ANTI-DUMPING POST-GASTRECTOMY DIET

とうでものできるという。

\$`\$C\$`\$`\$C*\$`\$`\$C*\$`\$`\$C*\$`\$*`\$



1000

1000

ANTI-DUMPING POST-GASTRECTOMY DIET

PURPOSE

This diet helps to prevent a condition called "dumping syndrome" which occurs in some patients who have undergone stomach surgery. These symptoms include bloating, nausea, diarrhea, dizziness, weakness, sweating, and rapid heartbeat, and may occur 30 to 60 minutes after eating a meal and then again 2 to 3 hours after eating.

The early symptoms are caused when concentrated sugar passes too rapidly from the stomach into the intestine. The body dilutes this sugar mixture by bringing fluid from body tissues into the intestine, giving a sense of fullness, cramping, and occasionally, diarrhea. The loss of water from tissues can produce a temporary drop in blood pressure with resulting weakness and faintness.

The later symptoms are caused by the rapid absorption of sugar into the bloodstream, which raises the amount of blood sugar. A high blood sugar level then leads to excess insulin production which, in turn, drives down the blood sugar, producing hypoglycemia. Weakness, hunger, and rapid heart rate can occur approximately two to three hours after eating.

This diet is really a regular diet with frequent small meals and reduced simple sugars.

NUTRITION FACTS

Depending upon individual tolerances and food selection, the Anti-Dumping or Post-Gastrectomy Diet is adequate in all nutrients according to the National Research Council's Recommended Dietary Allowances (1989). Depending on the type and extent of gastric surgery performed, poor absorption of nutrients, vitamins, and minerals may occur to a significant degree. Some patients may become deficient in iron, calcium, folate, and B-12. Vitamin/mineral supplementation is recommended and B-12 injections may be required. Physician evaluation is required.

SPECIAL CONSIDERATIONS

1. Eat six small meals daily to avoid overloading the stomach.

2. Limit fluids to 4 oz (1/2 cup) during mealtimes in order to prevent the rapid movement of food through the upper gastrointestinal tract and to allow adequate absorption of nutrients.

3. Drink liquids 30 to 45 minutes before eating and 1 hour after eating, rather than with meals.

FOOD GROUPS Avoid Recommend Group Milk or milk as tolerated: buttercocoa mixes; ice milk; low fat, skim or cream; malted milk; products (2 or more whole milk; cream soup; chocolate milk: cups daily) low calorie pudding; sweetened custard plain or low-calorie, and pudding; sweetened or fruited artificially sweetened yogurt; milkshakes yogurt; cheese all Vegetables none (3 or more servings daily) Fruits fresh fruit: fruit dried fruits: canned or frozen (2 or more canned in natural servings daily) iuice; unsweetened fruits in syrup; sweetened juice fruit juice sugar-coated **Breads & grains** crackers; pasta; plain cereals (including (4 or more breads and rolls: granola); doughnuts; servings daily) pretzels; rice; sweet rolls unsweetened cereals Meat or eggs; seafood; beef; none poultry; pork; meat substitute peanut butter (5 to 6 oz daily)Fats & oils butter; margarine; none (servings depend oils; salad dressings on caloric needs) Sweets & popsicles; cakes; artificial sweeteners; pies; cookies; jellies; desserts low-calorie jelly; low-calorie gelatin; jams; gelatin; (servings depend on caloric needs) low-calorie popsicles high sugar desserts; sherbet Beverages sugar-free beverages; regular soft drinks: sugared drink mixes: (limit fluid water lemonade; Kool Aid; with meals to Gatorade; sugared 4 oz per meal)

ice tea; Snapple or similar drinks 4. Rest or lie down for 15 minutes after a meal to decrease movement of food from the stomach to the small intestine, and decrease the severity of symptoms.

5. Avoid sweets and sugars. They aggravate the dumping syndrome.

6. Avoid very hot or cold foods or liquids, which may increase symptoms in some patients.

7. Stomach surgery may, at times, be performed because of

severe obesity. In other instances, ulcer or cancer surgery may be performed on an individual who is already very thin. The ultimate goal in each group of patients is different. The former should be on a concomitant weight reduction program while the latter needs extra calories. Consultation with a registered dietician is usually needed in these instances.

SAMPLE MENU			
<u>Breakfast</u>	Lunch	Dinner	
unsweetened orange juice 1/2 cup poached egg 1 toast 1 slice margarine 1 tsp low-calorie jelly 1 tsp sugar substitute salt/pepper	beef patty 3 oz on bun mayonnaise 1 Tbsp or ketchup 1 Tbsp broccoli 1/2 cup margarine 1 tsp skim milk 1/2 cup salt/pepper	chicken breast 3 oz mashed potatoes 1/2 cup green beans 1/2 cup margarine 2 tsp coffee 1/2 cup non-dairy creamer sugar substitute salt/pepper	
<u>Mid-Morning</u> Snack	<u>Mid-Afternoon</u> <u>Snack</u>	Evening Snack	
unsweetened cereal 1/2 cup skim milk 1/2 cup	bread 1 slice turkey 1 oz mayonnaise 1 Tbsp lettuce low-calorie pudding 1/2 cup	cottage cheese 1/4 cup fresh peaches 3/4 cup	
THIS SAMPLE DIET PROVIDES THE FOLLOWING Calories 1550 Fat 62 gm			
Calories			

Calones 1550	r'at 02 gm	
Protein 87 gm	Sodium 2327 mg	
Carbohydrates 119 gm	Potassium 2372 mg	

©CHEK✔MED® SYSTEMS, INC • 200 Grandview Avenue • Camp Hill, PA 17011