

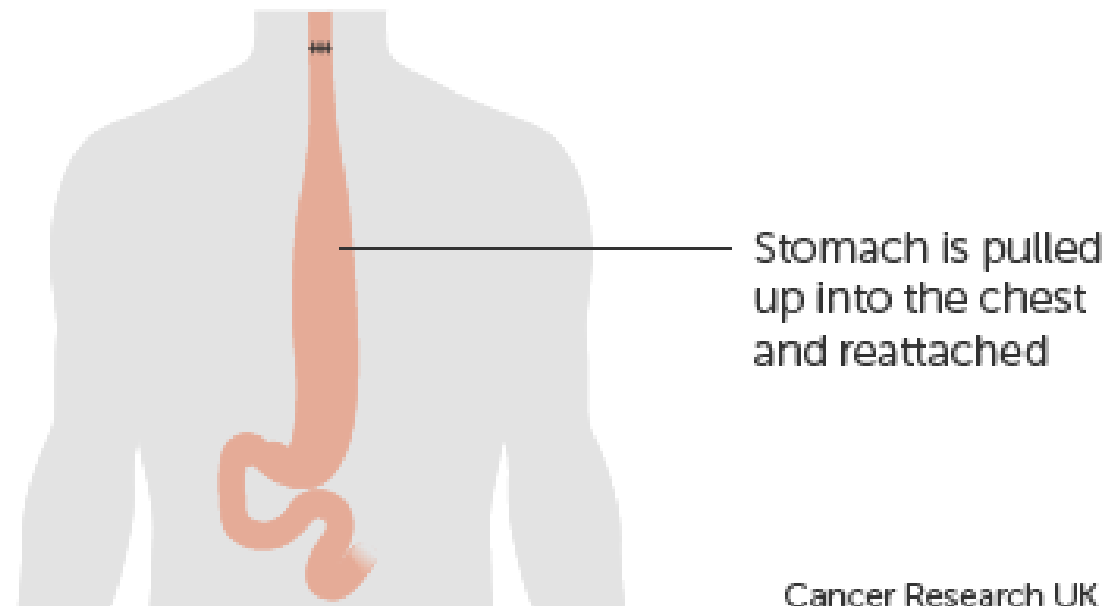
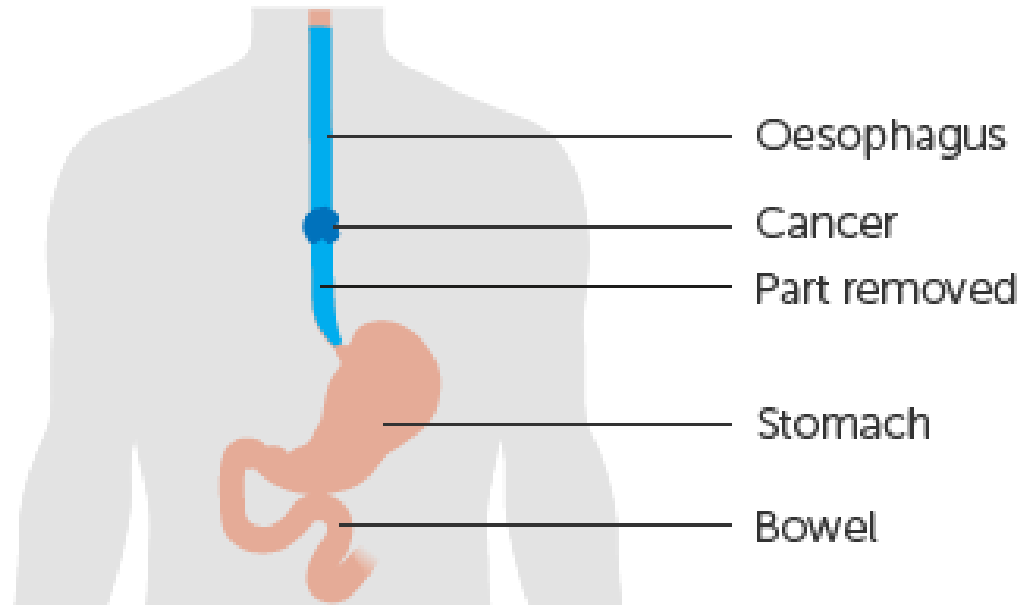
Optimising nutrition post oesophageal and gastric surgery

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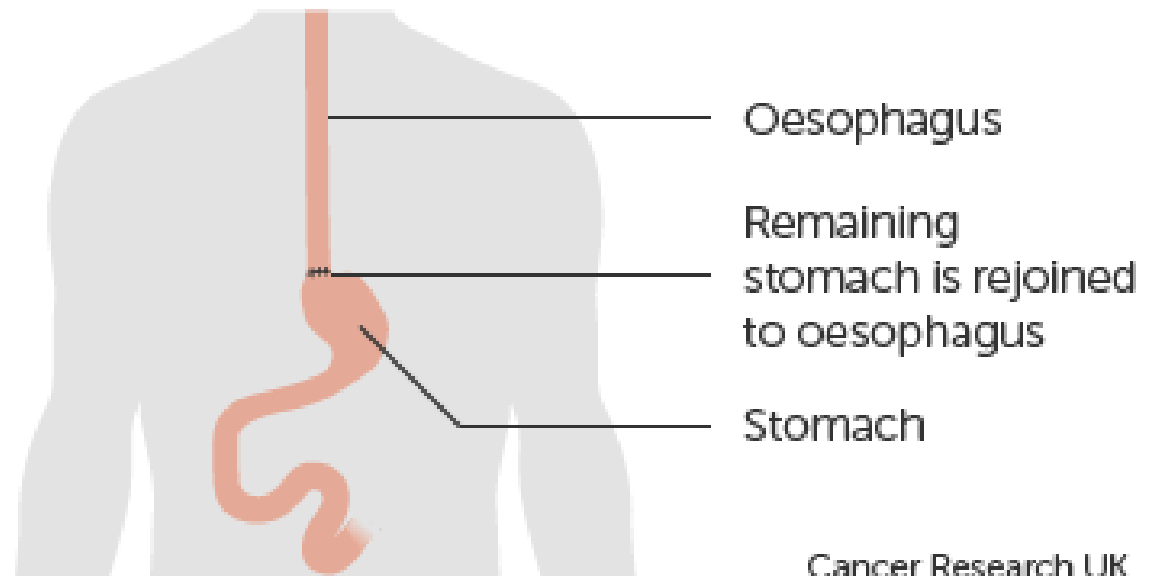
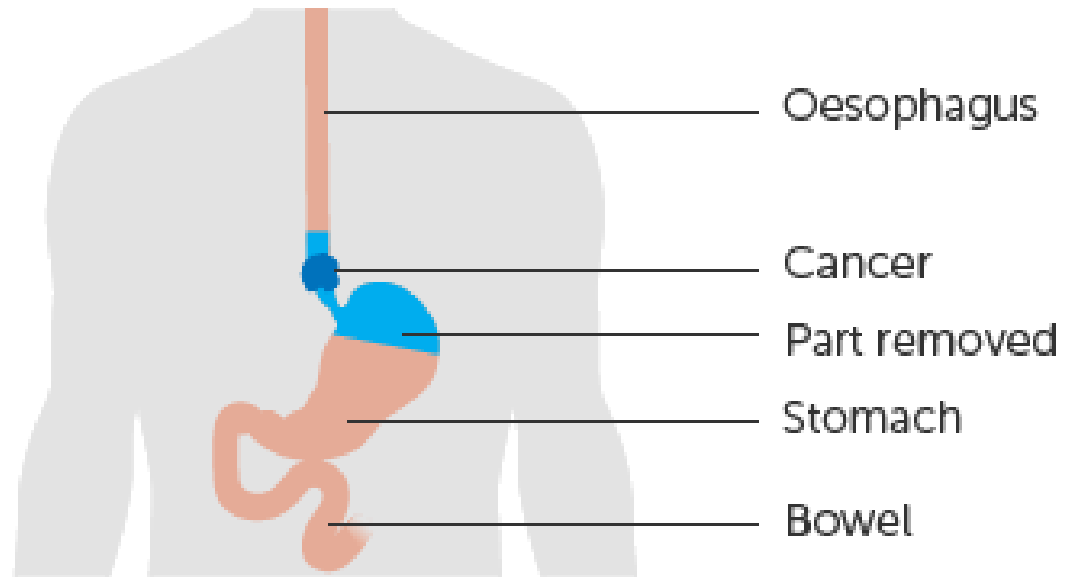
Nutritional considerations post GI surgery

- Reduced capacity
- Fear of eating
- Poor appetite – taste changes, nausea
- Weight loss
- Dumping syndrome
- Delayed gastric emptying, diarrhoea, constipation
- Gastric reflux
- Food Sticking
- Wound healing
- Vitamin and Mineral adequacy

Removing all of your oesophagus



Removing part of the oesophagus and part of the stomach



Reduced capacity

- Changes to gastrointestinal tract
- Depends on type of surgery
- May have little or no stomach left
- Early satiety

What to do?

- ‘Little and often’ approach
- Small, frequent, nutrient dense meals/snacks
- Don't drink with meals

Fear of Eating

- Regain confidence with oral diet if swallowing difficulties existed pre-op
- Start with soft 'sloppy' foods
- Take your time
- Chew foods well
- Avoid bending down immediately after a meal
- Try a wide variety of foods
- Don't let one bad experience put you off a food permanently

Poor Appetite

- Eat little and often, introduce foods slowly
- Aim 3 small meals & 3 snacks daily
- Eat slowly and relax
- Use a smaller plate
- Choose soft foods first
- Fresh air before a meal increases appetite
- Nauseated? Cold or room temperature food may help, ready prepared meals
- Taste Changes? Try strong flavours
- Only take sips of fluids with meals
- A small amount of alcohol may stimulate appetite

Weight Loss

- Common post surgery
- Aim to minimise, whilst maintaining a good nutritional status

Dietetic input essential

- All patients seen in BCH pre and post surgery
- Jejunostomy tube placed during oesophagectomies: Overnight feeding
- **TELEHEALTH**: monitoring of weight post operatively in own home

**“ Reassured
me that I
was doing
ok”**

**“it keeps
me on
track”**

**“ Thought they
were brilliant
way to check
how I was
doing”**

PATIENT QUOTES!

**“It’s great saves me
travelling to
appointments &
good to know
someone keeping
an eye on me”**

**“Disheartening
when weight
drops, helped
motivate me to
make more effort
and keep going”**

% Weight loss post Gastrectomy

	No. Pts	Average at 4/52	Range	Average at 8/52	Range
Sub total	14	8.3%	0-14.6%	8.5%	0-14.0%
Total	8	8.2%	0.2-18%	9.9%	3-18%
Extended	5	8.3%	6.9-10%	12.2%	10.4-16.3%

% weight loss post oesophagectomy

No. Pts	Average at 4/52	Range	Average at 8/52	Range
45	4.3%	0-12.5%	4.8%	0-16.5%

- Average weight loss 1.6kg (Range +3.6 to -11.6kg)

Snapshot 2010/2011

- Average weight loss 8.2kg (-0.2 to - 18.7kg)

Simple Tips

- Aim for at least 1 pint full cream milk daily
- Add skimmed milk powder to milk
- Include meat, chicken, eggs, fish, cheese or yoghurt at least twice a day
- Add grated cheese to mashed potatoes, creamy sauces, pasta dishes
- Keep snacks handy – **peanut butter, dips with bread sticks, crisps or crackers, desserts, milky puddings, cereals, cocktail sausages, biscuits, cakes, chocolate, crossiants etc**
- Supplement drinks

Early Dumping Syndrome

Most common post surgical problem

- Usually within 30 minutes of eating
- Due to accelerated gastric emptying, food “dumped” into duodenum → bowel distension/contractions

Symptoms

nausea

dizziness

vomiting

diarrhoea

fatigue

Palpitations

Abdominal cramps

Late Dumping

- 1-3 hours after eating
- Sugar content of food / fluid causes insulin to be released by pancreas. A slight excess of this can cause the symptoms below (hypoglycaemia)

Symptoms

Sweating

anxiety

Shakiness

difficulty concentrating

Lightheaded

palpitations

Tiredness

Dietary management of dumping syndrome

- Smaller meals, eat more frequently
- Avoid liquids at mealtimes
- Limit refined sugar intake
- Eat more complex carbohydrates such as bread, pasta, potatoes and rice
- Eat slowly, chew food well
- Lie down after eating
- Eat foods higher in fat / soluble fibre
- Late Dumping – oral sugar

Delayed Emptying

- Usually improves over time
- May require medications

Constipation

- Increase soluble and insoluble fibre
- Ensure adequate fluid intake
- Laxatives may be required in the short term
- Exercise as able

Diarrhoea

- Will normally settle with time
- Due to reduced transit time through GI tract
- Dumping syndrome
- Possible malabsorption

Management:

Anti diarrhoeal agents

Vitamin and mineral supplements

Increase fluid intake to replace losses

Enzymes for malabsorption

Acid regurgitation/reflux

- Common post surgery
- Sit / stand upright when eating
- Avoid smoking
- Don't lie completely flat: use pillows
- Avoid bending, lifting or lying down after eating
- Avoid eating very hot, very cold or very spicy or acidic foods
- Avoid strong tea, coffee or alcohol
- Medication can help alleviate symptoms

Food Sticking

- Can be due to scar tissue from surgery
- Modify texture of diet to own tolerance
- Speak with your Dietitian
- Don't wait until symptoms get worse
- Strictures (narrowing) requiring dilation common
- Speak with your Specialist Nurse or surgical team

Wound healing

- Some wounds may take longer to heal
- Ensure close monitoring of nutritional intake to meet dietary requirements by Dietitian

Micronutrient provision

- Close monitoring by your Surgical team, CNS and Dietitian
- If all of stomach removed you will require B12 injections every 3 months
- Vitamin and mineral supplementation

Frequent Queries

Can't get to sleep – feeling full

Eat last meal before 7pm

Feeling full but not eaten much

Eat small meals, don't drink with meals

Taste changes

Small pieces fresh pineapple (not tinned), very refreshing. A mouthful of sparkling water before a meal clears the mouth

Food won't “go down”

Stand or walk about during a meal

Review diet

Drinking with food doesn't help

Frequent Queries

How much food to eat?

Difficult to gauge. Start off with “child size” portions, then build up

Digestion problems

Sit at table to eat and take it slowly

Fatigue

Reassured that this feeling will improve, but be aware this can take months, even up to a year

Worried about weight loss

Natural to lose some, speak with your dietitian

Summary

- It can take up to a year and sometimes longer for your digestive system to adapt to the surgery
- Take your time and enjoy meals and snacks
- Once your weight has stabilised and you are feeling fit and active you should follow a healthy balanced diet, lower in saturated fat and sugar and higher in fruit and vegetables
- Seek advice and support if you have any concerns

Thank you for
listening

