Dietary advice following surgery to the stomach or oesophagus

When part or all of your stomach is removed, you may experience changes in how you cope with eating and drinking.

The stomach is attached to the bottom of the oesophagus gullet (oesophagus) and lies just below the diaphragm. The stomach is part of the digestive tract and has two main functions. These are:

- To act as a reservoir for food
- To digest and absorb some of the food you eat.

These guidelines will help you adjust your usual diet in order to avoid discomfort after eating and drinking.

What can I do if I feel too full after eating?

Because the stomach can no longer hold large quantities of food, you may feel full and uncomfortable very quickly. For example, you may feel bloated or feel sick after eating and drinking.

- Aim to eat six to seven small, frequent meals or snacks throughout the day - the amount you can eat at one time may increase over time
- Avoid spending more than two and a half hours without eating or drinking
- Make sure you are in an upright position when you eat and try not to lie down too soon after eating
- Make sure you eat slowly and chew your food thoroughly
- Relax before, during and after meals.

What can I do if I have a poor appetite?

- Avoid drinking at mealtimes - try not to drink for half an hour before or after a meal
- Avoid drinking oral supplements such as Fortisip, Fortijuce, Ensure Plus, Ensure Plus Juce or Scandishake, just before your mealtimes
- Drink fluids between meals
- Keep to foods and drinks that you enjoy
- It may be that you are too tired to eat, or you do not feel like preparing or cooking food. Try to find other ways to help with your shopping and cooking. For example, you may find it helpful to

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prepare food in advance, when you feel like cooking, rather than leave it to mealtimes

- Eat little and often (every two to three hours). Be positive about what you do eat and remember that every mouthful counts
- Try to keep to a regular meal pattern with snacks in between your meals
- Make use of snacks that do not require much preparation or effort to eat. For example, biscuits or fruit
- It is important that your bowels are opening regularly. If constipation is a problem, please contact your doctor for advice about laxatives
- If you are having problems eating, drinking or are still losing weight, please contact your dietitian for further advice on high energy, high protein supplements. The dietitian can also check if your vitamin and mineral intake is adequate
- An initial loss of weight after surgery often happens but it should be possible to maintain weight. Regaining your previous weight can be more difficult. You may wish to contact your dietitian for advice about your weight loss.

What can I do if I have heartburn, reflux or indigestion?

- Eat small, regular meals, 'little and often', up to six to seven times a day rather than trying to have big meals
- Sit upright when eating and try not to bend down or rush around until your meal has settled
- Take small mouthfuls of foods, eat slowly and chew your food well
- Relax before, during and after meals
- Avoid tight fitting belts and clothing
- Try not to eat late at night
- Propping yourself up with pillows in bed may help
- If your symptoms persist, discuss this with your doctors who may prescribe some medication.

What is dumping syndrome?

Dumping syndrome occurs when there is a rapid arrival of sugar in the small intestine. This can then cause an over-production of insulin by the pancreas in response to the raised blood sugar levels.

What are the symptoms?

Early dumping syndrome

This may occur soon after eating (15-30 minutes after eating). Symptoms include bloating and diarrhoea, sweating, giddiness and palpitations. Some people find that their blood pressure may drop and they feel light-headed. This is thought to be caused by the rapid arrival of sugar in the small intestine. The symptoms usually settle two to three months after surgery.

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Late dumping syndrome

This may occur two to three hours after eating (sometimes in addition to early dumping). You may feel faint, confused, cold, sweaty and have an increased heart rate. The cause of late dumping is due to an over-production of insulin by the pancreas in response to raised blood sugar levels.

What can I do?

- Limit your intake of sugar, sugary foods and sugary drinks such as fruit juice, sweets, sugar and cakes. If taken, they should be eaten as part of a meal, preferably with a meal that contains fibre, which will slow down how quickly the food is absorbed.
- Try to eat more slowly and only have small amounts at a time
- Avoid drinking large amounts of liquids at the same time as eating
- Avoid drinking immediately after your meal. We recommend a 15-30 minute rest after your meal.
- If you are taking any oral supplements, you may find it helpful to talk to the dietitian to check if these may affect this problem.

What can I do if I have diarrhoea?

Diarrhoea may sometimes be a problem although it usually clears up within one to three months of surgery. It may be caused by the cutting of the vagus nerve during your surgery. Diarrhoea may have other causes, such as infection, so it is important that you consult your doctor or specialist nurse. You may need medication to control this. Meanwhile, make sure you increase your fluid intake to replace these losses.

What will I be able to drink or eat after surgery?

You will not be able to eat or drink anything by mouth for approximately five days after your operation. During this time, you may be given food through a feeding tube called a jejunostomy tube or intravenously via a central venous line. Before being allowed to eat and drink by mouth, your swallowing may be assessed by a simple test.

Initially, you may only be able to manage a fluid diet (depending on your progress after surgery). The dietitian may recommend supplement drinks such as Fortisip, Fortijuce, Ensure Plus, Ensure Plus Juce, Build-up milkshakes / soups, Scandishake and so on.

- You should be able to gradually introduce more solid foods
- When you are able to start eating solids, you should choose soft and easy to eat foods
- Introduce small amounts of fruit and vegetables, and then gradually increase as tolerated
- Soups as a main meal are best eaten occasionally. This is because they are not as nourishing as the main meal options. If you have soup before your main meal, it may fill you up. If you prefer soup, try to fortify it with lentils, meat, fish, egg, bread or pasta or rice, cream, grated cheese, butter, milk or milk powder.
- Aim to return to a normal diet.

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What do I need to know about vitamin B12?

If all or a large portion of your stomach was removed, you are likely to develop a type of anaemia resulting from a deficiency in vitamin B12. This is because the stomach produces a protein called 'intrinsic factor' that is required for the body to be able to absorb vitamin B12 from food.

This type of anaemia does not present immediately as your body may have a store of the vitamins and may take six months or more to become apparent. If you have had a gastrectomy, then you will require injections of vitamin B12 every three months. Your GP will arrange this.

Vitamins and minerals

You may be advised to take a vitamin and mineral supplement following your surgery. You can discuss whether this is required with your dietitian, who can recommend which supplement would be appropriate for you.

Food fortification

Please refer to the *Eating well with cancer* booklet via the patient information library patientinfolibrary.royalmarsden.nhs.uk or scan the following QR code to access it:

Contact details

If you have any questions, please contact the dietitians.

Chelsea:	020 7808 2814
Sutton:	020 8661 3066

Alternatively, please call:

The Royal Marsden Hotline: 020 8915 6899

(Available 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.

For further information, please visit The Royal Marsden website: www.royalmarsden.nhs.uk/your-care/support-services/royal-marsden-macmillan-hotline

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Further information and support

Macmillan Cancer Support

Macmillan Support Line: 0808 808 0000 (Monday to Friday, 8am–8pm)

Website: www.macmillan.org.uk

Macmillan Cancer Support provides practical, medical and financial support for patients and their loved ones.

The Oesophageal Patients Association

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

Website: www.opa.org.uk

The OPA is run by patients and carers and provides information for patients, their carers and family members affected by oesophageal or gastric cancers.

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