

General Surgery

Dietary advice for Endoscopic Sleeve Gastroplasty (ESG)

Before the procedure

For 48 hours before the procedure, you need to follow a liquid-only diet:

- Liquid should be thin enough to pass through a straw
- Completely smooth, no lumps or bits – use a sieve if needed
- No solid food (not even jelly, ice cream etc.)
- Sip little and often, with an aim of at least 1.5 litres per 24 hours (e.g. water, sugar free squash, milk, tea and coffee).
- Ensure you have a fluid which contains protein to replace each of your meals, from the below:

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| <p>Examples of appropriate liquids:</p> | <ul style="list-style-type: none"> • Smooth soups • Meal replacement drinks e.g. Slimfast, Huel, Exante, Supermarket own brands • Yogurt mixed with milk to a liquid consistency • Smoothies made with milk to a liquid consistency, sieved to remove any bits |
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Please do not eat or drink anything for 12 hours before the procedure.

For patients on GLP-1 analogues medication (such as Liraglutide, Exenatide, Lixisenatide, Semaglutide or Dulaglutide), your fasting period may be longer. Detailed instructions will be provided in your letter before the procedure, as these medicines can cause slower gastric (stomach) emptying.



Patient Information

After the procedure

After the procedure, you will begin a texture progression diet. This diet is designed to allow internal wounds to heal and reduce your risk of complications post-procedure.

It is important to consider the post-op diet before your procedure, so you can prepare and plan any batch cooking..

The 4 stages of progression are:

- Stage 1 - Liquid diet (week 1, 2, 3)
- Stage 2 – Pureed diet (week 4, 5)
- Stage 3 – Soft diet (week 6, 7)
- Stage 4 – Return to a normal healthy diet (week 8 onwards)

Please note: You may need to stay at one stage longer than the weeks in brackets. If you experience pain or vomiting (being sick), when moving to a new stage, it is advisable to move back to the previous stage for a few days. If you do experience any symptoms, this may be your body telling you that it is not quite ready to progress into the next stage yet. Listening to your body is very important post-procedure. You must stop eating or drinking as soon as you feel full, as this can cause a break in the stitch-line.

Stage 1: Liquid diet

For the first 3 days, will **only be able to drink fluids** such as water, sugar free squash, fruit juice (without pulp), milk and tea or coffee. Aim for 1.5 litres fluid per day, with small frequent sips.

Sip small amounts throughout the day, **stop sipping if you feel a sensation of fullness in your stomach and wait 20 minutes before trying to sip fluids again.**

Patient Information

After 3 days:

You can expand the range of fluids. This stage lasts for 3 weeks and includes:

- Completely smooth liquids, make sure no lumps or bits, use a sieve if needed
- Liquids should be thin enough to pass through a straw (don't use a straw)
- Sip little and often, this can be quite a challenge in the early stages
- Avoid solid foods, including jelly and ice cream
- Hydration is a priority at this stage. Aim for a minimum of 1.5 litres per 24 hours

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| Examples of appropriate liquids: | <ul style="list-style-type: none">• Water, sugar-free squash• Semi-skimmed or skimmed milk (mix in dried skimmed milk powder to increase protein)• Smooth soups• Meal replacement drinks, such as Slimfast, Huel, Exante or supermarket own brands• Yogurt mixed with milk to achieve a liquid consistency• Smoothies made with milk to a liquid consistency and sieved to remove any bits• Tea, coffee |
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Stage 2: Puree diet

This stage covers weeks 4 and 5 and should last for 2 weeks.

- Slowly introduce thicker, but lump free textures
- Blended or liquidised food to the consistency of tomato ketchup or custard
- Avoid lumps, pips and skins
- This may need a "trial and error" approach, persist with trying new foods
- Aim for 4-5 small meals per day (2-3 tablespoons per meal)
- Prepare: Batch cook and puree in advance, freeze in small portions
- Sip drinks between meals, aiming for 2 litres per day

Patient Information

If you experience any discomfort, go back to the liquid diet for 2-3 days then try again. If you are experiencing frequent discomfort on the puree stage of the diet, please contact the bariatric team.

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| Examples of appropriate foods: | <ul style="list-style-type: none">• Thicker yogurts such as Greek yogurt• Thicker soups• Smoothies (no lumps or bits)• Blend your usual meals, including vegetables, mashed potatoes, minced chicken or fish. Add gravy, sauce or milk to make a “custard-like” consistency• Weetabix softened with milk or ready brek• Soft scrambled egg blended with milk to achieve a runny consistency |
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Stage 3: Soft diet

This stage is for weeks 6 and 7 post-procedure and should last for 2 weeks.

- Slowly introduce soft textured foods , choose foods that can be mashed with a fork
- This may need a “trial and error” approach, persist with trying new foods
- Aim for 3 meals per day (3-4 tablespoons per meal), with no grazing
- Eat slowly, take small bites, chew well and concentrate when eating. Stop eating as soon as you feel satisfied
- Sip drinks between meals, aiming for 2 litres per day. Wait at least 30 minutes before or after a meal before having any fluids

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| Examples of appropriate foods: | <ul style="list-style-type: none">• Soft omelette, scrambled egg or poached egg• Minced chicken or fish, cooked with sauce or gravy, mashed with vegetables• Minced meat in tomato sauce with vegetables• Lentils, beans or Quorn mashed with vegetables and gravy• Cauliflower or broccoli cheese• Tinned fruit in juice• High protein yogurt• Baked beans with mash potato |
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Stage 4: Moving back to a “Normal” diet

This stage begins from week 8 onwards and should be followed lifelong. It's important to focus on and maintain diet and lifestyle changes to maximise the success of your procedure. Remember, the procedure is only a tool, and commitment is required on your part to make sure that you maintain your weight loss long term.

- Start with 2 tablespoons or an egg cup portion, slowly building up to a tea-plate portion size.
- Eat 3 small, regular meals per day, with no snacking between meals unless truly physically hungry.
- Stop eating: As soon as you are satisfied to prevent overeating and avoid stretching your stomach
- Aim for 60-80g protein per day.
- Some textures may always be difficult to eat, such as red meat and stringy/fibrous vegetables. Remember to use good eating techniques (see below). It is recommended to avoid bread and rice. If you are still struggling, discuss this with your dietitian at your next appointment.

We recommend you follow the T-shaped plate guide lifelong:

- $\frac{1}{2}$ vegetables: You can eat any vegetables, including canned or frozen
- $\frac{1}{4}$ protein: Such as meat, fish, eggs or vegetarian/vegan alternatives
- $\frac{1}{4}$ starchy carbohydrates: Such as pasta, potatoes, couscous

Ensure you prioritise protein first, then salad and vegetables. If you have little or no room left for starchy carbohydrates, that's ok.

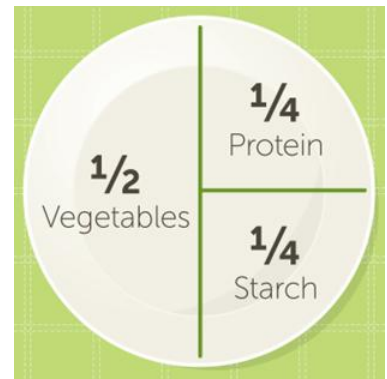


Image taken at UHCW

Eating techniques

- Bite sizes should be no bigger than a 5 pence piece.
- Chew each bite size piece of food at least 20 times before swallowing.
- Wait for 1 minute before taking your next bite.
- Stop eating as soon as you feel satisfied or after 20 minutes, whichever comes first. Throw the remaining food away.
- You may find it helpful to time yourself when eating, sitting at a table and minimising distractions.

Patient Information

Avoid snacking

It is important to focus on eating 3 balanced meals a day and to limit or avoid snacking between meals. Your body should be physically satisfied with 3 meals per day based on the T-shape plate model.

If you feel that you really need a snack, aim to challenge this. Here are some questions that may help:

- Am I physically hungry or is it head hunger?
- Am I wanting to snack because I am bored?
- Is there anything I can do to distract myself?
- Is snacking going to help me reach my end goal?
- Could I be thirsty and need a drink instead?

Ultimately, eating when you are not physically hungry is unhelpful in managing your weight.

Hydration

It is important to aim for a fluid intake of around 2 litres per day. Choose non-carbonated, non-caffeinated drinks to stay hydrated. You may need to drink more if the weather is warm, if you exercise frequently or if you notice you sweat excessively.

Make sure that you are drinking in between meals and not with meals as this will cause discomfort. We advise that you leave a gap of at least 30 minutes between your last bite of food and having a drinking.

Signs you might not be drinking enough fluid include thirst, dry mouth or lips, tiredness, headache, brain fog, dry skin, constipation, dark coloured or strong-smelling urine, less frequent urination and urinary tract infections (UTI).

Suitable fluids include:

- Water
- Still, sugar-free flavoured water
- Tea and coffee (milk and sweetener to taste)
- No-added sugar squash

Patient Information

Fluids to avoid:

- Fizzy drinks (including diet versions)
- Fresh fruit juice
- Fizzy alcoholic drinks, such as lager, cider, sparkling wine, fizzy mixers
- Drinks with added sugar, such as tea, coffee, high juice

Alcohol recommendations

Alcohol is discouraged after the procedure. Increased absorption of alcohol can lead to dependency. It is also high in calories and takes up valuable space in the stomach which should be used for food instead.

Vitamins and mineral supplementation

As your nutrition is compromised following the procedure, it is essential that you commence **lifelong, daily** supplementation:

- A-Z Multi-Vitamin and Mineral (suitable preparations listed below)
- Vitamin D (at least 800IU) and Calcium (at least 1200mg)
- Vitamin B12 1,000mcg

Remember to take vitamins and minerals and calcium and vitamin D tablets at separate times.

Below is a table of the A-Z multivitamins that we recommend you take:

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| Aldi Activ Max Everyday Health A-Z | 2 x tablets |
| ASDA A-Z | 2 x tablets |
| Holland & Barrett ABC-Z | 2 x tablets |
| Lloyds Pharmacy A-Z | 2 x tablets |
| Morrisons A-Z | 2 x tablets |
| Sainsburys A-Z | 2 x tablets |
| Sanatogen A-Z Complete | 2 x tablets |
| Superdrug A-Z | 2 x tablets |
| Tesco A-Z | 2 x tablets |
| Forceval (on prescription only) | 1 x tablet |

Patient Information

Below is a table of B12 supplements that we recommend you take:

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| Solgar Vitamin B12 1000ug sublingual/chewable | 1 x chewable |
| Newleaf Vitamin B12 High Strength 1000mcg | 1 x tablet |
| Nutravita 1000ug Vitamin B12 | 1 x tablet |
| Holland & Barrett High Strength Slow Release Vitamin B12 1000ug | 1 x tablet |
| Bulk Vitamin B12 1000ug | 1 x tablet |
| Myvitamins Essentials Vitamin B12 | 1 x tablet |
| Weightworld Chewable Vitamin B12 | 1x chewable |
| Weightworld Vitamin B12 | 1x tablet |
| Orobalin 1mg (prescription only) | 1x tablet |

If you would like further advice, please contact the team on 024 7696 6161.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6188 and we will do our best to meet your needs.

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Document History

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