

**Reference Number:** FOI202425/023  
**From:** Private Individual  
**Date:** 11 April 2024  
**Subject:** Educational Literature Resources from the Dietetics and Eating Disorder Service department

Q1 A copy of all educational literature resources (e.g., Word documents, PowerPoints, Patient Information Leaflets, written Advice and Guidance documents etc.) that are distributed, or presented, to patients within your Trust from the Dietetics department (or similar) within your Trust, either in community-based or hospital-based settings.

A1 Within all dietetic departments, educational literature in the form of "diet sheets" are provided to patients. The following documents are those used by the dietetic department on a regular basis, please see attached documents:

- Food and Enzyme Diary.
- Very Low-Fat diet.
- High Protein Leaflet.
- Holly Suite, Initial HP Diet Advice 2023.
- OG Diet Sheet.
- Post-Surgical ileus
- Poor Appetite Diet Sheet 2023.
- Mediterranean Diet 2022.

The Cystic Fibrosis team use diet sheets that are approved by the CF Trust. These diet sheets can be found using the following link: [Nutrition leaflets \(cysticfibrosis.org.uk\)](https://cysticfibrosis.org.uk/nutrition/leaflets). There are assurances that the literature is kept up-to-date and written with checks to ensure easy readability.

The department often uses information sheets developed by the British Dietetic Association and can be found using the following link: <https://www.bda.uk.com/food-health/food-facts.html>. There are assurances that the literature is kept up-to-date and written with checks to ensure easy readability.

LHCH is a specialist Trust and the dietetics department do not do any group patient education sessions- therefore, there are no PowerPoint presentations we can provide.

When specialist dietary advice is required for conditions seen rarely at Liverpool Heart and Chest, there is a local agreement that diet sheets from Liverpool University Hospitals Foundation Trust (LUHFT) can be used. As part of that agreement assurances have been provided regarding their up-to-date status and easy readability.

For patient literature held LUFHT the recommendation would be for you to contact them directly at [FOIRequests@liverpoolft.nhs.uk](mailto:FOIRequests@liverpoolft.nhs.uk).

Q2 A copy of all educational literature resources (e.g., Word documents, PowerPoints, Patient Information Leaflets, written Advice and Guidance documents etc.) that are distributed, or presented, to patients within your Trust from the Eating Disorder

Service department (or similar) within your Trust, either in community-based or hospital-based settings.

A2 Information not held- LHCH is a specialist cardiothoracic trust and does not have an eating disorder service.

## CYSTIC FIBROSIS SERVICE

DATE :

*Food and Enzyme Diary*



NAME:

ADDRESS:

TEL NO:

DATE OF BIRTH:

**PLEASE RETURN COMPLETED BOOKLET TO:**  
**Alicja Sobanska**  
**Dietitians Department**



**Broadgreen Hospital**  
**Thomas Drive L14 3LB**  
**Tel. 0151 282 6473**

**Record two weekdays and 1 day at the weekend of food and enzymes:**

Write down everything you eat and drink (including snacks) and how many enzymes you took. This will help us learn more about how much food and how many enzymes you need.

It would help if you could be as accurate as possible by following the instructions below:

1. State type of food (e.g. wholemeal bread, white rice)

2. State method of cooking (e.g. boiled, grilled, fried)

3. Please state the QUANTITY of food eaten, use household measures, for example:

Wholemeal Bread - 1 slice

Cornflakes - 4 tblsp

Please also state weight of packets/tins bought

Use ounces or grammes

4. Please state brand of food where possible e.g.

McVities Rich Tea Biscuits

Heinz Cream of Mushroom Soup

Food labels are helpful, enclose where possible

5. If two items are eaten together state individual amounts e.g.

Apple and Custard

- Stewed apple - 2 tblsp

- Custard - 4 tblsp

6. Remember to record all snacks and drinks

7. Remember to record all supplements taken

8. Please record for three days

- Two weekdays

- One weekend day

**What I ate and drank (day one)**

Meal or	Food and Drink	How many
---------	----------------	----------

Snack		enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick ✓ the boxes if you have signs of these:

☐ Frequent stools - Circle the number

1 2 3

4 5 or more

☐ Loose broken up stools

☐ Smelly stools

☐ Greasy oily floating stools

☐ Difficult to flush

- ❑ Lots of wind
- ❑ Big/bloated stomach
- ❑ Stomach pains

What colour are your stools? (tick colour)



(day two)

Meal or Snack	Food and Drink	How many enzymes taken
Breakfast		
Snack		
Lunch		
Snack		
Evening		

Meal		
Snack		

Tick ✓ the boxes if you have signs of these:

☐ Frequent stools - Circle the number

1 2 3

4 5 or more

☐ Loose broken up stools

☐ Smelly stools

☐ Greasy oily floating stools

☐ Pale brown/orange yellow colour

☐ Lots of wind

☐ Big/bloated stomach

☐ Stomach pains

What colour are your stools? (tick colour)



(day three)

Meal or Snack	Food and Drink	How many enzymes taken
------------------	----------------	------------------------------

Breakfast		
Snack		
Lunch		
Snack		
Evening Meal		
Snack		

Tick ✓ the boxes if you have signs of these:

- ☐ Frequent stools - Circle the number  
4 5 or more
- ☐ Loose broken up stools
- ☐ Smelly stools
- ☐ Greasy oily floating stools
- ☐ Pale brown/orange yellow colour
- ☐ Lots of wind
- ☐ Big/bloated stomach

1 2 3

□ Stomach pains

What colour are your stools? (tick colour)



This leaflet has been written to provide dietary advice. We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical, nursing or therapy staff.

Suitable and unsuitable food and drink for a very low-fat diet.

Suitable	Unsuitable
<b>Carbohydrates</b>	
<ul style="list-style-type: none"> <li>• Pasta, rice, spaghetti, noodles</li> <li>• 25g portion of Rice Krispies®/Weetabix®/cornflakes</li> <li>• Rice cakes, crispbreads, very low fat crackers</li> <li>• Potatoes (boiled, air fried with no oil, mashed with skimmed milk, baked)</li> <li>• White and brown bread</li> </ul>	<ul style="list-style-type: none"> <li>• Ready Brek®</li> <li>• Pastry</li> <li>• Roast potatoes, chips</li> <li>• Ciabatta, focaccia, other oily breads</li> </ul>
<b>Protein</b>	
<ul style="list-style-type: none"> <li>• 50-60g/3 thin slices of turkey or chicken (light meat, no skin)</li> <li>• Plain white fish e.g. haddock, cod, prawns</li> <li>• Tuna in spring water</li> <li>• Baked beans, peas, lentils, egg white</li> </ul>	<ul style="list-style-type: none"> <li>• Chicken or turkey skin</li> <li>• Steak marbled with fat</li> <li>• Beef burgers, sausages, cured meats, bacon</li> <li>• Oily fish e.g salmon, mackerel, sardines</li> <li>• Egg yolk</li> </ul>
<b>Fruit &amp; Vegetables</b>	
<ul style="list-style-type: none"> <li>• Most varieties of fresh, frozen, and tinned fruit</li> </ul>	<ul style="list-style-type: none"> <li>• Avacado</li> <li>• Olives</li> </ul>

<ul style="list-style-type: none"> <li>• All vegetables and salad</li> </ul>	
<b>Fats</b>	
	<ul style="list-style-type: none"> <li>• Butter, margarine, low fat spread, lard, suet, vegetable oil</li> </ul>
<b>Dairy</b>	
<ul style="list-style-type: none"> <li>• Skimmed milk, small amount semi-skimmed milk, fat free yoghurt, fromage frais, cottage cheese, quark</li> </ul>	<ul style="list-style-type: none"> <li>• Whole milk, cream, full fat yoghurt, ice cream, hard cheeses</li> </ul>
<b>Puddings</b>	
<ul style="list-style-type: none"> <li>• Jelly, tinned fruit, meringue, sorbet, plain wafer, ice lollies, fat free frozen yoghurt</li> </ul>	<ul style="list-style-type: none"> <li>• Cakes, biscuits, milk puddings, shop-bought desserts</li> </ul>
<b>Drinks</b>	
<ul style="list-style-type: none"> <li>• Squash, fruit juices, fizzy drinks, flavouring syrups, tea and coffee (made with water and skimmed milk)</li> </ul>	<ul style="list-style-type: none"> <li>• Hot chocolate, malt drinks, milkshake</li> </ul>
<b>Confectionary</b>	
<ul style="list-style-type: none"> <li>• Jelly sweets, boiled sweets.</li> </ul>	<ul style="list-style-type: none"> <li>• Chocolate, toffee, fudge, buttered mints</li> <li>• Biscuits</li> </ul>

	<ul style="list-style-type: none"><li>• Cakes</li></ul>
<b>Miscellaneous</b>	
<ul style="list-style-type: none"><li>• Sugar, honey, jam, golden syrup, marmalade</li><li>• Tomato ketchup, vinegar, pickle</li><li>• Spices, essences, salt, pepper</li></ul>	<ul style="list-style-type: none"><li>• Crisps</li><li>• Pizza</li><li>• Mayo, salad cream, salad dressings</li><li>• Creamy soup</li><li>• Peanut butter</li><li>• Chocolate spread</li><li>• Nuts</li></ul>

\*please note this list is not extensive and you may need to check food labels for certain items.

## Example meals

### Breakfast

- Fat free yoghurt with fruit.
- Plain cereal with skimmed milk.
- Toast with jam

### Lunch

- Baked beans on toast (no spread on butter).
- Salad with chicken/tuna.
- Sandwich with suitable filling, salad & 30g reduced fat cottage cheese.

### Evening Meal

- Pasta bake made with tinned tomatoes, vegetables +- chicken/tuna/quorn.
- Stir fry made with vegetables, chicken/prawns, noodles, spices
- White fish with boiled potatoes and veg

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# Protein

## **Who is this leaflet for?**

This leaflet is for people who need more protein in their diet but not extra energy (calories). You may need to increase your protein intake if you are unwell, injured, have any-wounds /pressure sores or are recovering from surgery.

## **Why is protein important?**

Proteins are the 'building blocks of the body' and play an important role in;

- Repairing injuries including wounds
- Maintaining muscle function for movement
- Helping the immune system to fight infections
- Providing energy to the body

Without enough protein (and energy), loss of muscle can occur resulting in a loss of strength and the ability to perform everyday activities. It can also lead to longer hospital stays, slower wound healing and increased risk of infection and development of pressure sores.

## **How much protein?**

The amount of protein you need depends on overall health, fitness levels and on a person's weight. As a rough guide, most healthy adults need about ~1g of protein per kg per day. For example, an 80kg adult would need around 80g protein per day. In people who are unwell, recovering from an operation or have a wound, protein needs may be higher up to ~1.5g protein per kg. This means an 80kg adult may need 120g protein.

## Protein sources:

- Meat and poultry
- Fish
- Eggs
- Dairy
- Beans and legumes
- Soya products
- Quorn
- Nuts & seeds



### Top tips for increasing your protein intake:

- Try to have a portion of protein at each meal (see portion table for ideas).
- Eat the protein on your plate before the rest of your meal.
- Choose nourishing fluids to drink such as milk, hot chocolate or malted drinks made with milk.
- Try to have a milk-based dessert such as yoghurt, custard or rice pudding after or between meals.
- Choose high protein snacks e.g. nuts, yoghurts.
- Add beans or lentils to soups, chillies, casseroles and jacket potatoes.
- Some products such as yoghurts, bread, pasta and cereals have extra protein added – look out for 'high protein' on the label.
- Your dietitian may recommend taking an oral nutritional supplement.

## How much protein in a portion?

Food	Average Portions	Approximate protein content
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Chicken breast	Grilled without skin (100g)	32g
Beef mince, lean	Medium serving = 140g	25g
Salmon	1 average steak = 100g	25g
Tinned tuna	Small can, drained	25g
Egg	1 Medium (50g)	10g
Yogurt	1 pot	7g
Milky pudding (rice pudding/custard)	1 pot (120g)	5g
Milk, semi-skimmed	100ml	4g
Tofu	80g	19g
Quorn	100g	13g
Roasted peanuts	10 nuts = 13g	3g
Baked beans	1 small can (150g)	8g
Peanut butter	25g	6g

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# WHAT TO DO IF YOU'VE LOST WEIGHT

## OR HAVE A POOR APPETITE

Liverpool Heart and Chest Hospital



NHS Foundation Trust

During your assessment it has been highlighted that you may be losing weight , have lost weight recently or have a poor appetite.

You may well have lost interest in food and are not eating well.

Poor nutrition is associated with an increased risk of infection, poor wound healing and development of pressure sores. It can also affect your general health and wellbeing, make you feel more tired and can affect your mobility.

There are little tips you can follow to help you make the most of what you eat.

### General rules of thumb

- Try to eat smaller meals but more often as large meals can be over facing
- Eat meals that are small in portion size but high in calories. Include ingredients such as cream, cheese, full fat milk, butter or yoghurt wherever possible
- Keep nutritious snacks handy , eat when you are able and treat yourself to foods that you particularly enjoy
- Try to drink fluids separately to meals so you don't get too full and avoid too much tea and coffee and water as these will fill you up and provide little energy
- Try to include nourishing drinks such as full cream milk, ovaltine, Horlicks, drinking chocolate





**Food fortification:** this adds calories and protein to your meals and snacks without increasing the size/volume.

- Add two to four tablespoons of dried milk powder to one pint of milk and use in tea, coffee, milky drinks, on cereal, in sauces and puddings
- Add milk-based sauces (for example cheese sauce) to meals.
- Add cheese to meals, for example add grated cheese to mashed or jacket potato, on soup, beans and pasta, in omelette or scrambled egg.
- Add a bit of butter or margarine to vegetables and potatoes
- Add cream to soups, mashed potato, milk puddings, over cereals and desserts.

### **Nourishing Drinks:**

- Use hot milk with drinks e.g. coffee, Ovaltine or drinking chocolate
- Drink fresh milk or fortified milk between meals
- Liquidise or whisk ice cream with fresh or fortified milk
- Liquidise soft fresh fruit or tinned fruit with milk or ice cream
- Chemists and supermarkets sell enriched drinks such as Complan in sweet and savoury flavours. These are best taken in addition to your meals



### **Meals**

- If not able to cook, use tinned, chilled or frozen ready meals, which just need reheating in oven or microwave (ensure cooking instructions are followed).
- Try a Jacket potato with various fillings – tuna or egg mayonnaise, baked beans, cheese.
- A sandwich or toastie with various fillings can be tasty and nourishing.

### **Desserts:**

- Add extra cream, jam, syrup, honey, evaporated milk, ice cream or custard to cake or tinned fruit.
- Try individual pots of rice pudding, custard, yoghurt (especially rich and creamy), mousse or trifle.



**Snacks:** Try to have a snack between meals to increase your energy intake.

- Cereal bar or bowl of cereal
- Plain or digestive biscuits/crackers with butter, cheese, jam
- Fruit loaf, fruit cake, scone with butter, cheese or jam
- Toasted crumpets or teacakes with butter, cheese, peanut butter or pate.
- Cocktail sausages, boiled egg, scotch egg, meat or cheese pasties



Please note, if you have diabetes, please avoid adding extra sugar, jam, marmalade, honey or syrup to your foods.

If you continue to lose weight and a poor appetite, please contact your GP or healthcare professional who can refer you to local community dietitians. They can further advise you and suggest the appropriate nutritional supplements for you.

This leaflet has been written to provide dietary advice. We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical, nursing or therapy

## INFORMATION FOR PATIENTS AND FAMILIES

# A Guide to Eating and Drinking after an Oesophagogastrectomy or Gastrectomy

<b>Patients Name</b>	
<b>Dietitians Name</b>	
<b>Contact Details</b>	

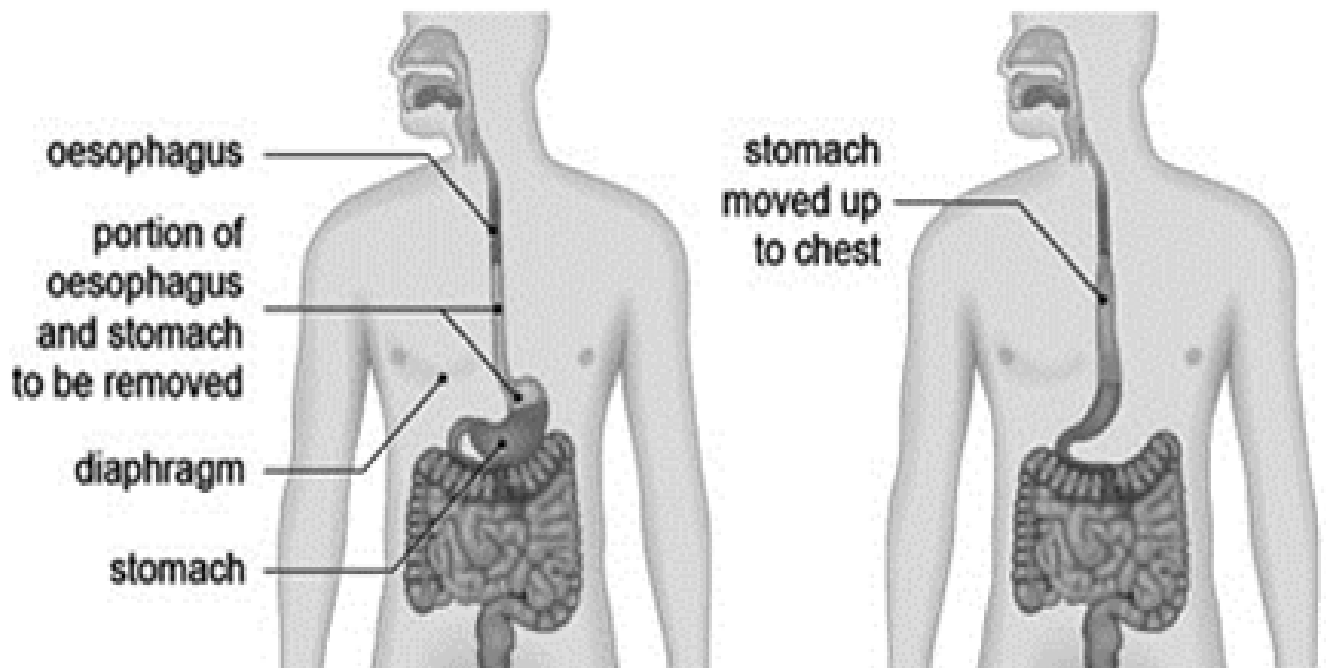
## **Diet after Oesophagogastrectomy (OG) or Gastrectomy (G)**

An OG involves removal of part of the oesophagus (gullet) and usually some of the stomach. The remaining stomach is then joined to the remainder of the oesophagus and stretched to form one long tube.

During a gastrectomy operation, you may have had all of your stomach removed (total gastrectomy) or part (partial gastrectomy) of the stomach. Again the remaining stomach is joined to the oesophagus to form a long tube.

In all cases you no longer have the storage area for food which was the stomach and so you will notice you can not eat as much food at any one time. This information has been developed by Dietitians working in the North West with patients who have undergone oesophageal or gastric surgery.

Below is a diagram to illustrate above although this may not be exactly the same as your surgery the end effect is very similar. Diagram A is before your surgery, Diagram B is after your surgery.



## What changes do I need to make to my diet?

There are five main points to follow after having your surgery:

<b>Have small meals</b>	By eating less at each mealtime you should avoid feeling too full or uncomfortable. Also you should avoid problems with indigestion, nausea or vomiting. Aim for the portion size of a side plate at each meal.
<b>Frequent Meals</b>	By reducing your portion size you will need to eat more frequently through the day to ensure your body receives adequate nutrition

<b>Have a routine</b>	You may find it easier to establish a new routine i.e. six meals per day.
<b>Chew food well</b>	Take your time and eat in a relaxed environment. Eat slowly and chew your food well before swallowing. Try to sit upright when you are eating. This will help avoid feeling too full.
<b>Fluids</b>	If you have too much fluid with a meal you will feel full and this will reduce the amount of food you are able to take. Leave a 30 minute gap either side of eating before you have any fluid.

### **What types of food should I eat?**

The long term aim is to eat a varied and balanced diet adequate for your nutritional requirements. There are no foods to avoid long term but it is important to keep your portion size down and increase the frequency of your meals. You may have been advised that you can develop lactose intolerance. Please be aware that this is not common and dairy foods should NOT be avoided for this reason. You may wish to discuss this with your Dietitian.

### **Meat and alternatives**

- Meat
- Fish
- Chicken
- Eggs
- Soya

- Textured Vegetable Protein/Texture Modified Protein
- Tofu
- Quorn

## **Dairy Products**

- Milk
- Cheese
- Yoghurts
- Full Fat versions may be better if you are trying to put on weight

## **Cereals and starchy foods**

- Potato
- Bread
- Rice
- Pasta
- Cereals
- Yam
- Plantain
- Chipatis/Naan bread
- Noodles

## **Fruit and Vegetables**

- Fresh, frozen, tinned or dried will all provide a good source of nutrients

## **How to enrich your food if you are losing weight**

If you are underweight or losing weight you can make the food you are eating more nourishing without having to increase the amount you are eating.

## **Milk**

Milk can be fortified by mixing milk powder into it. Four tablespoons can be added to a little milk to form a paste and then added to a pint of full cream milk. This can then be used as normal milk on cereal, in drinks, soups, custards, jellies, blancmanges and puddings.

## **Soups and casseroles**

These can be fortified by adding extra cream, beans, lentils vegetables or pulses.

**Mayonnaise, salad cream, salad dressings and vinaigrettes** can be used freely/plentifully. Try to use them as often as possible.

## **Cheese**

Cheese is versatile and can be added to many foods and soups. Try cheese (and meat) in omlettes, sandwiches, potatoes, pasta dishes and shepherds pie.

Try cheese and crackers or biscuits as a snack with plenty of butter. Cheese sauces can be used with vegetables, pasta and potatoes.

**Butter, margarine and oils** such as olive, rapeseed or sunflower oil can be used in cooking and as dressings on salads. Use as much as you can, as often as possible and use butter generously on bread and add it to vegetables and potatoes.

**Cooking Sauces (such as creamy chicken sauces, curry sauces, sauces for pasta)** can be used to add nourishment to meals. Use whenever possible and add your fortified milk to home made or packet sauces (see above).

Nourishing drinks are convenient to have as snacks between meals. Milky drinks or drinks such as “Complan” or “Build Up” will give you more nourishment than drinks just made up with water (your dietitian may be able to help with some ideas for this).

## **Iron**

Any surgery that involves partial or total removal of the stomach may affect your body’s ability to absorb Iron. Iron is found in many commonly eaten foods and is needed for red blood cell formation. Red blood cells help to transport oxygen around the body. You do not need to take any Iron tablets unless your Doctor advises you too.

### **Tips:**

- Avoid Tea and Coffee at mealtimes as this can inhibit iron absorption
- A small drink containing Vitamin C, e.g. pure fruit juice, or Vit C enriched drink
- Don’t drink too much with your meal as it will fill you up, keep to small sips
- See the next page for a list of Iron containing foods

## FOODS THAT CONTAIN IRON

FOOD	TYPE	HOW OFTEN?
MEAT	All types, especially red meat, contain iron. Beef, lamb, pork, chicken, corned beef, liver and liver pate, haggis and kidney are all good sources.	Red meat 2-3 times per week Liver every 1-2 weeks (avoid this if you are pregnant)
FISH	Herring, pilchards, mackerel, tuna, crab, anchovies, shrimps, cockles, mussels, kippers, sardines and shellfish	Try to eat 1-2 servings per week
EGGS	Scrambled, boiled, poached even fried occasionally!	There is no limit on this but you may have been advised to cut down by your GP or dietitian. 4 a week would be a good number for most

		people
VEGETABLES	All varieties, fresh, tinned or frozen. Baked beans, kidney beans, lentils. Leafy green vegetables such as broccoli, spring greens, peas, hummus, spinach and kale	The government recommends at least 5 portions of fruit and vegetables each day. Try to make at least 2 of these portions vegetables
BREAKFAST CEREALS	Any “fortified” cereal has iron added to it	Taken once a day, this group of foods can regularly contribute to a healthy balanced diet.
MISCELLANEOUS	Liquorice allsorts Chocolate- especially plain Dried fruit- especially apricots and figs Sesame seeds, pine nuts	As part of your normal diet unless otherwise advised by your dietitian

### Sample Menu

The menu below is an example of a typical day eating and drinking after Oesophageal or gastric surgery. Aim for each meal portion size to fit a side plate-you may find it easier to serve your food on a side plate

<b>Breakfast</b>	½ banana on toast or 1 egg and bacon or small bowl cereal
<b>Mid am</b>	Cheese on toast or toasted crumpet/muffin or scone with jam and cream or toasted sandwich
<b>Lunch</b>	A small burger/toasted sandwich with meat/fish filling A starch food e.g. potato, rice, pasta or noodles Vegetables or salad Puddings e.g. milky pudding, custards, ice cream, yoghurt
<b>Mid pm</b>	Peanut butter on toast of toasted muffin/crumpet with butter and jam or cheese and biscuits
<b>Dinner</b>	A small burger/toasted sandwich with meat/fish filling A starch food e.g. potato, rice, pasta or noodles Vegetables or salad Puddings e.g. milky pudding, custards, ice cream, yoghurt
<b>Supper</b>	Glass of milk (leave ½ hour either side of food) Toasted teacake Or: milky drink such as Horlicks/hot

	chocolate
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## Frequently asked questions

- ***When will I start to feel hungry again?***

Depending on the surgery you have had you may experience 'small stomach syndrome' which is where all or part of the stomach has been removed and as a result your appetite has also been reduced. The length of time it takes for you appetite to return is individual to yourself; you can discuss this in more detail with your dietitian who can advise you.

- ***I had a feeding tube placed during my surgery, when will this be removed?***

If you are able to meet your nutritional requirements orally without needing the feeding tube (jejunostomy) then it will usually be removed a few weeks after your surgery. You will have been shown how to flush cooled boiled water through

the tube daily to keep it patent incase it needs to be used in the future. If you are receiving feed through the tube you will need to continue with this under the supervision of your dietitian and surgeon.

- ***Will I lose weight?***

It is common to lose weight after this type of surgery. Usually this is a result if poor oral intake caused by any number of reasons e.g. early satiety, poor appetite, struggling to establish new eating pattern. Also if you are having chemotherapy/radiotherapy this can also cause weight loss due to the side effects of treatment e.g. fatigue, taste changes, poor appetite. If you are losing weight it is important you discuss this with your dietitian.

- ***What is Dumping Syndrome?***

Dumping Syndrome can occur after any surgery involving the stomach. Symptoms include nausea, sweating, dizziness, stomach cramps, diarrhoea. Between 20-50% patients report some dumping syndrome symptoms in the first few weeks of surgery this will usually settle down. After 12 months post surgery less than 5% patients report Dumping Syndrome symptoms.

- ***How can I avoid Reflux after my surgery?***

Reflux is common after surgery. Small frequent meals, sitting upright after eating for around 30 mins, avoiding eating or drinking 2 hours before going to bed, raising the bed head at night are all tips to help avoid reflux.

- ***Do I need extra vitamins and minerals?***

Your dietitian will advise you on any additional nutritional supplements you may need to take. You may need Iron and B12 supplements depending on the type of surgery you have had. Your GP should monitor and correct this where appropriate.

**Remember if you have any concerns or questions  
contact your Dietitian as soon as possible**

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# Post-Surgical Ileus

## **What is ileus?**

There are different forms of ileus, in general it means that your bowel is not working as effectively and you may struggle to digest food. There are different causes of ileus. After surgery the bowel can become sluggish leading to ileus. Other times the bowel can become blocked leading to ileus.

## **Symptoms**

Symptoms can include nausea, vomiting, abdominal discomfort, bloating and constipation.

## **Treatment**

The medical team will decide on the most appropriate treatment depending on the cause. Bowel rest, anti-sickness medication, laxatives and pain relief are often used. In some cases surgery may be indicated.

## **Dietary implications**

To aid bowel rest dietary restrictions are advised.

As initial part of treatment the medical team may advice you not to eat or drink anything or just to have small sips of water. Following this, you may progress onto clear fluids. If clear fluids are tolerated, your doctor will advise you can start to eat and drink.

When you begin to eat and drink it is advisable to eat foods that are easy to digest so your bowel does not need to work too hard. Foods high in fibre are often more difficult to digest. We therefore advise a low fibre/low residue diet until the ileus completely resolves.

The tables can be used as guidance for when you start eating post ileus.

<b>Choose</b>	<b>Avoid</b>
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<p><b>Bread</b></p> <p>White bread/rolls</p> <p>White pitta bread crackers, crumpets, croissants</p> <p>Chapatti (made with white flour)</p> <p>Rice cakes</p>	<p>Wholemeal bread, bread with added seeds, grain or bran</p> <p>Currant bread or fruit loaf</p> <p>Granary loaf</p> <p>Kibbled wheat bread</p>
<p><b>Cereals</b></p> <p>Cornflakes</p> <p>Rice Krispies</p> <p>Sugar Puffs</p> <p>Special K</p> <p>Ready Brek</p> <p>Coco Pops</p> <p>Frosties</p> <p>Arrowroot</p>	<p>Wholegrain cereal, e.g. Weetabix or shredded wheat</p> <p>Bran cereal, e.g. All Bran or Fruit or nut cereal, e.g. Muesli or crunchy nut cornflakes</p> <p>Oat cereals e.g. porridge</p> <p>Cereal with added dried fruit/nuts</p> <p>Shredded Wheat</p>
<p><b>Pasta and rice</b></p> <p>White rice</p> <p>White pasta, fresh, dried or tinned</p> <p>Cous Cous</p> <p>Noodles (white)</p>	<p>Brown rice</p> <p>Wholemeal pasta</p> <p>Savoury rice and pasta</p>

<b>Biscuits and cakes</b> White flour biscuits, e.g. Marie, Rich Tea  Plain sponge cakes, e.g. Madeira or Victoria (check fillings)	Wholemeal biscuits, e.g. Digestive  Biscuits with added nuts  Biscuits with added fruit, e.g. fig biscuits, oatmeal biscuits or coconut biscuits
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<b>Choose</b>	<b>Avoid</b>
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<p><b>Potatoes</b> Boiled, mashed, roasted  Chips</p>	<p>Skins on jacket potatoes  Skins on new potatoes  Potato wedges</p>
<p><b>Vegetables and salads</b> None</p>	<p>All types, including;  Raw vegetables  Salad foods including tomatoes  Peas, beans, lentils, baked beans,  Sweetcorn, onions, celery, mushrooms</p>
<p><b>Fruit</b> Fresh fruit juice (without “bits”)  Cordials/ fruit squashes</p>	<p>All, including;  Bananas  All dried fruit  All skins, peels, pips, seeds, e.g. oranges, grapes  All berry fruits, e.g. raspberries, strawberries, blackberries, blackcurrants  Fruit juice with bits</p>

<b>Meat, fish, eggs and alternatives</b> Lean meat, e.g. ham, pork, lamb or beef  Fish (fresh, frozen or tinned)  Poultry  Eggs, boiled, scrambled and poached	Tough meat containing gristle
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Choose	Avoid
<b>Dairy</b> Cheese, yoghurts without fruit,  Cows milk, soya milk, cream cheese, dried milk, tinned milk, cream, tofu	Yoghurt with fruit seeds or nuts
<b>Puddings</b>	

<p>Milk pudding, sago, tapioca, rice pudding, sponge cake, custard, pastry, ice-cream, mousse, cheese cake, sorbet</p>	<p>All puddings containing fruit, nuts or seeds</p> <p>Stewed fruit</p> <p>Cakes with seeds or nuts</p>
<p><b>Fats and oils</b> Butter, margarine, vegetable oil, olive oil, sunflower oil, corn oil</p>	<p>None</p>
<p><b>Miscellaneous</b> Tea, coffee, herb/ fruit teas, chocolate, herbs, spices, salad creams, dressings Pop, squash, cordial</p>	<p>Jams and marmalades with seeds or pips</p> <p>Chocolate with fruit or nuts</p> <p>Peanut butter</p>

**This diet is advised for a short term period.**

When symptoms resolve and bowel function returns to normal you can return to eating your normal diet.

Following this diet longer term could result in vitamin and mineral deficiencies. If the diet was required for a longer time period your dietitian would discuss this with you and advise on supplementary vitamins and minerals.

It is important to remember adequate nutrition is an important factor in recovery post-surgery. Therefore, when you are able to start eating and drinking, follow the advice above regarding low fibre/low residue diet and build up nutritional intake.

This leaflet has been written to provide dietary advice. We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical, nursing or therapy staff.

Liverpool Heart and Chest Dietetic Department  
0151 282 6473

**Updated December 2022**

## SMALL OR POOR APPETITE

It is common to experience a poor appetite while in hospital and after being discharged, especially if you have undergone surgery. Also, some people are 'not big eaters'. In either case, not enough nutrition can cause muscle loss, longer hospital stays, reduced mobility, longer wound healing, low mood, increased risk of infection and pressure sores.

**Energy (calories):** every cell in your body needs energy 24/7

**Protein:** needed for wound healing, skin health, keeping muscles strong and good mobility

Your energy and protein needs increase in illness/surgery, even if you are not moving much.

### General rules of thumb – in hospital and back home



- Eat little amounts often as large meals can often be over facing
- Choose foods that are high in calories and protein (on the hospital menu these meals will be highlighted with the symbol E next to them).
- Try to choose meals that contain meat, fish, egg or cheese as these foods contain more protein. Or beans, Quorn, tofu, meat replacement foods if you are vegan/vegetarian.
- Drink fluids separately to eating so you don't get too full.
- Try to increase snacks throughout the day- a variety of snacks are available in your ward kitchen such as ice creams, trifles, yogurt,



biscuits, rice pudding and soft cheese and crackers. Please ask your nurse or healthcare assistant

- Try to drink at least 3 glasses of milk throughout the day- cold milk is in the kitchen. Just ask your nurse or healthcare assistant.
- Try to have a hot pudding after your meal as this contains more calories and protein. If these are over facing try milk-based puddings e.g. yogurts, custards or rice puddings.
- Try a bed time snack or milky drink.
- If you are nauseous or constipated, tell your nurse or doctor as you may be able to have medication to help you.

If your diet remains insufficient the dietitian may prescribe nutritional supplement drinks. If you need these supplements after discharge, the dietitian will continue the prescription.

### Once you're home

Until your eating is back to normal, or if you usually have a small appetite, continue with the rules of thumb above and try the ideas below as well.

**Food fortification:** this adds calories and protein to your meals and snacks without increasing the size/volume.

- Add two to four tablespoons of dried milk powder to one pint of semi-skimmed milk and use as normal – e.g. in tea, coffee, milky drinks, on cereal, in sauces and puddings
- Milk-based sauces (for example cheese sauce) to meals.
- Add cheese to meals, for example add grated cheese to mashed or jacket potato, on soup, beans and pasta, in omelette or scrambled egg.
- Cheese sauce to vegetables

- A bit of butter or margarine on vegetables and potatoes
- Add cream to soups, mashed potato, milk puddings, cake, over cereals and desserts.

**Nourishing Drinks:** for heart health use semi skimmed milk or low-fat ice cream

- Use hot milk instead of water with drinks e.g. coffee, Ovaltine or drinking chocolate
- Drink fresh milk or fortified milk between meals
- Liquidise or whisk ice cream with fresh or fortified milk
- Liquidise soft fresh fruit or tinned fruit with milk or ice cream
- Dilute fruit yoghurt with fresh milk or fortified milk to make a yoghurt drink.
- Chemists and supermarkets sell enriched drinks such as Complan in sweet and savoury flavours. These are best taken in addition to your meals



## Meals

- If not able to cook, use tinned, chilled or frozen ready meals, which just need reheating in oven or microwave (ensure cooking instructions are followed).
- Jacket potatoes with various fillings
- Include more than one protein food e.g. add tinned beans to stews, ham and cheese to omelettes

**Sandwiches, toasties and toast:** \* = food high in protein

- Filling suggestions: cold meat\*, bacon\*, tuna\*, salmon\*, hard-boiled egg\*, cheese\*, ham\*, peanut butter\*, jam, humous\*.
- Add pickles, relishes, salad cream or mayonnaise to increase energy content.

- Try toast with meats\*, pilchards\*, mackerel\*, beans\*, cheese\*, well-cooked eggs\*, tinned spaghetti or baked beans\*.
- Try to have two high protein foods e.g. cheese and beans, ham and cheese.

**Snacks:** Try to have a snack between meals to increase your energy intake.



- Cereal bar or bowl of cereal
- Plain or digestive biscuits/crackers with butter, cheese\*, jam or marmalade.
- Fruit loaf, fruit cake, with butter, cheese, jam or marmalade.
- Toasted crumpets or teacakes with butter, cheese, peanut butter\* or pate\*.
- Scone with butter, jam, cheese or cream.
- Cocktail sausages\*, boiled egg\*, scotch egg\*, meat\* or cheese\* pasties



## Desserts:

- Add cream, jam, evaporated milk, ice cream\* or custard\*
- Sponge puddings, cheesecakes\* or cream cake
- Individual pots of rice pudding\*, custard\* yoghurt\* (especially rich and creamy), mousse or trifle



## How long to follow this advice?

The advice given in this leaflet to increase the calories in your diet, may contradict previous healthy eating advice you have been given.

**It is important to remember we only recommend following this diet while you have a poor appetite and are struggling to eat. It can take varying amounts of time for your appetite to return to normal, everyone is different.**

**If there is no improvement with your appetite after one month and/or you are losing weight, please contact your GP who can refer you to a community dietitian.**

If you have any concerns or questions, please feel free to telephone the Liverpool Heart and Chest Dietetic team on 0151 282 6473

Admission weight:  
\_\_\_\_\_ weight:

This leaflet has been written to provide dietary advice. We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical, nursing or therapy staff.

**Draft copy January 2023**

### A note on alcohol:

Too much alcohol can damage the heart , increase blood pressure and lead to weight gain.

If you drink you should stay within safe limits , not binge drink and aim for two alcohol free days per week and no more than 14 units of alcohol per week.



### More information:

<https://www.bda.uk.com/food-health/food-facts>  
<https://www.bhf.org.uk/>  
<https://heartuk.org.uk>  
<https://www.nhs.uk/better-health>  
<https://www.diabetes.org.uk>

If you have any concerns or questions please feel free to telephone the Liverpool Heart and Chest Dietetic team on 0151 282 6473.

## MEDITERRANEAN STYLE DIET

Basing your diet on the foods people eat in the Mediterranean is a great way to look after your heart .

We have known for some time that people living in countries along the Mediterranean appear to have less heart disease than people living in the UK and northern Europe.

The Mediterranean diet is high in vegetables, fruits, legumes, nuts, beans, cereals, grains, fish and unsaturated fats. It usually includes a low intake of meat and dairy foods.

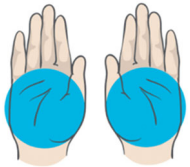


## Here are 5 easy steps to help you follow a Mediterranean style diet:

### 1) Enjoy a wide variety of fruit and vegetables:

Fruit and vegetables are packed with vitamins, minerals and anti-oxidants that can help protect your heart. Include a variety of vegetables, fruit, salads, and pulses such as lentils and beans in your daily diet.

*Aim to eat at least 5 portions each day.*



**1 Portion Vegetable =**  
1-2 palm full



**1 Portion Fruit =**  
1 cupped hand

### 2) Eat more fish:

White fish is low in calories and fat. Oily fish is rich in omega 3 which can help keep the heart healthy. Try to eat 2 portions of fish a week, one of which should be oily.

Oily fish includes; sardines, pilchards, mackerel, herring, trout, salmon and tuna (not tinned).

*A portion is 140 g (e.g a small fillet of fresh fish or a small tin of oily fish).*



### 3) Eat high fibre starchy food:

Choose wholemeal bread, brown rice/pasta, wholegrain cereals when possible. Foods such as oats, baked beans, and other pulses (peas, beans and lentils) contain soluble fibre which can help lower cholesterol too.

### 4) Eat healthier fats:

All types of fats are high in calories and should be limited if trying to lose weight. Some fats e.g., saturated fats also raise bad cholesterol levels. This is found in fatty meats, full fat dairy products and in many processed foods such as ready meals, pastries, biscuits and cakes.

Unsaturated fat found in olive oil, rapeseed oil (often supermarket own vegetable oil), avocados and oily fish helps to lower bad blood cholesterol and increase good cholesterol and is the best type of fat for your heart.



#### Tips to reduce your intake of unhealthy fats include;

- Choose lower fat milk and dairy foods, such as skimmed or semi skimmed milk, lower fat yoghurts and reduced fat cheeses.
- Use spreads, margarines and cooking oils in moderation. Choose ones that are made from olive oil, rapeseed oil, sunflower oil, corn oil, soya oil or ground nut oil.
- Trim all visible fat from meat and remove the skin from chicken and turkey before cooking.
- Check food labels and avoid those containing hydrogenated fats, lard, dripping, suety, butter, cream, coconut and palm oil.

### 5) Skip the salt:

Eating too much salt can raise blood pressure, which increases the risk of heart disease. Most of the salt we eat is hidden in processed food.

- Try using less salt in cooking, taste food before adding salt.
- Experiment with herbs, and spices to add flavour, such as pepper, lemon juice, mustard, garlic or vinegar.
- Limit salty foods such as crisps, salted nuts, bacon, cheese, tinned and packet foods, ready meals and takeaways.