

## Patient information factsheet

# Following a purée diet after an oesophagectomy or a gastrectomy (step 4 diet)

We have given you this factsheet because your surgical team have recommended that you follow a purée diet after having one of the following surgeries:

- An oesophagectomy - A surgical procedure to remove all or part of your oesophagus (food pipe) containing the cancer. A new food pipe is then created by pulling your stomach up into your chest and reattaching it to the healthy part of your oesophagus.
- A gastrectomy - A surgical procedure to remove all or part of your stomach containing the cancer. This may be referred to as a total (all) or sub-total (partial) gastrectomy.

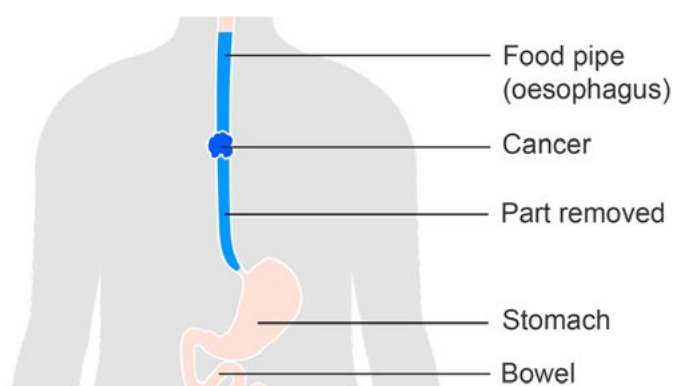
This factsheet explains what a purée diet is and how it can help you to recover from your surgery. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

### Eating after your surgery (in hospital and at home)

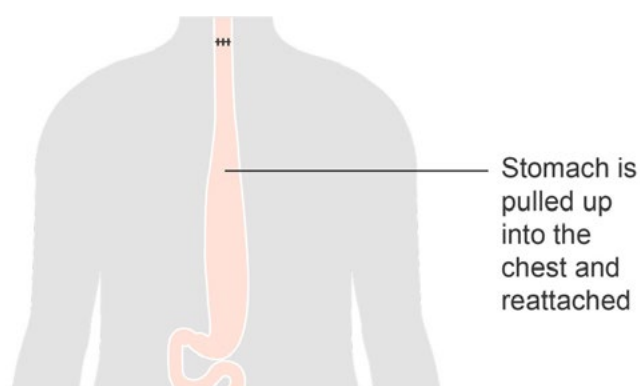
Removing part of or all your oesophagus or stomach is major surgery, so it will take time for your body to recover. During your recovery, it is important that you eat a nourishing diet to help the healing process and to minimise weight loss.

The images below provide an idea of how your digestive system may look after your surgery.

#### Before oesophagectomy

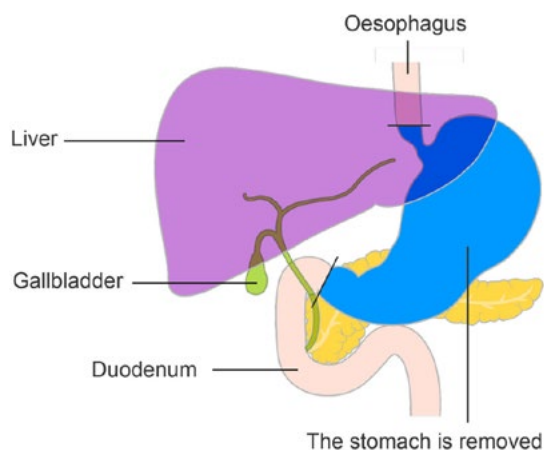


#### After oesophagectomy

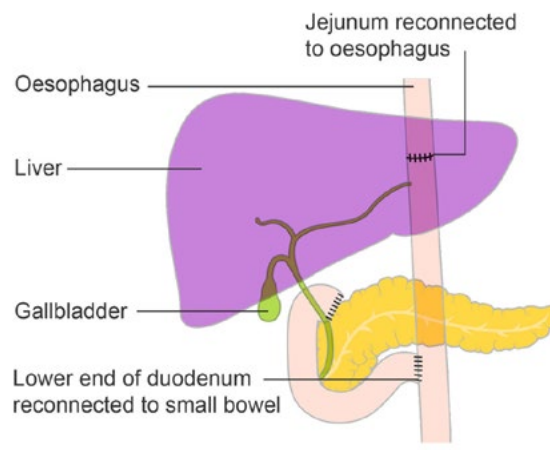


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## Before gastrectomy



## After gastrectomy



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

## Diet steps after your surgery

<b>Step 1 (day one)</b>	Mouth care and ice chips only.
<b>Step 2 (approximately days two to four)</b>	Sips of water, black tea or black coffee (no more than 50ml per hour).
<b>Step 3 (approximately days three to five)</b>	Free fluids including nutritional supplement drinks and milk. Does <b>not</b> include fizzy drinks or jelly.
<b>Step 4 (approximately days four to five up until your follow-up clinic appointment - approximately two weeks after you leave hospital)</b>	Purée diet with no lumps.
<b>Step 5 (after your follow-up clinic appointment)</b>	Modified soft and bite-sized diet. When we advise you that you can move on to this step, please see our 'Following a soft and bite-sized diet after an oesophagectomy or a gastrectomy (step 5 diet)' factsheet for more information.

For the first few days after your surgery, a senior member of your surgical team will manage your progression through these steps. The rate at which you progress through these steps will vary depending on the surgery you have had and your recovery. For more information, please read our 'Enhanced recovery after oesophagogastric surgery (EROS)' leaflet (see the 'useful links' section at the end of this factsheet).

After your surgery, you will not 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 is important that you eat regular small meals after your surgery. Generally, we recommend starting with a portion size of 150g per meal.

As you recover from your surgery, you may find the following tips helpful:

- Eat five to six small meals per day.
- Have smaller portions and stop eating when you feel full.
- Use a smaller plate so that you are not tempted to eat a large meal. If after an hour you still feel hungry, have a snack (see the 'dessert and snack ideas' section below).
- Fortify meals where possible (add small quantities of high energy and high protein foods (such as cream, butter and cheese) to a food or meal to increase the nutritional content (calories), without increasing the portion size).
- Chew your food well and don't rush your meals. It is normal for a meal to take you around 20 to 30 minutes to eat.
- Add sauces and gravy to soften foods.
- Sit upright when you eat, and for about 30 minutes after meals.
- Aim to keep well hydrated by having eight to ten cups of fluid per day. This can include nourishing drinks, supplements, milk, tea and coffee. Have most of these drinks between meals and as snacks and only sip small amounts while having meals. This prevents food from being 'flushed through' your system too quickly.
- Leave 30 minutes either side of your meals to have a full drink.
- Try not to eat too late into the evening as this may increase acid reflux symptoms. If you would like more information about acid reflux, please see the 'When eating is difficult' section later on in this factsheet.

## Step 4 diet

A step 4 diet involves following a purée diet (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, sauces, gravy, soup, or stock (rather than just water), you will get better flavours and a more nutritious meal.

You can also enhance flavours while on this diet by adding mustard, curry powder, barbeque sauce, soy sauce, lemon juice, yeast or beef extract (such as Bovril or Marmite) to your foods. Avoid adding dried herbs.

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

- Stringy foods (such as green beans, celery, rhubarb and pineapple)
- Crunchy foods (such as muesli, crisps, toast, nuts and crusty bread)
- Foods with skins or husks (such as sausages, beans, peas and sweetcorn)
- Chewy foods (such as tough meat and toffees)
- Seeds and pips (such as summer fruits and citrus fruits)
- Doughy foods (such as bread, pizza and buns)

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

### Breakfast ideas

- Puréed porridge, Ready Brek or Oat So Simple
- Puréed stewed fruit or banana with yoghurt
- Smooth yoghurt or fromage frais
- Puréed scrambled eggs

These could also be nutritious snacks.

## Main meal ideas

### Protein (meat, poultry, fish and vegetarian alternatives)

Protein plays a role in maintaining muscle mass and wound healing. Protein-based foods should form the main part of your meals after your surgery.

- Meat, poultry, or boneless fish puréed using a soup or sauce, such as a white, cheese or smooth tomato sauce
- Lentils, such as dhal, cooked until soft and then liquidised
- High protein vegetarian foods (such as silken tofu, beans, and pulses) blended or liquidised
- Cheese added to sauces (avoid grating cheese onto hot food as it may become stringy and difficult to swallow when melted)
- Smooth nut butters (such as peanut, cashew and almond butter)
- Dairy foods (such as milk, yoghurt and cheese) and alternatives (such as soya)

### Carbohydrates (pasta and potatoes)

Carbohydrates provide the main preferred energy source for the body.

- 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 a cheese, white or smooth tomato sauce
- Yam, sweet potato or plantain, puréed with fortified milk (please see PLANETS Cancer Charity's recipe book for the fortified milk recipe: [www.uhs.nhs.uk/Media/UHS-website-2019/Docs/Services/planets-texture-modified-recipe-book.pdf](http://www.uhs.nhs.uk/Media/UHS-website-2019/Docs/Services/planets-texture-modified-recipe-book.pdf)) or butter

### Fruit and vegetables

Fruit and vegetables provide essential fibre, vitamins and minerals. It's important to make these foods a regular part of your diet, but they should initially be eaten in small quantities.

- Fresh, frozen, or tinned vegetables (avoid green beans, salad leaves and mangetout) cooked until soft and then puréed
- Vegetables puréed with margarine or butter, or a sauce such as a cheese, white or smooth tomato sauce
- Stewed, puréed fruit (remove all skins, seeds and pips from the fruit before puréeing or straining through a sieve) with added cream, Greek yoghurt or custard

### Dessert and snack ideas

You should leave a gap between eating your main meal and your dessert or you should have your dessert as a snack at another time.

- Packet desserts made with milk (with additional cream or evaporated milk for extra energy)
- Smooth yoghurt, fromage frais and mousse (avoid low calorie and diet options)
- Blancmange, instant whips or smooth fruit fools
- Smooth milky puddings (such as semolina, sago or tapioca) and custard
- Puréed fruit (remove skins, seeds and pips before puréeing)
- Crème caramel
- Ice cream

## Vitamins and minerals

Eating a variety of foods will help to give your body all the nutrients it needs. However, because of your surgery, you will need to take extra vitamins and minerals, including vitamin B12, iron, calcium and vitamin D. We will start you on a soluble A-Z multivitamin after your surgery.

If you had a gastrectomy, you will also need to have a B12 injection every three months after your surgery for the rest of your life. Your surgeon, specialist dietitian or specialist nurse will advise you on this.

## Regular and long-term medications

Your medications will be reviewed by a member of the surgical team during your hospital stay. If you notice a change to your medications after your surgery and have any questions or concerns, contact your specialist nurse or general practitioner (GP) for advice.

## 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, please contact your specialist nurse or specialist 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. Many people don't regain this weight afterwards. You can help to minimise your weight loss by following the advice and tips in this factsheet.

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

## Acid reflux (heartburn)

Heartburn sensations are common after an oesophagectomy but much less common after a gastrectomy. If you have had an oesophagectomy, we will give you an acid-suppressing medicine for this.

You can also help to control heartburn by:

- sitting upright while 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 your symptoms worse (such as citrus fruits and juices, spicy foods, very hot drinks, coffee, alcohol and carbonated drinks).

## Dumping syndrome

Dumping syndrome describes a range of symptoms that occur when food is emptied too quickly from the stomach into the small intestine (often as a result of surgery).

Symptoms can include:

- dizziness
- faintness
- sweating
- feeling hot
- discomfort or pain in the abdomen
- diarrhoea

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Symptoms of dumping syndrome usually occur immediately after eating a meal or up to two hours afterwards.

For most people, symptoms of dumping syndrome usually improve three to six months after surgery. However, for some people, the symptoms can continue after this.

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 and boiled sweets).
- avoiding sugary drinks (such as cola, lemonade, fruit juice and strong squash, unless labelled 'diet' or 'no-added sugar').
- avoiding drinks at mealtimes.

## Contact us

If you have any questions or concerns, please speak to your specialist dietitian or specialist nurse.

Healthcare professional: \_\_\_\_\_

Telephone: \_\_\_\_\_

Department of dietetics/speech and language therapy  
Telephone: **023 8120 6072** (Monday to Friday, 8am to 4pm)

## Useful links

UHS -

[www.uhs.nhs.uk/departments/gastroenterology/gastrointestinal-surgery/upper-gi-surgery](http://www.uhs.nhs.uk/departments/gastroenterology/gastrointestinal-surgery/upper-gi-surgery)  
[www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Enhanced-recovery-after-oesophagogastric-surgery-EROS-1404-PIL.pdf](http://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Enhanced-recovery-after-oesophagogastric-surgery-EROS-1404-PIL.pdf)

Guts UK - [www.gutscharity.org.uk](http://www.gutscharity.org.uk)

Heartburn Cancer UK - [www.heartburncanceruk.org](http://www.heartburncanceruk.org)

OPA Cancer Charity - [www.opa.org.uk](http://www.opa.org.uk)

PLANETS Cancer Charity - [www.planetscharity.org](http://www.planetscharity.org)

## Additional support for people affected by cancer

Macmillan Cancer Support - [www.macmillan.org.uk](http://www.macmillan.org.uk)

Maggie's - [www.maggies.org](http://www.maggies.org)

Jane Scarth House - [www.janescarthhouse.co.uk](http://www.janescarthhouse.co.uk)

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**