

Department of Nutrition and Dietetics

Dietary advice following Oesophagectomy

This information is intended for adult patients who have had surgery to their upper gastrointestinal system

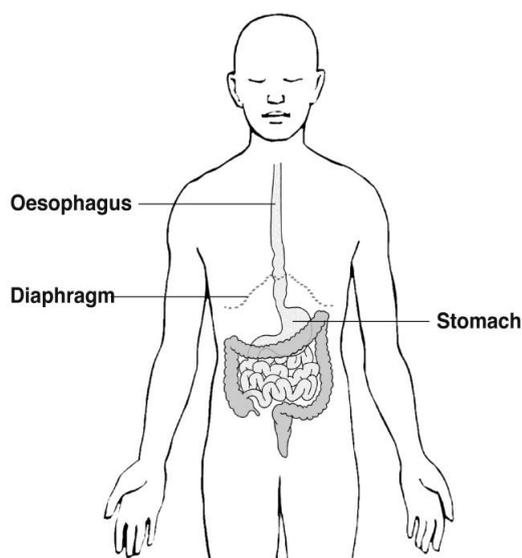
What is an Oesophagectomy?

The operation to remove a part of your oesophagus (gullet), depending on the size and position of the tumour, is called an oesophagectomy. The operation may also involve removing a part of your stomach too; this is called an 'oesophago-gastrectomy'.

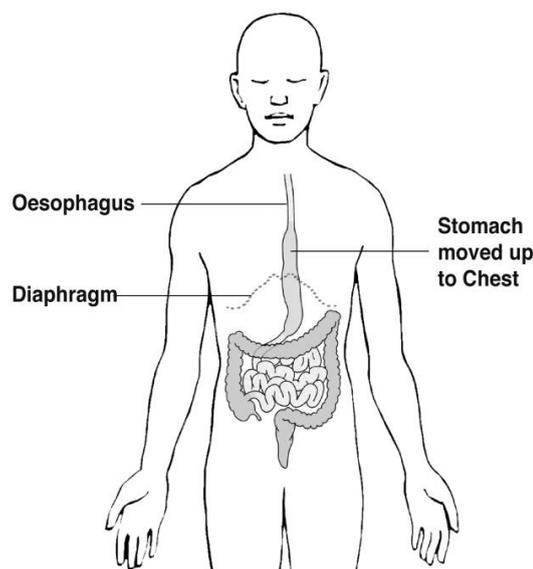
This means that your stomach may be smaller and will be higher up in your chest where it has been pulled up to join what remains of your oesophagus.

Your operation will involve the cutting of the vagus nerve, this is called a vagotomy. This can result in changes to the emptying of your stomach and stops you feeling hungry.

Pre - Operation



Post - Operation



a.org.uk

Eating after an Oesophagectomy

You may experience particular problems with your eating because your stomach is smaller and has been stretched up higher in the chest.

Feeling full

Feeling full quickly is one of the main symptoms that you will experience, especially in the first few weeks after your surgery.

- You will need to eat little and often.
- Increase the size of your portions gradually, this will help you to get used to how much you can comfortably manage. Aim for 5 to 6 small meals/snacks per day (see meal ideas).
- Eat slowly and chew your food well.
- Use a smaller plate for meals to prevent over-eating.
- Save your pudding until later when you feel less full.
- Very high fibre foods may make you feel uncomfortably full e.g. wholemeal bread, whole-wheat pasta, green salads, beans, pulses.
- Try not to drink during your meal or straight after so that you don't feel too full.

What types of food should I be eating?

A few days following your operation you will be able to start on liquids, gradually building up to a soft diet.

You have been advised to follow a diet of moist, soft foods for the next 4 weeks. You shouldn't need to puree or liquidise your food however your food should be soft enough to mash with a fork. Adding extra gravy or sauces may make it easier to chew and swallow your meals. Avoid bread and toast, as well as tough meat, e.g. steak or chops, during this period.

As far as possible, try to have a variety of different foods each day as no one food group has all the nutrients necessary to maintain health.

Patient Information

Meal ideas

The following soft foods would be suitable in the first few weeks after your surgery:

Breakfasts

- Porridge, Ready Brek or other instant oat cereal;
- Weetabix, Cornflakes, Rice Krispies, Branflakes softened well with milk;
- Yogurt or fromage frais;
- Scrambled, poached or boiled egg with tinned chopped tomato;
- Skinless sausage and baked beans;
- Soft fruit, e.g. tinned peaches etc. stewed apple, mashed banana.

Light Meals

- Soup – make up packets with milk instead of water and add cream, skimmed milk powder
- Omelettes, plain or with cheese
- Poached, scrambled or boiled egg with baked beans or tinned plum tomatoes
- Tinned pasta such as spaghetti in tomato sauce, ravioli, macaroni cheese with grated cheese
- Jacket potato without the skin with one of the following fillings:
 - Cream cheese or grated hard cheese
 - Sardines or pilchards (remove any bones)
 - Tuna or mashed hard boiled eggs mixed with mayonnaise
 - Baked beans
- Crackers/crisp breads i.e. Tuc® biscuits, Cheddars® with moist toppings i.e. cheese spread, tuna/egg mayonnaise, smooth peanut butter, hummus, mashed avocado, pate, taramasalata

Patient Information

Main Meal ideas

- Corned beef hash and gravy;
- Shepherd's or cottage pie;
- Faggots and gravy;
- Fisherman's pie;
- Fish in sauce;
- Stew or casseroles or curries using minced beef, lamb, pork, chicken or well-cooked root vegetables;
- Finely chopped chicken or vegetables cooked in a jar or packet of sauce, crème fraiche, fromage frais, or condensed soup;
- Cheese and potato bake;
- Cauliflower cheese (well-cooked) or macaroni cheese;
- Spaghetti bolognese, lasagne or soft meat balls;
- Lentil dhal or Aloo gobi;
- Risotto.

Serve with mashed potato, mashed sweet potato or parsnip, jacket potato without the skin or soft roast potato (soaked in gravy) together with vegetables. These can be any well-cooked root vegetables, broccoli, cauliflower, sprouts, marrow, courgette, sautéed onion or tinned tomatoes.

Puddings/ Snack Ideas

- Jelly or Milk jelly (use evaporated milk or nutritional supplements i.e. Fortisip instead of water);
- Rice pudding, semolina, sago, custard;
- Mousse, Instant Whip, Fruit fool, Trifle, Thick & Creamy yogurts, Crème caramel;
- Tinned sponge pudding or swiss roll and custard;
- Chocolate gateau, dairy cream sponge;
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Patient Information

- Ice cream, sorbet, frozen yoghurt;
- Tinned, stewed or soft fresh fruit with custard, cream, evaporated milk or ice-cream;
- Biscuits dunked in hot drinks to help soften them;
- Jaffa cakes;
- Soft chocolate or fudge;
- Bowl of cereal with hot or cold milk;
- Crisps i.e. Quavers®, Skips®
- Square of cheese.

Getting back to a normal diet

After the initial soft diet period, you should be able to eat a balanced diet and include your usual foods. You should be able to eat any food now – you just need to make sure that you are eating small, frequent meals and snacks to provide enough calories and nutrients to help maintain a healthy weight.

What if I have a small appetite and I am losing weight?

It is quite common for you to lose weight as your body adapts to the surgery and you get used to your new pattern of eating. However if your appetite remains poor or you are not able to maintain your weight, the following ideas may be useful:

Enriching your food and drinks

Fortified milk

Can be used in place of milk or water to make coffee, hot chocolate, packet soups, milk puddings, custard, cereals and sauces

Ingredients:

- 1 pint full cream milk;
- 2 to 4 tablespoons skimmed milk powder;
- Whisk together and refrigerate until used.

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Double cream, evaporated milk, ice cream

- Add to milkshakes;
- Use cream or evaporated milk in sauces, soups, mashed potato, cereals, custard, puddings, or on jellies.

Cream cheese / cheese spread

- Try to use the full fat varieties;
- Add to mashed potatoes, soup, white sauces or vegetables.

Sugar, syrup, honey or seedless jam

- Add to suitable cereals and puddings, e.g. rice puddings and custard.

Yoghurt

- Use full fat smooth or thick and creamy varieties;
- Add to pureed fruit or use to make yoghurt drinks.

Butter, margarine, oil, salad cream or mayonnaise

- Add to mashed potato, tinned tuna, mashed boiled eggs or use butter or oil to fry soft foods.

Drink nutritious beverages between your meals. Try milk, hot chocolate, Complian® or Meritene® shakes (available from the chemist or supermarket) or a malted milky drink such as Ovaltine or Horlicks may be a useful supper snack.

You could try a small amount of alcohol such as sherry or whisky before meals to help increase your appetite. If you are taking any medications please check with your doctor that it is ok to have alcohol.

Patient Information

Nutritional supplement drinks

If you are unable to eat sufficient food to maintain your body weight your Dietitian may suggest you try a sip feed. These are useful to improve your nutritional intake and help you gain weight. They should not replace meals or snacks, unless your appetite is very poor.

Your dietitian will advise your GP to prescribe these if needed.

Jejunostomy Tube Feeding at Home

The feeding tube placed into your small bowel during your surgery is used to deliver nutrition, fluid and in some cases medications.



Why do I need it?

When you do start to eat and drink after surgery, you can feel full quite quickly or just not have an appetite. It takes time for your body to adapt to its new anatomy. Having an overnight feed through your jejunostomy feeding tube gives you the chance to build up your diet at your own pace. It can provide the energy and protein that you might struggle to get in through diet alone. It can also prevent some of the symptoms related to over-eating such as abdominal pain, bloating and reflux.

Before you are discharged from hospital, our Nutrition Nurses will teach you and any family members or friends, how to set up your pump feed. Your Dietitian will provide you with a feeding regime for home, advising on the type of feed, how to build up the feeding rate and any extra water flushes required. If you need any further training or advice when you get home, we can arrange for your local Community Nutrition Nurse to contact you or make a home visit.

How will I get supplies of the feed and equipment?

Your Dietitian will provide you with 7 days of the required feed together with the feeding equipment e.g., pump, portable stand, to get you started when you are discharged home. With your permission, a company called Homeward will then deliver all of your further supplies on a monthly basis. Your initial delivery however may be just a 2 week supply to ensure that you are tolerating the feed.

What if the feed is upsetting me?

The feed is generally well-tolerated however If you are having any problems such as bloating, discomfort or diarrhoea, whilst on the feed, contact your Dietitian for further advice. It may be due to the feeding rate, type of feed or other causes not related to the feed i.e. constipation, medications.

Note – Other than water flushes, we do not recommend that you syringe any feed or supplements into your feeding tube, as this method of feeding into the small bowel is often poorly tolerated.

How long will I need my jejunostomy feed for?

This will depend on how well you are eating and if you are able to maintain your weight or at least prevent significant weight loss following your operation. For some people this can take weeks or months, depending on if any further treatment is required i.e. chemotherapy or radiotherapy. Your Dietitian will be reviewing you regularly and will advise on reducing your feed, as required.

Remember you can also use the tube to give extra sterile water flushes if you are struggling to drink enough.

When the dietitian is happy that you are eating enough to meet your nutritional requirements without the feed, the surgeon will arrange for the tube to be removed under local anaesthetic.

(Note the tube will not be removed for at least 3 months after your surgery even if you are not using it for feeding).

The feeding company will then arrange to collect your feeding equipment and any remaining feed.

Patient Information

Vitamin & Mineral Supplements

Following surgery to your stomach or gullet (oesophagus) it will now be more difficult to absorb all of the vitamins and minerals which you need to keep you healthy. This can be due to the direct effects of the surgery and also some of the medications that you may be taking. We therefore recommend a daily complete vitamin and mineral supplement.

Make sure that the supplement you choose is 'complete' and contains the full range of vitamins and minerals including iron (at least 14mg per tablet). Here are some examples of suitable vitamin and mineral tablets:

- Forceval or Forceval soluble
- Lloyds pharmacy A-Z Complete
- Superdrug A-Z Multivitamin and Mineral
- Sanatogen A-Z complete
- Boots A-Z Multivitamin and Mineral
- Tesco A-Z Multivitamin and Mineral

If you are still on an overnight jejunostomy feed, you won't need to start taking a vitamin and mineral supplement until this has stopped.

Other Possible Side Effects of Surgery

Diarrhoea

Loose, watery stools can be a problem for some people after this type of surgery which can persist for the first few months after the operation.

- This is unlikely to be due to any particular food you are eating, try not to exclude foods from your diet unless a certain food repeatedly causes these symptoms;
- Ask your doctor about anti-diarrhoeal medication if the problem persists;
- It is important to ensure you drink plenty of fluid to replace any lost as diarrhoea. This will prevent you becoming dehydrated;

Patient Information

- Further information is available from the Health Information Centre, entitled 'Diet and cancer care: diarrhoea'.
- If you are regularly passing very pale/yellow/oily stools, contact your specialist nurse or Dietitian for further advice.

Heartburn

This can result from a backflow of stomach acid and juices into the oesophagus (gullet) and can cause soreness and inflammation. You can reduce this by:

- Sitting upright during meals.
- Avoid bending or lying down for about 45 minutes after eating.
- Avoid eating or drinking late in the evening and sleep propped up with 2 to 3 pillows under your head.
- Avoid tight clothing and belts.

Dumping syndrome

This can occasionally happen after surgery when part of your stomach and vagus nerve are removed. It is caused when the food in the remaining stomach is "dumped" too quickly into the intestine. Your stomach normally acts like a reservoir to slowly let your food go into the intestine.

There are two types of dumping:

- Early: which usually occurs within 30 minutes of eating;
- Late: which can happen 2 to 3 hours after eating.

Early dumping (within 30 minutes of eating)

Causes: this is the most common form of dumping after oesophageal/gastric surgery. It occurs when food quickly enters the small intestine, this high concentration of food draws water from the surrounding tissues and results in a drop in blood pressure and increased blood flow to the small intestines.

Patient Information

Symptoms:

- Nausea and vomiting
- Abdominal cramps
- Abdominal pain followed by diarrhoea
- Feeling warm
- Shortness of breath
- Weak, dizzy, sweating
- High pulse rate
- Anxiety
- Fainting
- Decreased blood pressure

If you have any of these symptoms you should discuss them with your doctor

You can reduce symptoms by:

- Sitting or lying down for 15-30 minutes after eating until symptoms pass
- Chewing well and eating slowly.
- Eating 5 or 6 small meals a day rather than 3 large meals.
- Avoid liquids with meals. Liquids should be taken 30 to 60 minutes after meal.
- Avoid too much sugar, sugary foods and drinks. Use an artificial sweetener instead
- Increasing the fat and protein content of your meals can help slow down the rate food passes through the gut

Late dumping (2 to 3 hours after eating or when a meal has been missed)

Causes: this is less common and happens when the stomach releases a high concentration of carbohydrate into the intestine. This carbohydrate is then broken down into glucose and as this glucose is absorbed into the bloodstream excess insulin is produced to reduce the blood glucose level. It is this high insulin level and resulting low blood glucose which causes the symptoms.

Patient Information

Symptoms:

- Dizziness
- Cold Sweats
- Anxiety
- Low blood pressure
- Headache
- Tiredness
- Faintness
- Low blood sugar

If you have any of these symptoms please discuss them with your doctor

You can reduce symptoms by:

- Following the advice for preventing early dumping syndrome
- Chewing glucose tablets once the dizziness starts may help to reduce the symptoms

Swallowing Difficulties

If after a few weeks/months of eating normally, you start to experience any swallowing difficulties i.e. a sensation of food sticking or regurgitation, it may be that the site where your gullet (food tube) was rejoined has 'over-healed'. This can cause a narrowing in the tube, preventing food and drink from going down normally.

If this is the case, you will need to have soft, moist foods or even pureed textures to ensure that you are having enough nutrition. If your swallow doesn't improve, you will need to contact your Specialist Nurse for further advice as you may need an endoscopy to gently stretch the area of narrowing

Patient Information

Further information

If you have any other questions or require further information, please use the contact details below.

Coventry Dietitians: Telephone: 024 7696 6161

Upper Gastrointestinal Specialist Nurses: Telephone: 024 7696 6475

Cancer Information Centre:

Main entrance of University Hospital Coventry, Clifford Bridge Road, Coventry, CV2 2DX

Telephone: 024 7696 6052

Monday to Friday 9.00am to 4.00pm

Macmillan Cancer Support

www.macmillan.org.uk

The Oesophageal Patients Association: 6 Whitefields Crescent, Solihull, West Midlands, B91 3NU

www.opa.org.uk

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