

## Patient information factsheet

# Following a purée diet after a gastrectomy or oesophagectomy

**This factsheet will provide you with information and advice on eating and drinking after having one of the following operations:**

Oesophagectomy – involves removing the part of your oesophagus (gullet) and using the stomach to replace the tissue removed

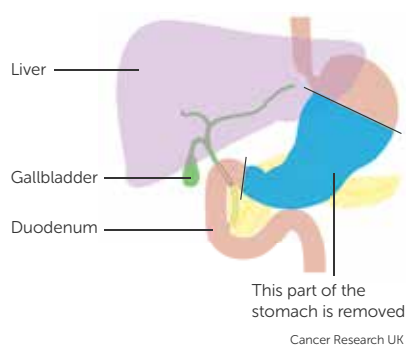
Total gastrectomy – in which the whole of the stomach is removed

Partial gastrectomy – in which only part of the stomach is removed

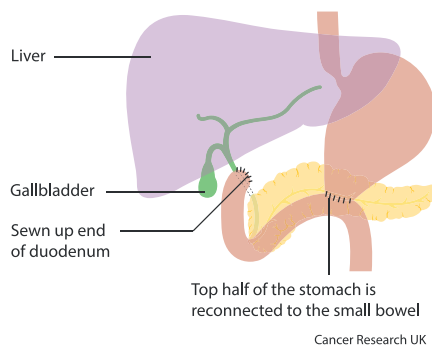
These are major operations and it will take time for your body to recover. During your recovery, it's really important that you eat a nourishing diet to help the healing process and to minimise weight loss.

The pictures below provide an idea of how your digestive system may look after your operation. Please remember that everyone is different, and not all operations are the same. Your doctor or specialist nurse will be able to help if you have any questions about your operation.

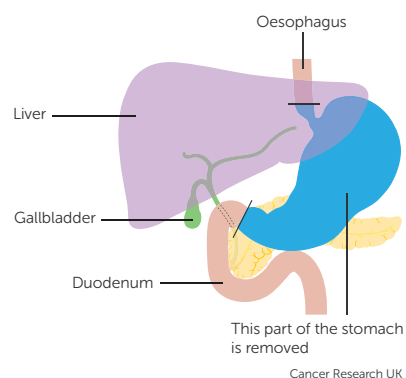
### Before partial gastrectomy



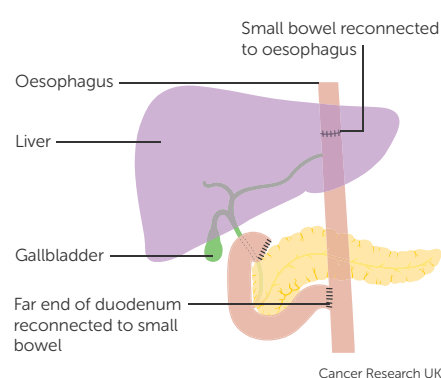
### After partial gastrectomy



### Before gastrectomy

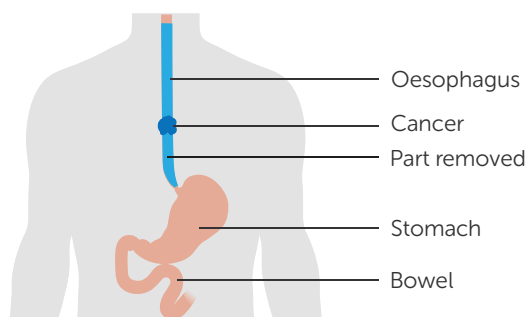


### After gastrectomy

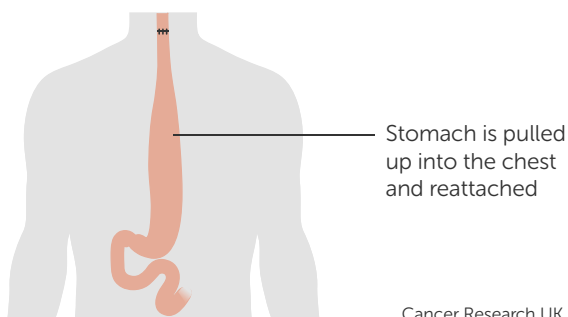


# Patient information factsheet

## Before oesophagectomy



## After oesophagectomy



Cancer Research UK

## Eating after your operation

After your operation, we will help you to bring fluid and food back into your diet in four steps as outlined below. In the first days after your operation, your progression through the steps will be managed by a senior member of the surgical team.

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 (approximately days four and five until you are seen in clinic after discharge from hospital)	Purée diet with no lumps

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 purée diet

For Step 4 of your diet after your operation, you will need to follow a purée diet, eating foods that have been blended so that they are smooth with no lumps or bits.

You can purée most foods using a blender or food processor. Purée foods separately rather than mixing them all together, to make meals more appetising. You may need to add fluid to get a suitable purée consistency. If you use milk, fruit juice, sauces, gravy, soup or stock (rather than just water) you'll get better flavours and a more nutritious meal.

# Patient information factsheet

You may also like to enhance flavours by adding mustard, curry powder, barbeque sauce, soy sauce, lemon juice, yeast or beef extract (such as Bovril or Marmite). Avoid adding dried herbs.

The following foods aren't suitable for blending and should **not** be included in your purée diet:

- stringy foods (green beans, celery, rhubarb, pineapple)
- crunchy foods (muesli, crisps, toast, nuts, crusty bread)
- foods with skins or husks (sausages, beans, peas, sweetcorn)
- chewy foods (tough meat, toffees)
- seeds and pips (summer fruits, citrus)
- doughy foods (bread, pizza, bun)

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

## Breakfast ideas

- purée porridge, Ready Brek or Oatso Simple
- purée stewed fruit or banana with yoghurt
- smooth yoghurt or fromage frais
- smoothies (without bits)

These could also be nutritious snacks.

## Main meal ideas

### Protein

#### Meat, poultry, fish and vegetarian alternatives

- meat, poultry or boneless fish puréed using a sauce or soup, such as a white, cheese or smooth tomato sauce
- macaroni or cauliflower cheese puréed
- lentils, such as dhal, cooked until soft and then liquidised.
- cheese added to sauces (Avoid grating cheese onto hot food as it may become stringy and difficult to swallow when melted)

### Carbohydrates

#### Pasta and potatoes

- mashed potato with added milk and butter or margarine to make it smooth and add calories
- pasta, cooked and puréed with a sauce, such as cheese, white or smooth tomato sauce
- yam, sweet potato or plantain, puréed with fortified milk (see recipe below) or butter

### Fruit and vegetables

It's important to make foods high in fibre (such as fruit, vegetables and puréed lentils) a regular part of your diet.

- fresh, frozen or tinned vegetables cooked until soft and then puréed (avoid green beans, peas and sweetcorn)
- vegetables with added margarine or butter, or a sauce such as cheese, white or smooth tomato sauce
- stewed, puréed fruit with added cream, sugar or honey (remove all skins, seeds and pips from fruit before puréeing)

## Desserts and snacks

Leave a gap between eating your main course and your dessert, or have your dessert as a snack at another time.

- packet desserts made with milk and added extra cream, evaporated or condensed milk or sugar for extra energy
- smooth yoghurt, fromage frais and mousse
- blancmange, instant whips or smooth fruit fools
- smooth milky puddings (puréed semolina, sago or tapioca) and custard
- puréed fruit (remove skins, seeds and pips before puréeing)
- crème caramel
- ice-cream

## Nourishing fluids

### Soups

- soups enriched with cream
- soups with added yeast or beef extract (such as Marmite or Bovril) to provide other valuable vitamins
- packet soups made using fortified milk (see recipe)

Most soups will need to be puréed and strained to remove any bits. Choose 'cream of ...' or concentrated soups whenever possible.

### Drinks

- a daily glass of pure or fresh fruit juice (with no bits)
- fruit smoothies (with no bits)

Drink fortified milk and add it to your food for extra nutrients.

## 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

Aim to drink at least one pint of fortified milk each day.

Use it in tea, coffee, milky drinks, packet and homemade soups, casseroles, sauces, milky puddings, custard, jellies and with cereals, such as porridge.

## 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 extra vitamins and minerals, including 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 following 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:

- eating small, frequent meals, gradually increasing portion sizes as you feel comfortable
- increasing the number of small meals you eat throughout the day
- 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)
- fortifying your milk (see recipe) and using it instead of normal milk to make up milky drinks, soups, sauces, custard, porridge and jellies
- 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

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 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 medicine 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)
- not eating one to two hours before going to bed
- 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 happen 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.

# Patient information factsheet

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 the 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 continue to follow a healthy, balanced diet.

## Useful contacts

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

This booklet has been given out by: .....

Contact number: .....

Department of dietetics/speech and language therapy  
University Hospital Southampton NHS Foundation Trust  
Telephone: **023 8120 6072**

**[www.uhs.nhs.uk](http://www.uhs.nhs.uk)**

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **023 8120 4688**.

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalneeds](http://www.uhs.nhs.uk/additionalneeds)**