

Dietary advice following an oesophagectomy

After your surgery, you will only be able to manage small food portions. We recommend that you follow the build up diet guidance given to you by the specialist UGI dietitians before your discharge from hospital. You will be asked to start with a liquidised/pureed diet and progress to a soft, moist diet after two weeks, and then slowly move onto more normal food after another four weeks. It can be more difficult to take in all the calories, protein and other nutrients that your body needs. This advice may help.

- Eat six small meals per day, allowing about two hours between each meal. It may help to serve your meal on a tea plate or a smaller dish.
- Start with small portions and gradually increase the amounts, but remember that you will not be able to return to the portion sizes that you were able to eat before surgery.
- Try to relax at mealtimes, allow plenty of time and chew your food well.
- Avoid drinking at meal times as this will fill you up with fluid and reduce the amount of food you can eat. Allow about half an hour before and after meals before having a drink.
- Leave an hour after a meal before having a pudding. Milky puddings such as yogurt, custards, and rice puddings are a good source of protein and calories.
- Avoid lots of fruit and vegetables as these can be filling but low in calories and protein.
- It is a good idea to take a multi vitamin and mineral supplement, look for one that is 'Complete' or 'A-Z' as these provide all the vitamins and minerals you need.
- Weight loss is expected during this period and therefore it is important taking the nutritional supplements as per dietitian's advice.

Fortified diet

If you are eating less than usual, or your appetite is poor, the following advice can help you to make your food as nourishing as possible:

- To make 'fortified milk', add 4 tablespoons of dried skimmed milk powder to 1 pint of full cream (blue top) milk. Use it on cereals and to make milky drinks, puddings, soups and sauces.
- Add extra butter, cream or grated cheese to mashed potato and other vegetables.
- Have extra cream, custard, ice cream or full fat yogurt with puddings and cakes.
- Fortify soups by adding cream, milk powder, grated cheese, pasta, finely chopped cooked meat or chicken, tinned lentils or beans.
- It is important to include foods from a variety of food groups. Make sure you include:
 - ✓ A protein food, such as softly cooked meat, fish, eggs, cheese, beans or lentils, served with a sauce if necessary.
 - ✓ A starchy carbohydrate food, such as mashed potato, softly cooked pasta or rice.
 - ✓ Smaller amounts of vegetables, fortified where possible (see above).

Dumping syndrome

Dumping syndrome refers to a variety of symptoms which may occur after eating. There are two types and many people experience both types:

- **Early dumping syndrome** – occurs within 30 minutes of eating and is caused by the food you have eaten reaching the bowel more quickly than usual.
- **Late dumping syndrome** – occurs about 2 hours after eating, and is caused by your body releasing a hormone called insulin, which can cause your blood sugar level to drop.

Symptoms vary, but can include: nausea, bloating, diarrhoea; sweating, shaking, dizziness; and fainting and palpitations. You can avoid dumping syndrome by:

- Eating small, regular meals.
- Avoiding drinking at mealtimes.
- Avoiding very sugary food and drinks.
- Making sure your meals contain a starchy carbohydrate food and a protein food.

Nutritional supplement drinks

Some over the counter nutritional drinks, ready-made milkshakes and prescribed supplement drinks may not be suitable due to their high sugar content. Speak to your dietitian if you would like advice regarding suitable products.

Your jejunostomy tube

- Your jejunostomy tube can be used to give extra water and/or nourishment if needed. Contact your dietitian to discuss this.
- If you are not using your jejunostomy tube for feeding, make sure you flush it with at least 50ml of sterile or cooled, boiled water, at least twice a day.
- Clean the area around the tube twice a day with warm water, dry thoroughly and leave uncovered. Contact your GP/nurse if the area is red, sore or looks infected.
- If your tube is blocked, try flushing with warm water or soda water. Roll the tube gently between your fingers to try and dislodge the blockage. If you cannot unblock it, contact your Abbott Nurse Advisor or Specialist Nurse for further advice.
- If the stitches holding your tube in place come loose, they need to be replaced as soon as possible. Ask your GP or specialist nurse to refer you to the Upper GI surgeons at the unit where your tube was placed, to arrange for them to be replaced.
- If your tube comes out it will need to be replaced urgently. Contact your specialist nurse immediately. If he/she is unavailable, or if it is out of hours, go to the nearest A&E.

Useful contacts

Specialist Nurse: _____ Contact number: _____

Dietitian: _____ Contact number: _____

Please ask if you need this information in another language or format.