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INFORMATION

Other Publications-  
- The Oesophageal Patients Association  
  (General information leaflet)  
- Swallowing – Nutrition When It’s Difficult  
  (For those not having an operation but perhaps having  
  a stent inserted or other treatments)

These publications are available to patients and medical staff on request. There is no charge to individuals and no membership subscription. The Association is supported entirely by donations

FUNDRAISING

We make no charge to patients or their families for any support and advice provided. The OPA can only maintain its vital service through donations and other fundraising activities generated by the community it serves

It costs the Oesophageal Patients Association several hundred pounds per day to run the national telephone helpline, provide regional meetings, train volunteers and produce our support literature.

If you can support the work of the OPA at this time we would be indebted to you.

Cheques should be made payable to The OPA.

Gift Aid

If you are an income tax payer, you may wish to ask for gift aid to be applied to your donation. This will enable the OPA to recover tax on this and any future donations you may make, at no additional cost to you on the understanding that you should pay income tax or capital gains tax equal to the tax reclaimed by the OPA on the donation in that tax year.

Please contact Head Office at Solihull by email or telephone (see overleaf) and a gift aid form will be sent to you.
1 Introduction

You have had a major operation and feel that life may never be the same again. It can, with slight modifications, and it can be a very good life.

The aim now must be to learn to adapt to the changes so that they affect your quality of life as little as possible.

There is no need for a special diet, you can eat and drink anything you like. Initially after your operation you should eat foods which are soft, however within a few weeks you will be able to progress to more normal consistencies. A little and often eating pattern will help with your appetite and to minimise weight loss in the months after your surgery. Recovery can feel slow, but gradual steady improvement is best. It is possible for people to return to their former fitness level in time, including running marathons!

In the UK, cancer is the most common reason for having this operation. Other reasons include a rupture or stricture/narrowing of the oesophagus, Barrett’s oesophagus, a congenital condition or motility disorder.

After your operation, you will need a lot of rest and may feel exhausted by the slightest exertion, but this will improve. Your recovery will take place over a number of months and some people will take longer than others.

This booklet will help you to understand your recovery process. It is based on the experiences of people who have had the same operation as you, with valuable input from health professionals.

2 The Operation

Oesophagectomy

The operation involves removal of part, or most of the oesophagus (gullet) and part of the stomach, the amount of each varying according to the position of the tumour. The remainder of the stomach is then moved into the chest and joined to the remainder of the oesophagus. The join may be near the neck or slightly lower and all or only part of the stomach may be in the chest. After the operation, you will not be allowed to eat or drink for a few days. In order to provide nutrition during this period, a tube may be inserted at the time of the operation. This tube may go through your nose down to your small intestine (nasojejunal) or may pass directly into your small intestine (jejunostomy) through the abdomen. In some cases, parenteral nutrition or ‘feeding through the veins’ may be used.
Gastrectomy

If all of your stomach has been removed (total gastrectomy), the top part of the small intestine (the jejunum) is joined on to the bottom of the oesophagus (gullet). If only part of the stomach has been removed (sub total gastrectomy), the small intestine is joined to the remaining part of the stomach. As a result food arrives in the small intestine more quickly. After the operation you may not be allowed to eat and drink for a few days. To provide nutrition during this period, a tube may be inserted at the time of the operation. The tube may go through your nose down to your small intestine (nasojejunal) or may pass directly into your small intestine (jejunostomy) through the abdomen.

If you have had a total gastrectomy, you will require vitamin B12 injections every three months, as without a stomach you are unable to absorb this vitamin from food.

Ask your surgical team for more detail if you need to better understand your condition. You may find that a clearer understanding will help you cope.
Laparoscopic (Keyhole) Surgery

Some people have part or all of their surgery performed using keyhole surgery. This means that although the same operation is performed you do not have a large wound. You may therefore recover more quickly, but you should remember that although there is little to see on the surface, your body still has to recover and heal and this will take time.

3 Speed of Recovery

Your GP will be informed when you are leaving hospital. It is quite likely that the District Nurse will also be informed.

Recovery from a major operation involving your digestive system is not fast; it can take months for it to adapt although some patients are quicker than others. This can take up to a year or longer for some. It will be some months before you are at your peak again and you will have off days along the way. Try to be patient.

Initially you will/may feel very tired, possibly exhausted at times and plenty of rest is needed. Sometimes the tiredness may come on very quickly; do not feel you have to fight it. An afternoon nap is helpful for the first few weeks to stop you getting overtired. Take some gentle exercise as soon as you can - walking to start with, going a little further each day. This will help stimulate your appetite and also help with your breathing.

You may notice a change in bowel habit in the early days (see the section on eating and drinking below). You may also have a dry cough, perhaps when talking a lot or too loudly. This can be helped by sipping a cold drink or sucking a boiled sweet. It disappears in time, but may take a year or more.

4 Lifestyle After Surgery

Every individual recovers at a different rate – some recover more slowly than others. Energy levels will return over time, however be prepared for episodes of reduced stamina in the months after the operation. If you were working before your operation you may require a prolonged time off work.

THE FIRST FEW WEEKS

You start moving about soon after the operation, sometimes with the help of a physiotherapist. This is a very important part in your recovery. Initially, moving around will be challenging, however day by day this will improve. It is recommended that you increase your activity levels over a number of weeks. Building up your activity during this early period should be taken by increasing speed or distance - not both. Bear in mind that outdoor walking is more difficult - there may be slopes/wind and heavier clothing to wear - and do not forget the return journey!

It is not recommended that you do any heavy lifting or driving until you are reviewed by your surgical team. If you feel able, light duties can be undertaken. Continue the breathing exercises given to you in hospital.
During the early stages you may be concerned about causing damage to yourself. Coughing, vomiting, and physical activity may be uncomfortable, but be assured it will not cause you harm.

During the operation, muscles have been stitched together but these heal well in the first few weeks. Nerves, which are necessarily cut in any operation, repair very slowly and some areas around the wound may remain numb.

You may find that your ability to concentrate has been affected. This can be very frustrating, but it will gradually return. It may help to take up a new hobby while you have got time on your hands.

DRIVING

It may be helpful to inform your motor insurance company that you have undergone major surgery before you start to drive again. You must be capable of performing an emergency stop with ease. Discuss this at your first outpatient appointment with the surgical team.

EATING OUT

Eating with others is a very social activity, which you should still be able to enjoy. Friends and family should be aware that you may need smaller portions. Do not worry about leaving food on your plate. The Oesophageal Patients Association has produced a card which states that for medical reasons you can only eat small portions.

SLEEP

It may take several weeks to establish your normal sleeping pattern. If required, you can take a pain killer before going to bed to help with comfort during the night. You may benefit from an afternoon nap in the early stages of recovery.

PSYCHOLOGICAL EFFECTS AND SUPPORT

The treatment that you have had may be stressful for both you and your family, you may benefit from talking to family, friends or a professional such as a psychologist or counsellor. Your GP/Specialist Nurse can refer you. Patients may also find it helpful to talk to somebody who has also had the surgery and the Oesophageal Patients Association will be able to put you in touch with a knowledgeable former patient. There are local groups around the country and you can be told about the one nearest to you.

RELATIONSHIPS AND SEX

The trauma of being diagnosed with cancer and undergoing surgery often affects our relationships with others. Both partners may be worried about having sex after surgery. It is normal to feel anxious, but sex should be possible and as enjoyable as it was before. It may be best to wait 4-6 weeks, but allow yourself plenty of time if you feel uneasy about resuming sex. Treat it like any other activity; if you are tired and tense wait until you are ready.
SMOKING

If you are a smoker you will have stopped smoking in hospital, so try not to start again. If you need help to stop smoking contact your GP or hospital team. For further information look on the internet and visit: www.smokefree.nhs.uk.

FOLLOW UP AFTER SURGERY

You should be seen by your surgical team soon after discharge following your operation. Further appointments may then be made but some hospitals leave it to the patient to make contact if they feel the need. If you have had surgery for cancer, it is natural for you to worry about the cancer coming back. You can discuss this at your appointment.

Some hospitals provide specialist nutrition advice by a dietician for patients after this surgery and you should seek their support regarding problems with your weight or eating and drinking. If you do not have direct access to a dietician, your doctor or Specialist nurse can facilitate a referral.

EXERCISE

Be sensible – when you feel able to start exercising, start slowly and build on this. Swimming or walking are good exercises to start with. Be careful of strenuous or weight lifting exercises. These and sports like running can be added later (up to marathon standard if you are really determined - one of our former patients has run several). If you were previously overweight, now is your chance to keep that new slim figure by taking up a sport that you used to find too energetic. There are no limitations to the type of exercise you can do, when you feel confident and strong enough. The most important things about exercise are that it should be taken regularly and be enjoyable.

BACK TO WORK

The timing of a return to work depends on many factors; age, type of work, effort put into regaining fitness. In any event it may be some months before you do, but we are all individuals. Heavy work makes more demands and might in fact not be suitable if much bending and lifting is involved. Hopefully your employer may be able to help by using your skills and knowledge for lighter work. A gradual or staged return to work may be helpful in building stamina. Also you may tire more quickly so if driving or working with machinery is involved in your job, extra care and planning may be necessary.

It is important to think about what you can eat in work. If you are being more active now that you are back at work, remember you will need to eat more. You will need to consider what foods are available in your workplace and whether you need to plan ahead, and bring convenient snacks.

5 Eating and Drinking

Depending on exactly what surgery you have had, you may now have no stomach at all, or you may have a much smaller stomach. This means that you no longer have the capacity to eat large amounts of food in one sitting, but this may gradually increase. You may feel “full up” more quickly, but the sensation will probably be different.
It will take you a while to judge how much you are able to eat. If you have had a bad experience with a food, do not exclude it permanently – try reintroducing it again at a later date. Try to eat a wide variety of foods.

SWALLOWING

Your ability to swallow should not be impaired but some anxiety about food entering the adapted digestive system can make it feel a little difficult and lumpy at first. Start with soft foods and gradually move onto a normal diet as you feel able. There are no foods that you should avoid. Chew foods well, and take time to eat. Bread may be difficult for some people to swallow. If this is the case, try toast and crispbreads as they may be easier to manage.

Do not be alarmed in the early weeks if you have problems with swallowing. The often occurs due to narrowing of the join. See under “Food Sticking”.

APPETITE

You may find that you have a reduced appetite or none at all during the early stages of recovery. This should improve with time and establishing a little and often meal pattern should help with this.

Tips to Stimulate the Appetite

● Relax and avoid rushing meals
● Try using a smaller plate and serve meals which are attractive and colourful.
● If you are too tired to prepare a meal, have a ready meal instead or tinned foods.
● If food has no taste, try stronger flavours such as seasoned/marinated foods.
● Try getting some fresh air before a meal.
● Establishing a little and often meal pattern will help to stimulate appetite in time, so try not to miss meals or snacks.
● Make the most of the foods that you enjoy. No food is forbidden!
● Make the most of when you do feel hungry, even if this is outside conventional meal/snack times.
● If you are having problems with nausea, you may prefer having your food at room temperature or cold.
● If you find cooking smells a problem, avoid the kitchen or use cold or microwaved foods. Perhaps someone else can prepare your food for you. However, for some, the smell of food will tempt the appetite.
A small drink of sherry or other aperitif, or even a small beer, before a meal may help to stimulate your appetite and improve taste.

**LITTLE AND OFTEN MEAL PATTERN**

The key to eating well after surgery is not to eat large meals, but to eat smaller amounts regularly. You may find this difficult at first, but try to eat SIX times a day; three small meals and nourishing snacks in-between. Eat slowly and chew your food well. This will help you digest your food and prevent you feeling full too quickly. You will feel uncomfortable if you eat too much at one time. You will gradually get to know what the right amount is for you.

Eating more frequently can be a pleasure - biscuits with coffee in the morning; a scone or cake with tea in the afternoon; a gap between courses. Try to make it an enjoyable activity.

**TASTE CHANGES**

After any operation you may find that your sense of taste can be affected. This should improve with time. You may prefer foods that you previously did not enjoy and vice versa. Some of the tips suggested above may be helpful.

**DRINKING**

Drinking is important and you should make sure that you drink plenty of fluids. However, you must be careful not to fill yourself up with fluids before or during a meal or you will not want to eat your food. Try not to drink for 20 minutes before or after a meal and when eating, just take sips instead.

There is no reason why alcohol should not be taken but the effect may be felt a little earlier than prior to your operation – so beware! Remember certain medicines can react with alcohol – check with your GP or pharmacist.

It is not just water that contributes to your fluid intake – think of more nourishing drinks (see later section on Nourishing Drinks).

**DEALING WITH WEIGHT LOSS**

It is quite common to lose weight after this surgery and this may continue for some time. You may not return to the weight you were prior to your illness; however you should establish a new stable weight. Eating little and often and choosing high calorie and high protein foods can help to minimise weight loss (see section on Eating After Your Surgery). If you have any concerns about weight loss, you should speak with your dietitian/GP/Specialist Nurse/Hospital Team.

**6 Some Possible Problems**

Following your operation it will take your body a while to settle down and you may initially encounter some unexpected experiences. Most of these will improve with time. For instance, if milk seems to be making you feel ill you can use soya milk instead but consult your dietician as you may need to add a food supplement to maintain your nutrition levels.
Keep trying a little milk as the problem should not last more than a few months when the enzyme needed to digest milk starts being produced again.

DUMPING SYNDROME

The altered digestive system affects the rate that food passes through, ie it may pass through more quickly, causing a number of possible symptoms.

Early Dumping Syndrome is associated with the following symptoms: bloating/nausea/fullness/palpitations/painaftereating/flushing/sweating/faintness/ loose stools or diarrhoea may follow. It can be unpleasant and distressing, but is not serious and generally the frequency of attacks becomes less. Relaxing or taking a rest may be helpful after eating.

Late Dumping Syndrome results from your blood sugar levels dropping. This is in response to too much insulin being produced. It can happen up to two hours after eating, with or without an earlier episode or early dumping syndrome.

Symptoms include tiredness/tremor/palpitations/sweating/giddiness. If this happens, you should have something containing sugar eg fruit juice, a sugary drink or biscuits. Some people find it helpful to carry glucose/dextrose tablets.

Dumping Syndrome is a complex subject. It can be improved by appropriate dietary changes and the frequency of episode will improve with time. However, it is important not to put any unnecessary restrictions on your eating. Seek advice from your Dietician/Hospital Team if you are experiencing any of these symptoms.

DELAYED GASTRIC/STOMACH EMPTYING AND SICKNESS

Food can sometimes remain in the stomach too long, causing you to feel sick and bloated; this may be as a result of nerves that are necessarily cut during the operation. It is very common and your GP/Doctor/Surgical team will be able to give you a medicine (for example, Metoclopramide or Domperidone) which you should take half an hour before each main meal to improve stomach emptying. It usually improves with time. If the problem persists, speak to your Specialist Nurse/Surgical Team.

FOOD STICKING

After surgery scar tissue at the join in the oesophagus may restrict the flow of food. This can be worrying and a reminder of your original symptoms. It is treated by dilating/stretching the join with a balloon during an endoscopy. It is a routine procedure and may only have to be carried out once but a few patients may need to have it done several times in the early months. Do not persist with the problem too long; it is better to treat it early. Consult your Hospital Team/Specialist Nurse if you feel this aspect could be improved.

ACID REGURGITATION (REFLUX)

Reflux is a common problem after surgery. It occurs most commonly at night or in the early morning. The symptoms can be a burning feeling in the stomach or throat, gastric pain, an
We are able to offer support in the following areas:-

📚 Information literature which is medically approved and written by former patients who know how you are feeling

📞 Telephone helpline service Mon-Fri 9am – 3pm including access to trained former patients

🌐 Website and email contact

✉️ Newsletters with up to date information, with both patient and medical input

👥 Regional support groups in many areas

🩹 Hospital visitors in some areas
WE WOULD LIKE TO KNOW ABOUT YOU...

.....IT COULD HELP RESEARCH

Oesophageal cancers are on the increase in the western world. We are working with the medical profession for earlier diagnosis, better treatments and improved outcomes. By registering with our Association, you will automatically become a member and will receive regular newsletters with up to date information and helpful features. You will also receive news of local patient support meetings. There is no cost to you to do this.

The OPA has supported oesophageal and gastric cancer patients for almost 30 years; during that time we have spoken to many thousands of patients and carers. We are recognised as a knowledgeable and responsible body, widely respected by the medical profession. If you are prepared to tell us even more about yourself, this information will enable us to influence the medical profession in areas of research; analysing and improving the effects of treatments more accurately and effectively.

NB Personal membership details supplied are confidential to the OPA and are not available to any other organisation without the prior permission of the individual. Information is stored in accordance with the Data Protection Act 1998.
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PERSONAL INFORMATION

Please complete as much information as you wish

Name ..............................................................
Address ................................................................
...........................................................................
...........................................................................
Postcode ..................Tel No ..............................
Email address ....................................................
Age at Diagnosis .......... Occupation .................

ADDITIONAL OPTIONAL INFORMATION

(Please tick/delete whichever is applicable)

[ ] I am a patient
[ ] Please register my details with your Association
[ ] Please include me on your mailing list
[ ] I have/have not had surgery for oesophageal/gastric cancer

* Date of surgery ..............................................
* Name of hospital which is treating me/has treated me

* Name of Consultant ...........................................
* Date of treatment .............................................
* Month and year of diagnosis .............................
* Treatments given
  (e.g. Chemotherapy/Radiotherapy/ Stent (tube in oesophagus)/Laser/Photodynamic Therapy (please specify)

..............................................................................

If you wish, you can add further information on a separate sheet. All information will be helpful.
Please return this slip in a sealed envelope to

Patient Support
OPA
22 Vulcan House
Vulcan Road
SOLIHULL
B91 2JY
unpleasant taste in the mouth or coughing on waking. Reflux can be treated by taking an acid suppressant (e.g. Omeprazole, Lansoprazole). You should liaise with your GP/Surgeon/Specialist Nurse regarding the dosage and timing of your medication. Certain medications (e.g. Metoclopramide, Domperidone) may also be helpful and are available on prescription.

Keeping some food in the digestive system may help prevent a build up of acid. Extra pillows or raising the bed head by about 4 - 6 inches with blocks of wood or a house brick can be very beneficial, and a pillow under the knee area may prevent slipping down during the night. Electric beds are now available much more cheaply than in the past.

BURPING/BELCHING

You will probably experience a tendency to burp more than before. Sometimes it can almost be involuntary but with practice some control is gained and embarrassment can be avoided. You may also feel as if you have trapped wind. This can be painful and worrying, but it does improve fairly quickly. You may find drinking peppermint tea helpful.

CHANGE IN BOWEL HABIT

Due to the surgery you may experience changes in bowel habit which also should settle with time. Most people will find that their stools are looser/softer. However some may have watery stools and this may be accompanied by colicky pain. These problems are easily managed by medication and are rarely associated with any particular food. If this is affecting your quality of life speak to your GP/Surgeon/Specialist Nurse.

If you notice that your stools are pale/oily/difficult to flush, it may be a sign that you are not absorbing the fat from the food that you eat and may cause further weight loss. This can be improved by taking a medication at the same time as your food. Speak to your GP/Surgeon/Specialist Nurse/Dietician for advice.

7 Eating After Your Surgery

After your surgery, you will need to adopt a little and often meal pattern, as discussed previously. If you are having problems with weight loss, you may find the suggestions and recipes below helpful. If you previously followed a specific diet for medical reasons, check with your Dietician/Specialist Nurse/Hospital Team if this is still necessary.

Snacks and Small Meals

Keep **snacks** to hand so you can nibble throughout the day. Examples include:

- Peanut butter/pate/cheese/dahl on crackers
- Dips (e.g. hummus, guacamole, tzatziki, taramasalata, salsa) with breadsticks, tortilla chips, crisps, nachos or crackers
- Cocktail sausages, scotch eggs, samosas, olives, sausage rolls, nuts, Bombay mix, pasties
- Fresh/tinned/dried fruit, popcorn,
- Yoghurt, rice puddings, ice creams, ice lollies
- Breakfast cereal, cereal bars
✓ Chocolate, sweets, cake, biscuits
✓ Teacakes, muffins, crumpets, croissants, pastries

Examples of nourishing small meals include:

- **Sandwiches**
  These can be made from sliced bread, toast, bagels, baguettes, rolls, wraps, chapatti or pitta bread. Fill with cold meats, tinned fish, pate, dhal, hummus, egg, bacon, cheese or peanut butter. Add butter, mayonnaise, pickles, chutneys, salad or avocado to make them more interesting.

**On toast**
Baked beans, cheese, sardines, eggs – poached, scrambled or fried. Add plenty of butter or margarine and top with grated cheese.

- **French toast (eggy bread) or omelette.**
  Add cheese / mushrooms/ ham

- **Jacket potatoes**
  With butter and fillings such as cheese, baked beans, tuna mayonnaise, chilli con carne, coleslaw, bolognaise sauce, hummus or sour cream.

- **Ready made meals**
  Can be frozen, chilled, tinned or boil in bag

- **Nourishing Soups**
  If having soup as a meal, choose one that contains meat, fish, cheese, lentils peas or beans. Make soup with full cream milk or add cream and serve with a buttered roll.

- **Pasta**
  Instant or microwaved pasta with added cheese, cream, buttered &/ or ham

- **Puddings**
  - Milk puddings such as rice or semolina. Add jam, fresh or tinned fruit or cinnamon, sultanas or brown sugar.
  - Thick and creamy or custard style yoghurt, fromage frais, fruit mousse or fool, trifle.
  - Sponge pudding, jelly with tinned fruit and ice cream or cream. Add raspberry or chocolate sauce.
  - Hot or cold pie or crumble with cream, ice cream or custard.
  - Waffles or pancake with maple syrup and cream or ice cream.
  - Cheesecake or sweet pastries with cream.
  - Baked apple or banana with brown sugar and sultanas. Serve with custard, cream or ice cream.
  - Whisk a small tin of evaporated milk into a cooled jelly made with ½ pint water to make a milk jelly.
● Use custard and stewed or pureed fruit to make a fruit fool.
● Banana and chocolate or other confectionery can be chopped into Angel Delight.
● Full fat Greek yoghurt with honey and soft fruit. This can be topped with brown sugar and grilled to make crème brulee.
● Adding cream to any pudding will boost the energy content. For convenience try aerosol creams, these keep well in the fridge. Long life cream is also useful.

Adding Calories and Protein

✓ Melt butter on vegetables, meat and fish
✓ Add grated cheese or cream to mashed potato, vegetables and soup.
✓ Use sauces or gravy with meat and fish
✓ Add dried skimmed milk powder to full cream milk (4 tablespoons milk powder mixed into a pint of milk) and use this for your drinks and in cooking (e.g. porridge, sauces, soup and milk puddings.)
✓ Add chopped ham or shredded chicken to soups
✓ Add sugar/honey/syrup to drinks, cereals, desserts and fruit.
✓ Add cream to desserts, milk puddings, fruit and sauces

Ideas for Nourishing Drinks

Milk based drinks:

Fortified milk: Add 2 oz (4 tablespoons) of milk powder such as ‘Marvel’ or ‘5 pints’ to 1 pint of full cream milk. Use fortified milk to make up:

Hot milk drinks:
● Ovaltine, Horlicks, Bournvita, hot chocolate (Avoid low calorie types)
● Milky coffee
● Double cream or evaporated milk can be added to a hot milky drink

Cold milk drinks:
● Milk shakes made with cordials, fruit juice, milk shake syrup or powder. Add a scoop of ice cream for extra nourishment
● Fruit smoothie: blend fruit e.g. banana with milk plus ice cream/yoghurt and honey or malt

Savoury milk drinks:
● Instant soups
● Bovril or Marmite

Yoghurt Drinks:
● Can be purchased, or yoghurts can be diluted with milk to make yoghurt shakes
Fruity Drinks:
- Fruit juice – fresh or long life
- Fruit juice mixed with fizzy drinks e.g. lemonade are refreshing
- Fizzy drinks e.g. Lucozade, Appletize, Schloer, lemonade, Coca Cola, tonic water
- Try to avoid ‘low calorie’ and ‘diet’ options

Ice cream soda:
- Can be made by adding ice cream to a fizzy drink

Supplement Drinks:
- Complan and Build Up shakes and soups are available from most pharmacies and supermarkets. They come in a variety of sweet and savoury flavours.
- There is also a wide range of nutritional supplement drinks available on prescription. They can be used to supplement your intake and help to maintain your weight. If you feel that you would benefit from using these products, ask your Dietician who will be able to advise you.

Alcohol:
- A small glass of wine, beer, sherry or your favourite drink taken half an hour before a meal may boost your appetite. Check with your Doctor first.

Recipes for Nourishing Drinks:

Hot drink ideas:

HOT TODDY (225 kcals)
1 glass of fortified milk
Sugar to taste
1 tablespoon of brandy, sherry, rum or whisky

HONEY AND LEMON CUP (290 Kcals)
1/3 pint of fortified milk
2 dessert spoons of clear honey
Dash of lemon juice
- Heat the milk with the honey. Remove from the heat and add the lemon juice. Serve immediately

CHOCOLATE MALLOW (395 Kcals)
1/3 pint of fortified milk
1 tablespoon of drinking chocolate
2 teaspoons of sugar
4 marshmallows
1 tablespoon of rum
• Blend together the drinking chocolate and sugar with a little milk. Heat the
remaining milk with 2 marshmallows. Add to chocolate with rum if using. Float
remaining marshmallows on top.

CINNAMON SPICE (260 Kcals)
1/3 pint of fortified milk
1 tablespoon of golden syrup
Pinch of mixed spice
Pinch of ground cinnamon
• Heat milk. Stir in all the other ingredients. Serve hot.

Cold drink ideas:

ICED COFFEE (350 Kcals)
1/3 pint of fortified milk
2 teaspoons of coffee powder
2 teaspoons of sugar
1 scoop of ice cream
• Dissolve coffee in a little hot milk. Add remaining milk, sugar and ice cream.

Whisk and chill thoroughly

MILK SHAKE (315 – 390 kcals)
1 glass of fortified milk
1 scoop of ice cream
Flavouring e.g. Crusha milk shake syrup, Ribena, coffee or drinking chocolate
OR
Pureed/blended fruit e.g. banana, strawberries
Single cream can be added if desired (30 calories in 1 tbsp/15g)
• Whisk all the ingredients together.

DESSERT ISLAND DELIGHT (270 kcal)
1 glass of fortified milk
Around 30 – 40 mls of pineapple juice
Half a ripe banana
• Liquidise and serve immediately.

FRUIT FLIP (260kcals/200ml)
400 mls fruit juice
100 mls double cream
3 teaspoons sugar
• Whisk the double cream into the fruit juice until the two blend together. Do not over-
whisk the double cream as it will tend to go solid! Add sugar to taste if desired.

TROPICAL FRUIT CRUSH (155 – 180 kcals)
100 mls fruit juice
100 mls lemonade, soda or sparkling mineral water
• Small brick of ice cream (2oz) Chill fruit juice and lemonade, or soda water and stir
well to mix. Add ice cream.
Thinking of the Future

It can take up to a year, and sometimes longer, for the digestive system to adapt after surgery. When you feel fully recovered, your weight has stabilised and you are more fit and active, it may be appropriate to focus more on a healthy lifestyle. This should include following a healthy, balanced diet which is high in fibre, low in saturated fat, and includes more fruit and vegetables. The ‘Eatwell Plate’ below gives a guide to getting the right balance of foods in your diet. For further information, speak to a dietician or visit www.bda.uk.com.

If you are still losing weight or experiencing difficulties with eating at this time, contact your Dietician/Hospital Team.

8 A Summary of Nutritional Guidance

- Try to eat little and often – graze throughout the day
- Sit upright, eat slowly and chew your food well
- Take sips with your meals but try to avoid drinking large amounts
- A small aperitif may help to stimulate appetite
- Eat what you fancy
- Try to relax after eating, and avoid lying down
- Nourishing drinks can be helpful between meals
- Some patients find probiotics (eg Yakult, Actimel, etc) helpful for diarrhoea/constipation/bloating.
- Eat a wide variety of foods

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We gratefully acknowledge the contribution of consultants, research nurses, clinical nurse specialists and dieticians together with former patients in compiling this booklet.
This space is left for you to make notes, comments, or any questions you need to ask.

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