

Diet after Partial Gastrectomy

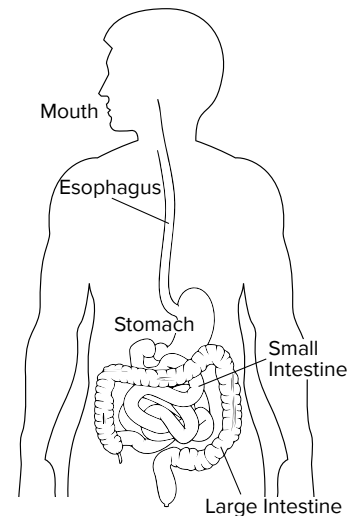
Patient name: _____ Surgery date: _____

Dietitian: _____ Contact number: _____

Introduction

A Review of Your Digestive Tract

Digestion starts in the mouth. When you chew and swallow food, it goes down the esophagus and lands in your stomach. The stomach acts as a storage place for food. From there, the contents move to your small bowel (also known as the small intestine). Most digestion happens in this long and narrow muscular tube. The small bowel is where proteins, carbohydrates, fats, and vitamins are absorbed. Next the contents enter your large bowel (also known as the large intestine or colon). The large bowel absorbs water and electrolytes, turning contents from liquid to formed bowel movements.



What is a Gastrectomy?

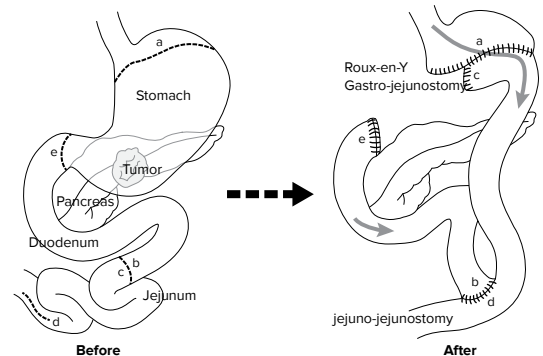
A gastrectomy is the surgical removal of part or all of the stomach that is diseased. The type of surgery you have depends on your stomach disease and medical history.

There are 2 types of gastrectomy surgery:

1. Total gastrectomy is when the whole stomach is removed.
2. Partial gastrectomy is when part of the stomach is removed.

You have had a partial gastrectomy.

Partial Gastrectomy



Possible Nutrition Problems and Tips

Delayed Stomach Emptying (Gastroparesis) and Early Satiety

Gastroparesis is a condition where food moves through your stomach slower than normal to your small bowel. This is most likely to occur within the first 4 to 6 weeks after the surgery. Symptoms include nausea or vomiting, bloating, early satiety (fullness), decreased appetite, and weight loss. Early satiety can also happen because of the reduced size of the stomach. Gastroparesis is managed through diet changes and/or medications that help control nausea and vomiting or help move stomach contents faster. Diet changes are based on how severe your symptoms are. The texture, amount, frequency, and type of foods can affect how quickly or slowly they empty from your stomach.

Tips for managing symptoms of gastroparesis and early satiety:

- Eat 4 to 8 smaller meals and snacks each day. Try to eat every 2-3 hours. Try to eat a few mouthfuls even if you are not hungry.
- Chew food well to help your stomach digest your meals more quickly and easily.
- Sit upright for at least 1 hour after eating as gravity helps your stomach empty. Walking after meals may also help move food through your system faster.
- Drink liquids 30 to 60 minutes before or after eating as this may fill up your stomach too quickly. Sip small amounts of fluids (up to 125 mL) during meal times.
- Choose low fat solid foods as high fat foods take longer to empty from your stomach. Avoid greasy or deep fried foods. Liquid foods (e.g. milk, pudding, liquid meal replacements) that contain fat do not affect gastric emptying. Do not limit these, especially if you are losing weight without trying.
- Choose proteins at each meal and snack, such as poultry, fish, red meat, tofu, eggs, dairy products (e.g. milk, cheese, cottage cheese, yogurt), nut and seed butters (e.g. peanut, almond, sesame), and protein powder.
- Choose low fibre foods as high fibre foods take longer to empty from your stomach. Avoid foods high in fibre, such as legumes and beans (e.g. chickpeas, kidney beans, and lentils), whole grain cereals (e.g. bran, granola), nuts and seeds, dried fruits, popcorn, and skins of fruits and vegetables. Pureed high fibre foods or cooked vegetables may be better tolerated. Do not take any products that will increase stool size such as bulk forming agents containing fibre (e.g. Metamucil®, Benefibre®) unless directed by your doctor.
- Liquids are easier to digest and may be better tolerated. Try commercial liquid meal replacements (e.g. Boost®, Ensure®, Vega®), high protein and calorie drinks or smoothies, and minced or pureed meals if you are unable to tolerate solid foods. If your symptoms increase throughout the day, try solid food meals earlier in the day and switch to more liquid meals later in the day.
- Weigh yourself weekly. Talk to your doctor or dietitian if you are losing weight, without trying.



Dumping Syndrome

Dumping syndrome is a condition where the rate of food passing through your digestive system is quicker than normal. There are 2 types of dumping syndrome.

Early Dumping Syndrome

Food and fluid passes too quickly into the small intestine. This happens 15 to 30 minutes after a meal. Symptoms include flushing, nausea, vomiting, dizziness, diarrhea, fatigue, stomach cramps, bloating, fast heartbeat, and a strong desire to lie down.

Late Dumping Syndrome

Sugar is absorbed too quickly into the blood and can cause hypoglycemia (low blood sugar). This happens 1 to 3 hours after a meal. Symptoms include sweating, fatigue, shakiness, hunger, fast heart rate, and difficulty concentrating.

Tips for managing symptoms of dumping syndrome:

- Eat 4 to 8 smaller meals or snacks each day. Try to eat every 2-3 hours.
- Lying down for 15 minutes after a meal can help slow down the passage of food through the digestive tract.
- Combine starch and protein foods at each meal or snack (e.g. pasta with chicken, peanut butter sandwich, cheese and crackers, pita and hummus).
- Choose high fibre foods when possible (e.g. whole wheat breads, cereals, pasta or brown rice, fruit and vegetables, and legumes).
- Drink liquids 30 to 60 minutes before or after eating. Sip small amounts of fluids (up to 125 mL) during meal times.
- Avoid foods high in simple sugar (e.g. juice, regular pop, sports drinks, cakes, pastries, sweet condiments such as ketchup, BBQ sauce, and teriyaki sauce).



Low Nutrient Levels

Low levels of nutrients can be caused by not eating enough nutrients or by not digesting or absorbing nutrients after surgery. Most common nutrients of concern are vitamin B12, iron, and folate.

Tips:

- Ask your doctor to check your vitamin B12, iron and folate levels yearly, as you may need supplementation.
- Talk to your doctor, dietitian, or pharmacist about taking a multivitamin and mineral supplement.



Notes:

If you have nutrition questions after discharge, dial 8-1-1 HealthLink BC to speak with a Registered Dietitian, weekdays from 9am-5pm.



Making better decisions together with patients and families

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