plain soufflé

Adding extra butter, milk or margarine can help to make eggs softer.

Cheese

- soft or cream cheese
- plain cottage cheese
- grated cheese added to mashed potatoes, sauces and soups

Carbohydrates

Pasta and potatoes

- well-cooked pasta
- boiled soft noodles or rice
- mashed potato with butter, margarine, gravy or sauce
- jacket potato without skin
- mashed sweet potato or yam
- plantain
- cassava

Fruit and vegetables

Fruit

Many fruits are naturally soft but others will need to be softened. Suitable fruits include:

- ripe bananas, mangos or pears
- peeled lychees, paw paws, peaches, nectarines or plums
- tinned fruits in juice or syrup (not pineapple), mashed if necessary
- stewed fruits, such as apple

Vegetables

You can cook fresh, frozen or tinned vegetables until soft and mash with a fork if necessary. Suitable vegetables include:

- carrots, parsnips, swede or butternut squash
- cauliflower or broccoli florets (no stalks)
- tinned tomatoes (no skin)
- creamed okra or bhindi
- mashed avocado
- courgettes or aubergines (with tough outer skins removed)

Sauces

Sauces can be used to moisten foods as well as add extra calories and protein. You could try adding:

- cheese sauce, parsley sauce, white sauce, butter sauce or curry sauce
- gravy
- mayonnaise or salad cream
- natural yoghurt
- soured cream
- custard, or evaporated or condensed milk

Desserts and snacks

- milk puddings, such as semolina, tapioca, rice pudding or custard
- soft sponge puddings with added cream or custard to make puddings moist
- blancmange or crème caramel
- smooth yoghurt or fromage frais
- mousse or whips
- trifles (without hard fruit pieces)
- fresh or tinned fruit (see fruit and vegetable section)
- tiramisu
- jelly
- ice-cream or sorbet
- homemade or shop-bought milkshakes
- commercial supplements, such as Meretine or Complian

Vitamins and minerals

Eating a variety of foods will help to give your body all the nutrients it needs. However, because of your operation, you may need to take some vitamins and minerals, such as vitamin B12, iron, calcium and vitamin D. Your doctor or specialist nurse will advise you on this.

When eating is difficult

You may experience some of the problems that commonly occur after oesophageal and gastric surgery. These are usually temporary, and are likely to improve with time. If you have any concerns, however, then please contact your doctor, specialist nurse, or dietitian for further advice.

Loss of appetite or difficulty maintaining weight

Almost everyone who has oesophageal or gastric surgery will lose weight. Weight loss of one to two stone is typical in the first two to four months. Weight loss will usually stabilise at this point. You may then gain up to half of the weight you have lost in the following six to eighteen months. Many people don't regain this weight afterwards. You can help to minimise your weight loss by:

- increasing the number of small, frequent meals you eat throughout the day
- gradually increasing portion sizes as you feel comfortable
- making a list of foods you prefer and enjoy to use for snack and meal ideas
- including plenty of protein based and dairy foods in your diet
- avoiding low fat, diet products
- adding extra butter or margarine, cream, evaporated or condensed milk, custard, or extra sugar to foods to increase calories (this can cause or exacerbate symptoms of dumping syndrome)
- adding extra sugar, syrup or honey to cereals, desserts and drinks (except for those who have diabetes, as this can cause or exacerbate symptoms of dumping syndrome)
- using pre-prepared or frozen meals when you're feeling too tired to cook
- using fortified milk in tea, coffee, milky drinks, packet and homemade soups, casseroles, sauces, milky puddings, custard, jellies and with cereals, such as porridge:

Fortified milk recipe

1 pint (approximately 600mls) full cream milk
4 heaped tablespoons (60g) skimmed milk powder

- Add milk powder to a small amount of milk taken from 1 pint to make a paste.
- Gradually add the remaining milk.
- Keep this in the fridge and use it instead of normal milk.

The surgical team will monitor your weight at your outpatient appointments. If you are worried about your weight please contact the specialist nurse or consultant.

Feeling full quickly

You will feel full very quickly. This happens because the 'storage area' of your stomach will have been reduced. To reduce the risk of potentially life threatening complications, it is essential that you follow the instructions below.

- Have smaller portions (one third to one half of your usual portion size)
- Avoid drinks during your meal because fluids can fill you up. Have any drinks at least 30 minutes before or after your meal
- If you cannot manage a dessert as part of a meal, have it an hour or so later

Acid reflux (heartburn)

Heartburn sensations are common after an oesophagectomy operation, but much less common after a gastrectomy operation. If you have had an oesophagectomy we will give you acid suppressing medication for this. You can also help to control heartburn by:

- sitting upright whilst eating, and for at least 30 minutes after eating
- avoiding bending over at the waist, especially after meals (bend at your knees instead)
- avoiding eating one to two hours before going to bed

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- raising your head with extra pillows when resting or sleeping so that you aren't lying flat
- avoiding foods and drinks that may make symptoms worse (such as citrus fruit and juice, spicy foods, very hot drinks, coffee, alcohol and carbonated drinks)

Dumping syndrome

You may experience symptoms of dizziness, faintness, sweating, feeling hot, discomfort or pain in the abdomen with diarrhoea. It is known as 'dumping syndrome', and can occur just after you have eaten or two hours later. Symptoms usually improve three to six months after surgery, but it can continue to be a persistent problem for some people.

You can help to minimise the symptoms of dumping syndrome by:

- eating slowly and chewing well
- eating smaller portions at mealtimes
- avoiding very sugary foods (such as honey, treacle, syrup, sweets)
- avoiding sugary drinks (such as cola, lemonade, fruit juice and strong squash (unless labelled 'diet', or 'no-added sugar')
- avoiding drinks at mealtimes

Some patients have reported that eating papaya or paw paw fruit or drinking their juice helps with the symptoms. You should try having one fruit divided into three portions or a glass of the juice three times a day. Try this daily for at least two weeks to see if it helps.

After your recovery

When you've recovered from your operation, your weight is stable and you are feeling well, it's important that you have a healthy, balanced diet.

Useful contacts

For more information about anything in this factsheet, please speak to your dietitian or specialist nurse.

This booklet has been given out by:

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www.uhs.nhs.uk

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