The Oesophageal Patients Association

Caring for the cancer patient and their family

Nutrition and Digestive Issues

Notes from a talk given by Orla Hynes, specialist dietician

Nutrition is often a problem because:

- The anatomical location of the disease can lead to dysphagia [swallowing problems]/delayed gastricemptying/vomiting
- Decreased appetite, weight loss, metabolic alterations & inflammatory state
- Treatments cause additional symptoms which impact on nutrition
- Long treatment pathway – using a combination of chemotherapy, radiotherapy, surgery

Nutrition plays a pivotal role across the entire pathway from diagnosis to survivorship:

- Helps to preserve performance status [ie fitness for treatment]
- Helps to reduce the risk of treatment related toxicities so that you can get full doses of oncological
- Treatments
- Reduce risk of postoperative complications
- Maintain/preserve quality of life

'Survivorship':

- Refers to living with or beyond cancer - What happens to the patients after they have finished theirtreatment?
- January 2010 *National Cancer Survivorship Initiative* published a vision document – findings that NHS are not meeting all cancer survivors' needs following treatment
- How should we follow up our patients after surgery?

Aim: Quality of Life after Surgery:

Post Surgery:

- Weight loss can be a problem
- Eating and drinking is difficult
- Maintaining a good nutritional status is challenging
- Dietary assessment is important – in determining the problems and strategies to help manage these
- Symptom management

Early Satiety [feeling full] and Reduced Appetite:

- Smaller stomach capacity or none
- Disruption of gut hormones and innervation [vagotomy]
- Need to eat 'little & often' and be a 'grazer not a feaster'
- 'Hard to change the habits of a lifetime'
- 'Don't feel hungry' is a common complaint
- Worsened by weight loss and malnutrition
- Eating pattern needs to be following a regime, rather than relying on feelings of hunger

Problems with Swallowing:

- Bread and chunks of meat – likely to be a problem
- Sips of fluid with meals can help
- Anastomotic stricture 'tightening of the [surgical] join'
- Sensation of food sticking
- Range of consistency - Solid foods Soft Diet Pureed Diet/Liquids
- When dietary intake becomes a problem, intervention needs to be considered
- Dietary advice to ensure nutritional adequacy
- Endoscopy +/- stretch

Acid Reflux:

- Common to require antacids
- Loss of gastro-oesophageal junction, new position of stomach or 'gastric tube'
- Watch out for other signs – cough or hoarse voice in the morning
- Important – can make 'tightening of the join' worse
- Dietary advice of limited value as acid reflux is likely - but avoid obvious problematic foods

Bile Reflux:

- Burning, bad taste, nausea
- Delayed gastric emptying
- Responds well to sucralfate suspension
- Endoscopy & stretch
- Delayed Gastric Emptying:
- Can present as bad reflux
- Appetite in the morning but lessens as the day goes on
- Regurgitation/Vomiting

Management:

- Prokinetics [medication that stimulates the pylorus, bottom end of the stomach, to empty]
- Endoscopy & stretch

Taste Changes:

- Consequence of treatment
- Transient hopefully
- Bile reflux
- Check Vitamin B12 & Zinc

Diarrhoea & Steathorrhea [fatty stools]:

- Decreased gut transit, intestinal hurry
- Loose stools to be expected after surgery
- Improves with time
- Loperamide/Immodium
- Pale floating stools, difficult to flush – caused by fat malabsorption
- Very unpleasant, weight loss, malnutrition
- PERT – Pancreatic Enzyme Replacement Therapy
- Bile Salt malabsorption
    - Diagnosed by SeCAT scan
    - Cholestyramine/Colesevelam
- Small bowel bacterial overgrowth (SIBO)
    - hydrogen breath test
    - duodenal aspirates
    - antibiotics
    - probiotics
- Dietary advice – last resort, fibre, fat, low FODMAPs. Aim to identify and treat cause is priority.

Diarrhoea, Bloating & Flatulence:

- Low FODMAPs diet
    - Fermentable Oligo-saccharides Disaccharides Monosaccharides And Polyols
- Last resort…rule out other causes first
- Restrictive and complex, exclusion diet for 8 weeks, slow and strategic reintroduction of foods. Motivation+++ needed!
- May be suitable in a small number of patients, but not to be implemented without close supervision of a dietitian. Not to be tried when on treatment.

Dumping Syndrome:

- Early: bloating/nausea/fullness/palpitations/pain after eating/flushing/sweating/faintness/ loose stools or diarrhoea may follow.

Late: Tiredness/tremor/palpitations/sweating/giddiness

- Complex
- Dietary advice may help
- However seek advice from dietitian – avoid unnecessary restrictions
- ********review other medications**********
- Immodium/loperamide
- Acarbose/Octreotide

Fatigue:

- Treatment, stress, anxiety, low mood/depression
- Anaemia – reduced capacity to send oxygen around the body
- Causes:
  - Chemotherapy
  - Dietary deficiencies e.g. iron, Vitamin B12, folate
  - Iron & Vitamin B12 deficiency is common after surgery
- Regular check of iron, vitamin B12 & folate
- Oral iron tablets, IV iron infusion, Vitamin B12 injections