

The ROYAL MARSDEN

NHS Foundation Trust

Dietary advice for patients having treatment for oesophageal cancer

Nutrition and Dietetics

Patient information



NHS

Contents

Page

Introduction	1
Poor appetite and weight loss	2
Difficulties with swallowing	3
Soft and bite-sized food (IDDSI Level 6)	5
Soft breakfast ideas	5
Ideas for soft and bite-sized meals and savoury snacks	5
Ideas for soft puddings	6
Nourishing drinks	7
Purée diet (IDDSI Level 4)	7
How to blend (purée) your food	7
Suggestions to enrich purée meals	8
Liquidised diet (IDDSI level 3)	9
Ideas to help you increase the energy content of your meals	9
What happens if I start to lose weight?	10
Monitoring your weight and dietary plan	10
Further support	11
Contact details	12
Notes and questions	13

Who is this booklet for?

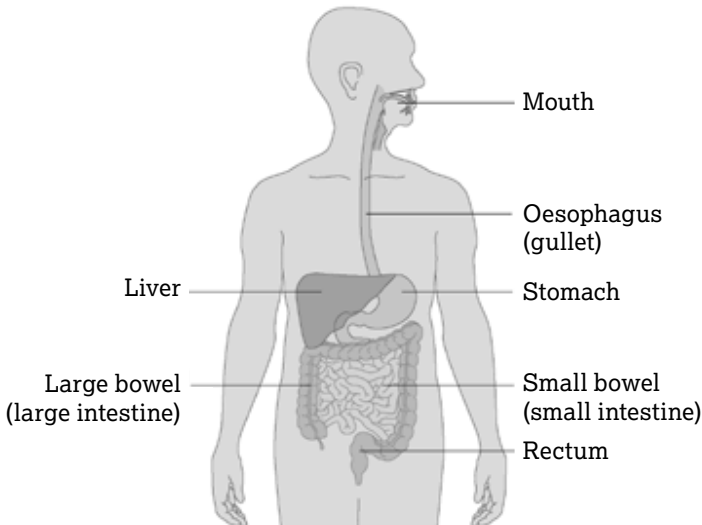
It is for people who are having treatment for oesophageal cancer, including chemotherapy, radiotherapy and surgery.

Introduction

The oesophagus is a muscular tube which runs from your mouth to your stomach. It is part of the digestive system, and is located between the windpipe and the spine. When you swallow foods or liquids they travel into your throat and then into your oesophagus. They are then carried downwards into the stomach by waves of contractions produced by the muscles within the wall of the oesophagus.

Oesophageal cancer can cause a blockage or a narrowing of the oesophagus, which can lead to difficulties with eating and sometimes drinking. Although everyone is different, the most common dietary problems experienced are:

- weight loss
- finding it difficult to swallow
- being unable to swallow certain foods and
- feeling that food is 'sticking' after swallowing.



You may find that some days it is easier to swallow than others. It is also common for patients to struggle with swallowing if they are tired or it is late in the day.

Side effects from treatment can also create problems with eating and drinking. The most common side effects include:

- feeling sick or vomiting
- feeling tired
- discomfort or pain when swallowing
- having a dry or sore mouth/throat
- having a poor appetite.

The side effects that you experience will be individual to you and the treatments you receive. Your doctor will discuss your treatment and likely side effects with you.

This booklet aims to help you manage any difficulties associated with eating and drinking. It may be helpful to share this booklet with your family members or carer who helps to prepare your food.

Much of the information in this booklet is aimed at people who are struggling to eat. You will find that we recommend a lot of high energy (calorie) and high protein foods in these circumstances, to help you increase your energy intake and maintain your weight.

For further advice on eating after surgery, please refer to The Royal Marsden leaflet *Dietary advice following surgery to the stomach or oesophagus*.

Poor appetite and weight loss

Many people find that their appetite or their interest in food is reduced, following treatment. It is also common to lose weight, which may have been noticeable before you were diagnosed or may occur during treatment. Some ideas which may help if you do have a poor appetite or are losing weight include:

- Try eating smaller portions at regular intervals throughout the day, such as every two hours, if mealtimes are becoming too daunting.
- Try adding extra butter, cream, cheese, salad dressings or olive oil to savoury foods or sugar, honey, jam, custard, cream or ice cream to sweet dishes. This can help to increase the energy content of foods.
- Try to ensure that you have a number of snack foods readily available such as breakfast cereals, dips (houmous, guacamole), milk puddings (ice cream, full fat yoghurt, custard, rice pudding, mousse) and nourishing drinks.
- Try to relax during meal times and take your time over eating.

Some people find alcoholic drinks such as sherry or a glass of wine before a meal can help to improve their appetite. If you are taking medication, remember to check with your doctor or pharmacist that this is allowed.

For further advice on eating with a poor appetite please refer to The Royal Marsden booklet *Eating well when you have cancer*.

Difficulties with swallowing

You may feel that foods are ‘sticking’ or not going down very easily. You may also notice that you find it difficult to swallow particular foods, and are choosing easier to manage foods instead. It is important that you speak to your doctor or nurse if you are having difficulties with swallowing or notice a change in your ability to swallow.

If your swallowing difficulty is mild, then you may just need to cut food into manageable pieces, and chew it well – such as with meats and bread. However, some people find that they have to change the texture of their food in order to manage eating comfortably. The International Dysphagia Diet Standardisation Initiative (IDDSI), developed a way of describing food and drinks that are safest for people with swallowing difficulties.

In this booklet, guidance is given on suitable textures, using the IDDSI codes. For more information about IDDSI, visit www.iddsi.org/

Your dietitian will guide you on the most suitable texture for you.

Whatever consistency of foods or liquids you can manage, it is important that you continue to eat and/or drink throughout your treatment. You may find that your swallowing problems improve or resolve while you are on chemotherapy. If you are unable to achieve an adequate dietary intake through ordinary foods alone, nutritional supplements are available to help increase your energy intake and the dietitian will prescribe a suitable one for you to try.

A form of treatment sometimes used to help with eating and drinking, is to have a stent placed. A stent is a flexible plastic or wire mesh tube which is passed through your mouth and into your oesophagus during an endoscopy. If an area of your oesophagus is blocked or narrowed then a stent can help to open this area, so that foods and drinks can travel down the oesophagus more comfortably.

If you have a stent or have been recommended to have one and are concerned about foods which you can eat, then please ask to speak to a dietitian for further advice.

People with cancer of the oesophagus can experience a number of different side effects or problems that can affect their appetite while undergoing treatment. These include:

- Indigestion/heartburn
- Taste changes
- Nausea and vomiting
- Diarrhoea
- Fatigue
- Dry mouth/sore mouth.

For more information on ways to cope with these problems and ways to help improve eating please refer to The Royal Marsden booklet *Eating well when you have cancer*.

Soft and bite-sized food (IDDSI Level 6)

These foods should be soft and moist and any lumps should be no bigger than 1.5cm. You should be able to easily mash down these foods and eat them with a fork, spoon or chopsticks. Gently cooking meat, vegetables and pasta for longer than usual can make them softer. Other foods will become soft if you add a sauce or if you mash the food. Remember that many foods are already soft and so will not need any additional preparation. You may therefore still be able to enjoy many of your usual meals, providing you chew well.

Soft breakfast ideas

- Porridge or Ready Brek™ made with plenty of full cream, milk and sugar
- Cereals such as Weetabix™, Cornflakes™, Rice Krispies™ served with hot or cold milk
- Custard style, Greek or full fat yoghurt or fromage frais
- Soft fruits such as banana, melon or pear or stewed/ tinned fruit
- Fruit smoothies made with yoghurt or ice cream; these can also be bought ready made
- Eggs (scrambled, boiled or poached)
- Pancakes with butter, honey or syrup.

Ideas for soft and bite-sized meals and savoury snacks

- Shepherd's pie, cottage pie
- Tender stews or casseroles (made with meat, fish, beans, lentils or Quorn™)
- Curries – add coconut milk to cool down if your mouth is sore
- Dhal
- Sausages only if braised or casseroled without skin and served with plenty of gravy
- Fisherman's pie, fish mornay, fish cakes

- Fish poached in sauce, for example, parsley sauce, hollandaise sauce, cheese sauce or boil in the bag fish
- Fish paste, tuna mayonnaise, taramasalata, smooth pâtés and mousses
- Soft pasta in sauce, for example, macaroni cheese, spaghetti carbonara, spaghetti bolognese with grated cheese, gnocchi served with pesto
- Tinned spaghetti
- Risotto
- Soft noodles, for example, chow mein, pad thai
- Egg dishes, for example, egg mayonnaise, scrambled, poached or boiled eggs, soufflé
- Cheese and potato pie
- Bubble and squeak served with baked beans or tinned tomatoes
- Cauliflower cheese (cooked until soft)
- Ratatouille
- Jacket potatoes with sour cream, cheese, tuna mayonnaise, mince (meat/Quorn™), cottage cheese (do not eat the potato skin)
- Houmous, guacamole (mashed avocado)
- Tomato salsa or chutney (if mouth not sore)
- Cream cheese (full fat only)
- Maize based crisps such as Wotsits™, Quavers™, Monster munch™, Skips™ or similar which tend to melt in the mouth.

Ideas for soft puddings

- Sponge pudding, roly poly, bread and butter pudding, swiss roll, crumble ideally with custard, cream, ice cream or evaporated milk to soften
- Milky puddings including: custard, full fat yoghurt, rice pudding, semolina, tapioca, sago, trifle, mousse, blancmange, crème caramel, milk jelly, ice cream, banoffee pie, tiramisu

- Stewed fruit with custard, evaporated milk or cream
- Banana custard
- Fruit fool, mousse, instant whip, jelly, jelly foam (jelly mixed with cream or evaporated milk and set)
- Biscuits dunked in hot drinks to soften.

Nourishing drinks

To ensure these have the most nutrition, make all drinks with full fat milk and avoid diet or low calorie varieties.

- Hot chocolate with cream
- Milkshakes with added ice cream
- Milk
- Fruit smoothie
- Latte (milky) coffee
- Drinking yoghurt (avoid probiotics during chemotherapy treatment).

Purée diet (IDDSI Level 4)

If a soft diet becomes too painful or difficult to swallow you may need to blend your food to a puréed consistency instead. Many everyday foods can be blended to a smooth, even consistency, making them easier to eat.

Puréed foods are usually eaten with a spoon but do not require chewing. They should have a smooth texture, with no lumps.

How to blend (purée) your food

Food should be prepared and cooked as usual prior to being blended to a puréed consistency. Foods like meat and fish will be easier to purée if they have been cooked using a moist method such as poaching or stewing rather than a dry method like roasting or frying. Vegetables may be easier to purée if they have been cooked until very soft.

Some foods cannot be puréed such as bread (all types including pizza, naan, croissant and so on), chips or roast potatoes, hard cooked eggs such as quiche, frittata. Purée the food using a blender (liquidiser) or a food processor until you get the consistency you need. If the food is not completely smooth you may need to remove or sieve any lumps out. If possible blend meal items separately so that you can distinguish the colour, smell and taste of the different parts of your meal. If the food loses too much heat during preparation reheat in a pan before serving.

Adding liquid will make blending easier. Try not to use water as this increases the amount you have to eat but does not add extra nutrients. It will also dilute the taste of your meal. The table below recommends common foods that can be used when blending which will also help maintain good nutritional content and flavour of your meal.

Suggestions to enrich purée meals

Meat and poultry	Add rich sauces and gravies. Condensed soups and ready prepared sauces can make a good base. Avoid lean cuts of meat.
Fish	Blend with sauces for example, parsley, cheese or white sauces for hot meals and hollandaise sauce or mayonnaise for cold meals.
Eggs	Egg dishes do not usually blend well, although, eggs can be added to white sauces to improve their nutritional value. Raw eggs should be avoided for food safety reasons.
Vegetables	Blend with butter, margarine, vegetable oil or cheese or white sauce.
Puddings	Soak the food in cream, custard or evaporated milk before blending. Soak or poach fruits in sugar syrup or fruit juice before blending.

A purée diet can become monotonous so you may like to cook with some of the following to add variety to your food.

- Tomato purée
- Curry powder
- Worcestershire sauce
- Soy sauce
- Sweet chilli sauce
- BBQ sauces or marinades
- Wine or sherry
- Herbs and spices
- Essences (for sweet foods) for example vanilla, almond, mint.

Liquidised diet (IDDSI level 3)

If you are unable to eat soft or puréed foods it may be necessary to take all of your nourishment in liquid form. Liquid foods generally have fewer nutrients than solid foods so it is important to choose foods carefully and you will need to eat more often to meet your nutritional needs.

Avoid using low fat or low sugar or sugar free products, for example, skimmed milk, diet yoghurt, low calorie squash. Avoid foods and drinks labelled 'diet' or 'lite' as these are designed to be low in energy. The range of foods in your diet will be limited so you may need to take a soluble or chewable multivitamin and mineral supplement. Alternatively you may need to supplement your intake with specially produced drinks which are fortified with vitamins and minerals. The dietitian you see will recommend the most appropriate one.

Ideas to help you increase the energy content of your meals

Fortified milk

Add four tablespoons of milk powder to one pint of full cream or (full fat) milk. Use this for drinks, cereal, puddings and so on in place of ordinary milk.

Soup

Choose carefully as soup can be very low in energy. Try and choose soup that provides more than 70 kcal in every 100ml.

- Packet soup – make up with fortified milk instead of water
- Tinned soup – buy condensed soup and make it up with fortified milk
- Add cream, crème fraîche or mascarpone cheese
- Stir in grated cheese, for example, parmesan, cheddar cheese or cream cheese.

Puddings

Choose puddings that are naturally liquid, for example, ice cream, thick and creamy yoghurts, custard or smooth in texture that melt in the mouth when eating, for example, mousse, blancmange, fruit fool, crème caramel.

- Choose full cream or ‘luxury’ milk puddings
- If homemade make using fortified milk
- Add cream, evaporated milk or condensed milk.

What happens if I start to lose weight?

If you start to lose weight despite making changes to your diet, you may be advised to take nutritional supplements. A dietitian or other healthcare professional may recommend that you take a nutritional supplement in addition to other drinks and foods. The Royal Marsden can provide a small supply or sample service initially, however a regular supply will be provided by your GP.

For ideas of how to use nutritional supplement, please refer to the *Eating well when you have cancer* booklet.

Monitoring your weight and dietary plan

You may find it useful to keep a record of your weight. We recommend you weigh yourself first thing on a morning, ideally without clothes and on a weekly basis.

Further support

The Royal Marsden Help Centre

Chelsea: 020 7811 8438 / 020 7808 2083

Sutton: 020 8661 3759 / 3951

Visit in person 9.30am – 4.30pm, Monday to Friday. In Chelsea, the Help Centre is opposite the Medical Day Unit. In Sutton, the Help Centre is in the main entrance.

Macmillan Cancer Support

Macmillan Support Line: 0808 808 0000

Hours: 8am – 8pm, seven days a week

For those hard of hearing, you can use the Next Generation Text Service (NGT) by dialling 18001 0808 808 00 00.

Website: www.macmillan.org.uk

Oesophageal Patients Association

(support groups available throughout the UK)

Helpline: 0121 704 9860 (Monday to Friday, 9am – 5pm)

Website: www.opa.org.uk

Email: enquiries@opa.org.uk

Beyond the blender; dysphagia made easy

40 easy to follow recipes for soft, moist and purée diets.

Website: www.griffith.edu.au/___data/assets/pdf_file/0012/540012/Beyond-the-Blender-dysphagia-cookbook.pdf

If you would like details of a local support group, please discuss with your clinical nurse specialist, dietitian or you can contact Macmillan Cancer Support using the details above.

Contact details

Date

Dietitian

Tel

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Notes and questions

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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