

Nutrition Considerations for Gastrectomy

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Following Gastrectomy

Feeling full quickly

No appetite

Nausea

Urgency,
bloating, wind

Constipation

Food/ drinks sticking/
difficult to swallow

Feeling lethargic,
sweaty, lightheaded

Weight loss

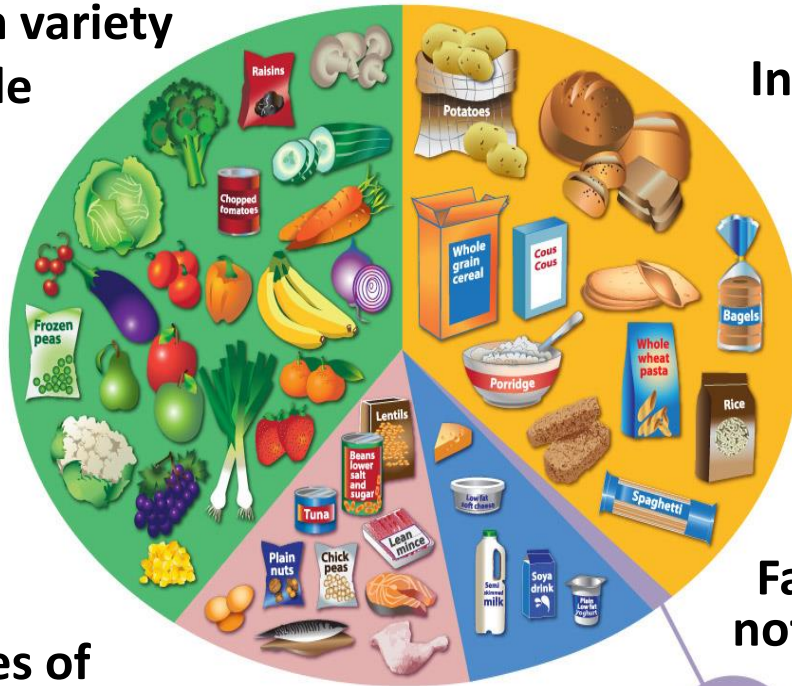
Reflux

Key Principles to Eating

- Eat small portions much more frequently (every 1-2 hours initially)
- Establish routine rather than rely on hunger
- Eat slowly and chewing well

Key Principles to Eating

**Include as much variety
as possible**



**Include a portion of starchy
foods in meals**

**Fats – add calories but
not too much volume**

**Good sources of
protein regularly
throughout the day**

Limit refined sugars

Fluids

- Avoid drinking large volumes close to meals and snacks
- Include nutritious drinks (milk, milk alternatives, smoothies, soups, Bovril)
- Sugary drinks & dumping
- Good hydration can help you feel more well & help with constipation



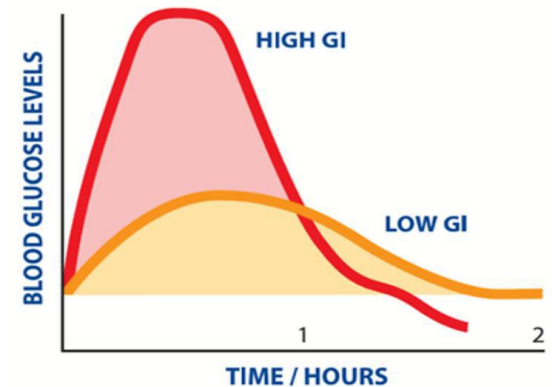
Fluids

- Unable to take a gulp or water is the most difficult thing to drink?
- Tips to increase fluid intake:
 - Sipping regularly
 - Drinks bottles
 - Warm/ thicker drinks
 - Drinking with a straw
 - Add flavours



Hypoglycaemia

- Sweating, weakness, fatigue, dizziness, shakiness, feelings of anxiety, nervousness, rapid heart rate, fainting and mental confusion
- Usually 1-3 hours after eating
- Dietary triggers:
 - Large portions of carbohydrates
 - High GI foods and drinks
 - Many nutritional supplement drinks
 - Extended periods without eating
 - Alcohol
 - Exercise



Hypoglycaemia

- Use a Glucometer (GPs can prescribe)
- Treat levels ≤ 3.5 mmol/l (non-diabetics)
- Treatment:
 - 175mls fresh orange juice
 - 3-4 dextrose tablets
 - 3 jelly babies
- Follow up with a very low GI meal or snack
- Have hypo treatments to hand when out / driving

- Avoid triggers
- Graze on low GI snacks e.g. oat cakes, wholegrain crackers/ slice granary bread with peanut butter, baked chickpeas, high protein yoghurts or milk
- Consider safety with driving



Micronutrient monitoring

Digestive diseases

Division A

Guideline

Micronutrient supplementation and monitoring after total and subtotal gastrectomy

Key messages

- Vitamins and minerals are likely to be poorly absorbed after gastrectomy.
- All patients should take a daily multivitamin and mineral tablet.
- After total gastrectomy, all patients should receive 12 weekly vitamin B12 injections.
- It is possible that micronutrient deficiency could develop even with supplementation.
- All patients should be regularly screened for micronutrient deficiencies as outlined below.

Summary

All patients who have undergone total or partial gastrectomy (excluding sleeve gastrectomy) should receive daily oral multivitamin and mineral supplementation and intramuscular vitamin B12 supplementation every 12 weeks. Micronutrient status should be monitored as per the schedule below:

Micronutrients

- B12 injections 3 monthly
- Daily complete multivitamin and mineral supplement (A-Z or Prenacare in pregnancy)
- Vitamin D - consider a daily supplement of 10ug during winter months
- Varied dietary intakes
- Good sources of dietary calcium and iron

