



West Hertfordshire
Teaching Hospitals
NHS Trust



A guide to...

Eating after anti-reflux surgery

Patient information

Watford General Hospital

What is a Nissen Fundoplication?

Nissen's fundoplication is a surgical procedure used to treat severe gastro-oesophageal reflux disease (GORD). This is where the acidic contents of the stomach are brought back into your oesophagus causing a burning sensation (heartburn), which is often worse at night time. Other symptoms include, night time coughing, abdominal pain as well as voice changes. This occurs because the join between your oesophagus and your stomach: the sphincter muscle, is not functioning properly. This reflux can develop at any age and is often worsened by smoking, drinking coffee, eating fatty foods and obesity.

For the next four weeks after this surgery you may experience:

- Difficulty swallowing
- Abdominal bloating and flatulence
- Pain after eating

The following dietary advice will minimise these symptoms and should be followed until you see your consultant.

Your diet for the next four weeks

Day 1: Clear fluids

From day 2 up to 2 weeks post-surgery: All liquid diet

Weeks 2 to 4: Soft diet

4 weeks post: Normal diet (as agreed with your consultant)

We recommend that all patients are seen by a dietitian on the ward prior to discharge.

Clear Fluids

A clear fluid diet is recommended on **day one** post surgery. There must be no lumps / pieces / pulp / milk in the fluid.

Examples of items allowed on a clear fluid diet are:

Soups with NO bits or pieces Clear soup / consommé Beef / chicken / vegetable	Squash Any flavour
Savoury drinks Marmite – diluted in hot water Bovril – diluted in hot water	Tea / coffee / hot drinks Black coffee – no milk / cream Herbal teas / fruit teas Light black tea – no milk / cream
Fruit juices WITHOUT bits or pulp Any flavour	Desserts Plain jelly – no fruit pieces Ice lollies – clear – no milk

Avoid:

- Very hot or cold fluids
- Fizzy drinks (these can cause bloating and gas and should be avoided for six weeks)

All Liquid Diet

From day two, your doctor will advise you to follow a liquid diet for the next two weeks.

This means that you can have ALL forms of liquids, with no lumps or pieces, or anything that quickly melts in the mouth into liquid form.

Please remember:

- The liquids need to be completely smooth with no bits.
- Whole milk / milk with Nesquik® or Milo®, Horlicks® / Ovaltine®
- Milky coffee / latté / cappuccino / hot chocolate
- Yoghurt drinks
- Thin milkshakes and smoothies (no pieces) e.g. Friij®, Yop®, Yazoo®
- Thin smooth soups e.g. chicken, oxtail, sweet potato, butternut squash
- Thin smooth fruit juice with no bits or pulp
- Thin custard / Smooth ice cream / smooth frozen yoghurt / sorbet (no bits)
- Jelly / milky jelly
- Ice lollies, Mini Milk® lollies, frozen yoghurt lollies

Nutritional drinks available in hospital (Ensures), please discuss with the ward dietitian for advice.

Recipes

Basic milkshake and juice recipes. Blend all the ingredients together in a liquidiser or using a whisk.

<p>Strawberry Smoothie 567Kcals, 14g protein 4 tablespoons tinned strawberries (preferably in syrup) ½ large banana 3 tablespoons clear honey 5 tablespoons ice cream 50mls full fat milk 2 tablespoons skimmed milk powder</p>	<p>Milkshake 1- 560Kcals, 23g protein 200mls fortified full fat milk 3 tablespoons ice cream 2 tablespoons cream</p>
<p>Tropical Shake 514Kcals, 15g protein 1 tablespoon clear honey 2 tablespoons double cream 1 full fat fruit yoghurt 200mls passion fruit juice (with no bits if able) 2 tablespoons skimmed milk powder</p>	<p>Milkshake 2 - 489Kcals, 18g protein <i>80mls fortified full fat milk</i> <i>2 tablespoons double cream</i> <i>1 sachet Complan</i> Uses 2 tablespoons of skimmed milk powder</p>
<p>Banoffee Shake 514Kcals, 15g protein 150mls fortified full fat milk ½ large banana 1 full fat toffee yoghurt 2 tablespoons double cream Uses 4 tablespoons of skimmed milk powder</p>	<p>Chocolate Malt 430Kcals, 25g protein 200mls fortified full fat milk 2 tablespoons cocoa powder 1 teaspoon sugar 2 tablespoons ice cream 1 tablespoon of Horlicks</p>

Helpful tips for a liquid diet

- Choose nourishing drinks to help provide you with more energy and protein
- Allow plenty of time for your meals.
- If your mouth is sore, cold/iced drinks may be more soothing.
- Avoid boredom by having a variety of flavoured drinks. Consider using a mix of flavours e.g. mint and chocolate. Use essences or spices such as nutmeg or cinnamon.
- Ensure drinks are blended well. Some recipes may still need to be passed through a sieve to ensure all bits are removed.
- Your appetite is likely to vary day by day, so make the most of the days where you feel you can have more.
- Liquidise meals in bulk and freeze if you have enough storage space.
- Avoid drinking just water, diet drinks, tea and coffee as these are low in calories.
- If your mouth is particularly dry, try having ice lollies, sorbet or boiled sweets to suck on to help stimulate your saliva.

Soft diet

From week two until week four, your doctor will advise you to follow a soft diet.

This is the last stage before returning to a normal diet. It consists of foods that are physically soft, with the goal of reducing or eliminating the need to chew the food.

General dietary advice

- Always eat small portions several times during the day.
- All food needs to be soft and sloppy.
- All food should be chewed well before you swallow each mouthful.
- Do not swallow any lumps of food which you are unable to chew. It is safer to spit these out to avoid the risk of blockage.
- Make sure all your meals have additional sauce or gravy to moisten them (cheese sauce, tomato sauce, gravy, etc).
- Avoid whole grain bread / pasta / rice – choose white options
- Add custard or ice cream to your desserts. Avoid desserts containing pastry or crumble
- If you wear dentures ensure these are well fitting and not loose to enable you to chew your food well.
- Sit upright whilst eating and for 30 minutes after your meal.
- Drink fluids with meals to keep foods moist.

Food groups	Foods to opt for	Foods to avoid
Breakfast Cereals	Porridge, Rice Krispies, Weetabix and Cornflakes with plenty of milk to soften.	Muesli or any cereal with dried fruit or nuts. All bread
Fish	Soft poached, steamed or flaked fish with sauce. Mashed, tinned fish with bones removed.	Battered or breaded fish. Hard smoked fish e.g. mackerel. Fish with bones
Meat and Poultry	Tender casseroled or stewed meat. Minced meat and chopped up poultry with sauces and gravies	Large chunks of tough fibrous meats e.g. steak, bacon, fat, gristle and skins on meats
Potatoes and Starchy Foods	Mashed potatoes Jacket potatoes without the skins Well cooked soft rice and pasta Bread without crusts dipped in soup	Chips Roasted or boiled potatoes Toast or any other bread Crackers or oat cakes
Vegetables	Soft well-cooked vegetables Passata, smooth vegetable soups	Salad or raw hard vegetables e.g. celery, lettuce. Hard stringy vegetables such as peas, sweetcorn and green beans.

Food group	Foods to opt for	Foods to avoid
Fruit	Soft or peeled fruit. Tinned or stewed fruit, fruit juice	Fruit skins and pips. Dried fruit. Pithy fruit e.g. orange, grapefruit and pineapple
Cheese	Grated cheese Cottage cheese Cream cheese	Cheese containing nuts or fruit
Eggs	Omelette, poached, scrambled, mashed. Egg mayonnaise.	Hard boiled or fried egg white
Snacks and Puddings	Biscuits 'dunked' in tea or coffee. Soft sponge cakes - plain or iced. Yogurts, custard, rice pudding, mousse. Chocolate - avoid those containing nuts or dried fruit. Smoothies, milkshakes, hot chocolate, jelly, ice cream, sorbet, soft trifle. Boiled sweets - sucked not chewed or swallowed whole.	Popcorn Crisps Rice cakes Nuts Hard biscuits Cereal bars

Suggested Meal Plan

Breakfast

- Porridge with plenty of milk.
- Scrambled eggs.

Lunch

- Omelette.
- Jacket potato without the skin with cheese, tuna and mayonnaise, hummus, egg mayonnaise.
- Blended creamy soup.

Dinner

- Mashed potatoes with minced or casserole meats and well cooked vegetables.
- Spaghetti Bolognese or lasagne
- Stew
- Fish without bones in sauce with mashed potatoes and soft vegetables.
- Shepherd's / Cottage pie
- Curry with well cooked rice and plenty of sauce.

Puddings

- Rice pudding
- Ice cream
- Tinned fruit
- Sponge pudding with cream or custard

Snacks

- Yogurt, soft sponge cake, soft fruit, biscuits 'dunked in tea'.

If you have lost weight or have a poor appetite.

1. Aim for five to six small meals and snacks per day rather than three larger ones.
2. Opt for full fat dairy products e.g. whole milk, full fat yogurts.
3. Aim for 1 pint of whole milk per day. Fortify milk by adding two to four tablespoons of milk powder to each pint. Use in place of your ordinary milk.
4. Add cream, margarine, butter to potatoes, soup, stews and vegetables.
5. Try high energy soups and milkshakes such as Build Up or Complan. Ensure these are mixed thoroughly.
6. Remember to weigh yourself weekly and keep a note in order to monitor your weight.

You may be prescribed nutritional supplements by your doctor or dietitian if your weight continues to drop.

Returning to a normal diet

Usually, **four weeks** post surgery, your doctor will advise to return to a normal diet.

Reintroduce all the other foods gradually and assess your tolerance to them.

Constipation

If you find yourself becoming constipated try some of the following tips to help your bowels open regularly.

- Aim for 5 portions of fruit and vegetables per day - these should be soft well cooked vegetables and tinned, stewed, peeled, mashed or juiced fruits.
- Aim for at least 8 - 10 cups of fluid per day.
- Opt for higher fibre milky cereals e.g. porridge, Weetabix.
- Try higher fibre biscuits dunked in tea e.g. digestives.

Further information

How to contact us

Nutrition & Dietetic Department
Watford General Hospital
West Hertfordshire Teaching Hospitals NHS Trust
Sycamore House
Vicarage Road
Hertfordshire
Herts WD18 0HB

Tel: 01923 436 236

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.net**



Author	Jesmy Pynadath
Department	Nutrition & Dietetics
Ratified / Review Date	Dec 2022 / Dec 2025
ID Number	34/2066/V1

