

Lady Sobell Gastrointestinal Unit Wexham Park Hospital

Eating Well After Gastro-intestinal Surgery

Introduction

This leaflet contains general information to help you with eating after surgery. If you need more detailed advice, please ask your doctor to refer you to a registered Dietitian.

Why do you need to eat well after surgery?

- Eating well before and after surgery or illness will help you recover faster. Eating too little may affect your energy levels.
- If you have a poor appetite, or eating less than usual, then you may lose weight or be at risk of losing weight.
- Lack of protein, minerals and vitamins may make you more open to infection or delay the healing process.
- It is important that you eat a balanced diet, to provide all the necessary nutrients for recovery.

Meal Pattern

- Eating small, frequent meals and snacks during the day will be easier to manage than three larger meals, especially if your appetite is poor.
- Chew food slowly
- Aim for three small meals each day, with two to three snacks or nourishing drinks in between.
- Meals and drinks should be high in calories and protein to meet your daily requirements.
- Drinks, snacks and meals can be fortified to make them more nutritious, e.g., add cream/butter/cheese/sugar to foods

Protein Foods

Meat and Fish

- Include at least 75 to 100g (3 to 4oz) of meat, chicken or fish with your cooked meal.
- Convenience meals are a good standby to have in the fridge or freezer. Try fish in sauce, shepherd's pie or lasagne.
- For a snack meal, include smaller portions of meat or fish in a sandwich or on toast. Try a ham or corned beef sandwich or sardines on toast.

Milk and Yogurt

- Aim for one pint of milk each day and use whole milk if you are at risk of losing weight.
 You can fortify milk by adding skimmed milk powder to increase the calorie and protein content. Whisk four heaped tablespoons into one pint of milk.
- Have milky drinks, milky puddings, custard, full fat yogurt and milk jellies.

Cheese and Eggs

- Have a cheese or egg meal for a change, such as macaroni cheese, quiche, scrambled eggs or an omelette.
- For a snack meal, have cheese or egg on toast, cheese and crackers, or cheese/egg sandwiches.
- Try making a cheese sauce to put with fish or pasta, and sprinkle grated cheese on top.

High calorie foods to help build you up

- Carbohydrate is a good source of energy, so it is important to include starchy foods at each meal (bread, potatoes, pasta, rice and breakfast cereals).
- Margarine, butter and oil are all fats and contain similar numbers of calories, so adding these to foods will increase the calorie content. Add lots of butter or margarine. Spread thickly on bread or crackers or mash into potatoes.
- Do not use light or low-fat spread if you are trying to increase your energy intake.
- Roast potatoes and chips are high in calories and can be eaten as part of your diet.
- Add double cream to soup, sauces and puddings.
- Try adding sugar to drinks, breakfast cereals or desserts.
- Add jam, honey or syrup to plain cakes and scones.
- If you have a poor appetite try biscuits, cakes, sweets, chocolate or crisps as inbetween meal snacks.

Drinks

- Avoid very hot or very cold foods/drinks.
- Avoid a high intake of alcohol or high intake of caffeine.

Fibre

After having an operation on your bowel you may be unsure if you can eat foods which are high in fibre. Foods high in fibre help with bowel function and it is important to include these foods in your diet if they are tolerated well.

Fibre is found in fruits and vegetables, wholemeal breads, brown rice and wholewheat pasta, beans and pulses, and high fibre breakfast cereals (Weetabix, bran flakes, Shredded Wheat, All Bran).

One to two weeks after your operation you can start to reintroduce high fibre foods back into your diet. After surgery, tolerance of fibre may be varied. The following tips may help.

Week 1

Try replacing white bread with wholemeal bread, either 'best of' bread or '50/50' bread.

Week 2

Try eating an extra portion of fruit and vegetables each day. Five portions of fruit and vegetables are recommended for a healthy diet.

Week 3

Try a higher fibre breakfast cereal, e.g., Bran flakes, Shredded Wheat, Weetabix or Porridge.

Week 4

Try other fibrous foods like pulses, nuts or dried fruit.

Food choices

Food group	Choose foods low in fibre	Avoid foods high in fibre		
Bread, other cereals and potatoes	White bread, white chapatti, white, pitta White pasta White rice Refined cereals e.g. Rice Krispies, Cornflakes Cream crackers, rice cakes Boiled, mashed or roast potatoes (no skin) Yams, sweet potato (no skin)	Wholemeal/granary bread, added fibre white bread, brown chapatti, wholemeal pitta Wholegrain pasta Brown rice Wholegrain cereals e.g. Bran Flakes, Weetabix, Muesli, porridge Rye crispbreads, wholemeal crackers, oatcakes Jacket potato skins		
Fruit and vegetables	Fresh, tinned or stewed fruit but remove any skin, pith, pips Vegetables but remove any skins, stalks, seeds	Dried fruit Sweetcorn		
Pulses and nuts	None, unless you are vegetarian, in which case you may take a small portion lentils, humous or mushy peas	 Beans including baked beans, chick peas, peas, lentils unless vegetarian, All nuts and seeds 		
Meat, fish and eggs	Meat, poultry Fish Eggs	Avoid skin, gristle, bone and any dishes containing pulses e.g. chilli con carne		
Milk and dairy products	Milk, creamPlain or fruit yogurtsCheese	Yogurts containing nuts or cereal		
Miscellaneous	Butter, margarine, oil Plain biscuits e.g. Rich Tea, Morning Coffee Cakes, puddings and pastries made with white flour Jelly, ice-cream, milk puddings, custard, sorbet Honey, sugar, syrup, 'jelly' type jams, fine-cut marmalade Tomato ketchup, brown sauce, mayonnaise Salt, pepper, herbs, spices Boiled sweets, chocolate, toffee or fudge without dried fruit or nuts Tea, coffee, fruit squash, fizzy drinks, chocolate or malted milk drinks, Bovril, marmite	 Wholemeal biscuits e.g. Digestives Biscuits containing dried fruit or nuts e.g. Garibaldi, Fig Rolls Cakes, puddings and pastries made with wholemeal flour, dried fruit or nuts Flapjacks, cake, biscuits or puddings made with oats Jams with seeds or skin, thick cut/chunky marmalade, sweet mincemeat Pickles or chutneys Sweets and chocolate with fruit or nuts, Muesli bars 		

Expected bowel movements

• Right Hemicolectomy

Your bowels should start working 3 - 5 days following this surgical procedure. Your surgeon will usually discharge you before your bowels are active, as long as you can pass flatus (wind).

You may find that you have some urgency when needing to open your bowels and the consistency may be very loose; some patients think they have picked up an infection as this loose motion can last for up to 2 weeks but it is normal and nothing to worry about if this is the case. **DO NOT TAKE ANY IMODIUM / LOPERIMIDE** unless your colorectal surgeon advises it. Drink plenty of fluids; even consider an electrolyte replacement drink from your chemist, and eat a low fibre diet.

• Left Hemicolectomy / Anterior resection / AP resection

Your bowels should start working 4 - 6 days following this surgical procedure. Your surgeon will usually discharge you before your bowels are active, as long as you can pass flatus (wind).

Patients following this type of surgery find that their bowels can settle straight away, some experience some constipation, others experience diarrhoea but symptoms usually settle once eating well.

Take a varied and balanced diet for good health. If you have any queries, please discuss these with your Colorectal Nurse who can refer you to a dietitian for further advice.

Contact details

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