

Nutrition and Dietetics

Nutrition Team: Short Bowel Syndrome - dietary advice following a jejunocolic anastomosis

This advice is **not** for people who have had other types of bowel surgery or for those patients who have a stoma.

Follow this leaflet with advice from your dietitian or doctor. You should be monitored closely.

Jejunocolic anastomosis

A jejunocolic anastomosis is a surgical join between part of the small bowel (jejunum) and the large bowel (colon). This may be done after:

- a bowel resection due to blood clots
- removing a tumour
- Crohn's disease
- radiation damage
- surgery to reconnect the bowel after having a stoma

Short bowel syndrome

When a large part of your bowel has been removed, you cannot absorb nutrients, electrolytes (salts), fluids and your body's own secretions properly. They pass through the bowel quickly and this causes diarrhoea.



Patient Information

Having severe diarrhoea can lead to severe dehydration and salt disturbances.

Being unable to absorb enough nutrients, electrolytes and fluid is called intestinal failure or short bowel syndrome.

After surgery

Ileus

After surgery, it may take a while for your bowel to settle and adjust.

At first, your bowel may not function properly. This is called an ileus. An ileus is common after a jejunocolic anastomosis. It usually settles over a period of days to weeks.

Parenteral nutrition

You may need nutrition and fluid delivered directly into your bloodstream. This is called parenteral nutrition (PN or TPN). We prescribe parenteral nutrition to meet your daily nutrition needs.

Your doctor or Nutrition Team will tell you if you need parenteral nutrition long-term.

Fluid and food plan

After surgery, we may give you a strict fluid and food plan to follow. You will start oral fluids gradually and then introduce diet according to your tolerance. Your doctors and Nutrition Team will plan this with you.

Diarrhoea

You will have diarrhoea after surgery. Your doctor will prescribe you medicine to help with this.

Patient Information

You may find long-term that you have diarrhoea even with medicines to help. But keep taking your medicines reduce this.

Try to do the following:

- When you start eating again, have small portions and eat less fat.
- We may prescribe you a nutrition supplement.
- Do not have fluids around mealtimes. Mixing food with fluid will speed up the movement in your gut and cause diarrhoea.
- Have your anti-diarrhoeal medicine before meals and at night as prescribed by your doctor.
- Take your tablets. Some tablets might not absorb fully and come out in your poo – we will adjust your dose if this happens
- You might need vitamin supplements. Your dietitian or doctor will advise you on this.
- Drink fluid as advised by your doctors. You may need oral hydration solutions (such as Dioralyte or St Marks solution) to add to fluids if you have bad diarrhoea.

You need to have blood tests regularly to check your body is getting the nutrients it needs to function.

It's important to follow the advice given to you. Follow the plan given to you by your medical & Nutrition Team. If not followed, you could dehydrate quickly.

Follow a low fat, low oxalate diet

Your diet affects your symptoms. Fat is not absorbed well by your bowel and may pass out. This means your poo may be loose, fatty, or smelly.

Follow a high carbohydrate, moderate fat, low oxalate diet. This diet will reduce your chance of having diarrhoea and developing kidney stones (oxalate stones).

Patient Information

You may develop kidney stones as the way your body deals with oxalate is affected.

Diet has a role to play in controlling your symptoms. Fat will not be absorbed well by your bowel and may pass out to form loose, fatty, offensive stools. Some patients may develop oxalate stones (kidney stones) as the body's ability to deal with oxalate is also affected. By following a high carbohydrate, moderate fat, low oxalate diet you will reduce the occurrence of diarrhoea and also reduce the likelihood of oxalate stone formation.

Foods Allowed	High fat / Oxalate foods to avoid
<p>Meat</p> <p>Turkey and chicken (remove the skin)</p> <p>Beef, lamb, pork, ham, bacon (remove all fat you can see).</p> <p>Rabbit, liver, kidney, tripe.</p>	<p>Meat</p> <p>All visible fat on meat.</p> <p>Fatty meat such as sausages, black pudding, luncheon meat, belly pork, faggots, pork pie, salami, duck, goose, pate, sausage rolls, pasties</p>
<p>Fish</p> <p>White fish such as cod or plaice in light breadcrumbs only.</p> <p>2oz portion of oily fish canned in water, brine or tomato sauce such as kippers, pilchards, sardines, tuna.</p>	<p>Fish</p> <p>Oily fish canned in oil such as kippers, pilchards, sardines, tuna.</p> <p>Fried fish in batter or thick breadcrumbs unless homemade.</p>
<p>Eggs</p> <p>Boiled, scrambled, poached eggs or an omelette.</p>	<p>Eggs</p> <p>Fried eggs.</p> <p>Scotch eggs</p> <p>Egg custards made with full fat milk.</p>
<p>Dairy produce</p> <p>Semi-skimmed or skimmed milk</p> <p>Low-fat soya milk</p> <p>Fromage Frais, 'diet', 'light' and low-</p>	<p>Dairy produce</p> <p>Whole milk.</p> <p>Cream, cream alternatives, evaporated milk, ice cream</p>

Patient Information

<p>fat yoghurts. Skimmed milk powder, Coffee Mate Virtually Fat-Free Low fat or light custard / rice pudding</p>	<p>Coffee Mate, Coffee Compliment, Instant dried milk powders with non- milk fat Thick and creamy yoghurt, Greek yogurt unless low-fat. Crème Frais unless low-fat</p>
<p>Cheese Cottage cheese Low fat cheese spreads such as Dairylea Light, Weight Watchers, Philadelphia Extra Light (less than 7g of fat per 100g) Low fat hard cheese such as Edam, Austrian Smoked, Weight Watchers, Shape, Babybel 2oz soft cheeses / spreads such as ricotta, mozzarella, feta cheese Max 1oz hard cheese such as Cheddar, Red Leicester, Double Gloucester, Stilton.</p>	<p>Cheese Full fat cheese, cream cheese, cheese spread in larger quantities than stated in column opposite</p>
<p>Fats Low-fat margarine or butter.</p>	<p>Fats Lard, suet, dripping, vegetable oils, olive oil, rapeseed oil, ground nut or peanut oils, extra butter or margarine. All fried foods.</p>
<p>Fruit, vegetables and potatoes Fruit - fresh, stewed, tinned or dried Vegetables - fresh, frozen, tinned or dried Baked beans, pulse vegetables Boiled, mashed or jacket potatoes</p>	<p>Fruit, vegetables and potatoes Avocado pears, olives, seeds and nuts. Beetroot Rhubarb</p>

Patient Information

<p>(without margarine or butter) Reduced fat oven chips.</p>	<p>Spinach Strawberries Chips, roast potatoes Ordinary oven chips. Potato waffles and other processed, shaped potato products</p>
<p>Beverages Weak tea or Coffee. Fruit juices, squashes and mineral water. Ordinary fizzy pop. Low-calorie options and highlights drinks Alcohol: wine, spirits and beers if your medical team allows.</p>	<p>Beverages Strong tea Full fat milk drinks such as cocoa, chocolate or malted drinks, including instant malted milk drinks and hot chocolate Advocat and cream liqueurs</p>
<p>Cereals & biscuits Bread Crispbread Biscuit – rich tea, digestive – no cream filled Cake /sponge – without cream / buttercream Cream crackers Rice, pasta, breakfast cereals, flour, and chapattis (made without fat). Plain cakes Plain cereal bars Tortilla wraps</p>	<p>Cereals & biscuits Pastry, shortbread, chocolate or cream filled biscuits, Hob Nobs, Butter Puffs Cereal bars with nuts or chocolate. Batters, Yorkshire puddings, dumplings, fried bread, fried rice. Chapattis fried in fat, naan bread, samosas, pakoras Wheat bran and products made from wheat bran</p>

Patient Information

<p>Miscellaneous</p> <p>Boiled sweets, mints, jellies, marshmallows liquorice, sugar, glucose, jam, honey, marmalade, syrup</p> <p>Reduced fat smooth peanut butter</p> <p>Light mayonnaise or salad cream</p> <p>Vinegar, herbs, spices, salt, pepper, ketchup, pickles, fat free-salad dressings</p> <p>Fruit juice, fruit squash and fizzy drinks.</p> <p>Low fat puddings e.g. sorbet, low fat custard</p> <p>Low fat milk puddings e.g. rice pudding</p>	<p>Miscellaneous</p> <p>Toffee, fudge, chocolate, lemon curd, full fat peanut butter, mince meat, marzipan</p> <p>Take away meals.</p> <p>Sauces and gravies made with excess butter cream or margarine.</p> <p>Mayonnaise, salad cream, salad dressings</p> <p>Indian sweets made with condensed milk.</p> <p>Fried Indian foods such as samosa, pakora, paratha, chevda.</p>
--	---

Cooking methods

- Use lean cuts of meat to cook. Trim any fat off the meat before you cook.
- Avoid frying food or roasting it with extra fat. You could grill, steam, poach, bake, braise, or casserole food instead.
- Wrap food in foil until the last 15 minutes and add a small amount of water on the base of the baking tray to prevent drying out. Try using an oil spray.
- Fish dishes – grilled and moistened with lemon juice. Poach or bake – using skimmed milk, stock, or tomato juice or passata, cook in a microwave without adding fat.
- Skim off fat from stews, casseroles, and mince-based dishes with absorbent kitchen paper or, if the dish is allowed to cool first, the fat could be taken off with a spoon. When making a curry drain the fat off after cooking onions and spices
- Avoid making any sweet dish that requires the addition of fat, evaporated milk, cream, full fat milk.

Patient Information

- Avoid making chapattis with fat or oil. Measure the amount of fat added to curries and dahl; two tablespoons should be enough for eight people.
- You can thicken low-fat sauces by mixing cornflour with cold water, skimmed milk or stock before cooking.
- Dry fry mince by placing in a dry pan and heating gently and drain off any fat which runs from the meat.

Meal ideas and suggested meal plan

Breakfast

- Cornflakes or Rice Krispies or Ready Brek with semi skimmed milk and sugar
- 2 x white toast with low fat spread and jam
- 2 x bacon (grilled) and scrambled egg on toast (low fat spread)
- Toasted bagel with low fat cream cheese or smooth low fat peanut butter or low-fat spread & jam

Mid-morning

- Packet of crisps (thick cut)
- Scone with jam & low-fat spread
- Scotch pancakes x 3 with low fat spread
- 2 x English muffin with low fat spread and jam
- Toasted bagel with low fat cream cheese or reduced fat peanut butter
and
- Fortisip Compact 125ml

Lunch

- Jacket potato with tuna mayonnaise (light mayo)
- Cheese / Ham Omelette
- Soup and roll with low fat spread
- Grilled bacon / Egg / Tuna mayo (light) / chicken / ham / cheese (low fat) sandwich

Patient Information

- Quiche
- Spaghetti hoops or scrambled / poached egg (2 x egg) on 2 x toast with low fat spread

and a pudding

- Crème caramel
- Ice cream
- Yoghurt
- Angel delight made with semi skimmed milk
- Sponge pudding and low-fat custard

Mid afternoon

- Pot of jelly or low-fat rice pudding or custard
 - 2 x digestive biscuits
 - Packet of thick cut crisps
 - Diet / light yoghurt
 - Crumpets x 2 with low fat spread
- and**
- Fortisip Compact 125ml

Dinner

- Cottage pie (use low fat spread in mash)
 - Stew and potatoes
 - New potatoes (with low fat spread added) fish or meat and soft cooked vegetables
 - Pasta bolognaise
 - Chicken breast or pork chop or steak with boiled / mashed potatoes / reduced fat oven chips
 - Chicken, pasta and tomato sauce
- and a pudding**
- Syrup sponge and low-fat custard
 - Apple crumble

Patient Information

- Fruit sorbet on meringue nests
- Low fat rice pudding (try with honey or jam)
- Stewed apples with cinnamon and low-fat custard
- Cake with or without ice cream, low fat custard

Supper

- Biscuits x 4 and semi skimmed milk
- Cracker with low fat spread or reduced fat peanut butter x 4
- Piece of cake

More information

If you have any questions about your diet, call your Nutrition Team dietitians on 024 7696 7177.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 7177 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Dietetics
Contact:	27177
Updated:	April 2024
Review:	April 2027
Version:	1
Reference:	HIC/LFT/2797/24