Stomach Cancer
Section 2: Nutrition
This booklet was developed by Dr. Carmen Mueller, Brittnee Zwicker, Dr. Joanne Alfieri, Dr. Marie VanHuyse, and Mary Diovisalvi.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the writing, design, layout and creation of all the images.

© Copyright 13 September 2018, McGill University Health Centre. This document is copyrighted. Reproduction in whole or in part without express written permission from patienteducation@muhc.mcgill.ca is strictly prohibited.

Please note: The MUHC reserves copyright on all our materials (our material, images, content). We grant you permission to use, share or distribute, but they cannot be modified or reproduced (partially or totally). This is strictly prohibited.

**Important: Please Read**

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This material is also available through the MUHC Patient Education Office website www.muhcpatienteducation.ca
Table of Contents

Before Surgery

What is the dysphagea? ......................................................... 4
What is early satiety? ............................................................ 6
What is gastric blockage? ....................................................... 8

After Surgery

Minimizing weight loss .......................................................... 10
What is dumping syndrome? .................................................. 12
What is bile reflux? ............................................................. 14
Recommended foods and diets? ............................................. 16
One of the symptoms of stomach cancer is trouble swallowing. This is called dysphagia.

When someone has trouble swallowing, they often eat less. This leads to unwanted weight loss.
When a cancerous mass is present at the opening of the stomach, swallowing is difficult because it is hard for food to pass through.

Cancer at the opening of the stomach is like a blocked kitchen sink. With a narrow opening, there is less space for food to pass through. If you drink too quickly, fluid can eventually back up and you may vomit. Chunks of food will not pass and can cause pain and discomfort.
Some people may experience varying degrees of discomfort when they swallow certain foods. They may avoid hard foods, such as raw fruits or vegetables, bread or steak.

If you have trouble swallowing, your doctor will refer you to a nutritionist. He/she will help you pick the foods that are best for you and provide you with ways to prevent further weight loss while you go through your cancer treatment.
What is early satiety?

One of the symptoms of stomach cancer is feeling full quickly. This is called early satiety.

When people feel full quickly, they don’t eat much. This can lead to weight loss.
When a cancerous mass is present in the middle or end of the stomach, it can make the stomach very stiff. This prevents the stomach from stretching the way it usually does when you eat a meal. As a result, you may only be able to eat small amounts at a time and you may lose your appetite.

If you have early satiety, your doctor will refer you to a nutritionist. He/she will help you pick the foods that are best for you and provide you with ways to prevent further weight loss while you go through your cancer treatment.
What is gastric blockage?

A cancer at the end of the stomach can block food from passing from the stomach to the small intestine. This is called gastric blockage.

When food doesn’t pass through the stomach, it does not get absorbed. This can lead to weight loss.

Cancer at the end of the stomach is like a blocked kitchen sink. With a narrow or completely blocked opening, there is less space for food to pass through. Food and fluid can build up and eventually cause vomiting. The stomach bloats which causes pain, nausea and discomfort.
If you have partial gastric blockage (some food can still pass through), your surgeon will refer you to a nutritionist. He/she will help you pick the foods that are best for you and provide you with strategies to prevent further weight loss while you go through your cancer treatment.

If the stomach is blocked completely, you may need emergency surgery or other urgent treatment to allow you to eat. Your surgeon will organize this for you.
After stomach cancer surgery, part or all of your stomach will be removed and replaced with small intestine.

You will be able to eat most foods, with some adjustments. Your doctor and nutritionist will help guide you how to eat after stomach cancer surgery. You will also be given written instructions before going home.
Most patients lose weight during the first month after surgery. This is normal, and can be as much as 10-20 lbs.

After the first month, this weight loss slows down and your weight should stabilize. Most patients are able to regain some of the weight they lost, but few regain it all.
After stomach cancer surgery, most people feel full faster than they did before surgery. You will not be able to eat as much at one time as you used to.

In order to avoid losing too much weight, you will have to be careful to take in enough calories. This means eating small frequent meals many times per day. Try not to go more than 2–3 hours without eating something during the day. Keep high calorie snacks handy. A few examples include crackers with cheese, avocado or peanut butter.
Be sure to get enough protein in your diet by having some protein at each small meal. This could include ground meat and poultry, eggs, fish, tofu, milk, yogurt, cheese and many other food items. Sometimes, you may need nutritional supplements like fortified drinks, or smoothies enriched with protein to help you get the protein you need. Your nutritionist will help you make sure you are getting enough protein and calories in your diet.

If you feel very weak or worry you are losing too much weight, contact your liaison nurse, nutritionist, or speak to your doctor.
Surgery for stomach cancer involves removing all or part of the stomach and replacing it with the small intestine to allow you to eat.

What is dumping syndrome?

After Surgery:

- Liver
- Removed Stomach
- Gallbladder
- Small Intestine

Surgery for stomach cancer involves removing all or part of the stomach and replacing it with the small intestine to allow you to eat.
Surgery for stomach cancer involves removing the part of the stomach with the valve. As a result, food might move too quickly from the stomach into the small intestine.

Normally the stomach has a valve at the end called the pylorus. This valve holds food in your stomach and releases it slowly into the small intestine.

Surgery for stomach cancer involves removing the part of the stomach with the valve. As a result, food might move too quickly from the stomach into the small intestine.
When a lot of food enters the small intestine all at once, you might feel certain unpleasant symptoms such as:

i. Cramps  
ii. Flushing  
iii. Palpitations (heart racing)  
iv. Dizziness/weakness  
v. Diarrhea

These symptoms are called "dumping syndrome" and they usually happen immediately after eating or within 1–2 hours.

To prevent dumping syndrome, avoid drinking liquids with your meals. Wait 30–60 minutes after eating before drinking water or other liquids. This will help prevent the food you ate from getting flushed into the small intestine all at once.
Avoiding sugar and sweets such as candy, soda, cakes, pastries, chocolates, soft drinks, sport drinks, jams/jellies etc... can also help avoid dumping syndrome.

Your nutritionist will give you tips to help avoid dumping syndrome. He/she will speak to you after your surgery and give you some diet recommendations to follow. Keep these instructions on hand when you go home. If someone else makes your meals at home, make sure they understand these instructions too. If you are having problems with dumping syndrome at home you can call your nutritionist to help guide your food choices.
Surgery for stomach cancer involves removing all or part of the stomach and replacing it with the small intestine to allow you to eat. The small intestine carries bile. Bile helps you digest your food.

Your surgeon will reconnect your intestines to minimize the amount of bile that can reach the remaining stomach or esophagus but some bile may still “reflux” high enough to cause symptoms.
Symptoms of bile reflux include: a burning feeling, bad taste in the mouth, or vomiting. These symptoms are often worse right after eating and when lying flat.

To prevent bile reflux: eat small meals often, avoid lying down right after eating, sleep with your head elevated on some pillows, avoid tight fitting clothing, and avoid very spicy food.

If bile reflux is very bothersome, medications can sometimes help. Speak to your doctor if you are experiencing symptoms often.
By the time you leave the hospital, you will be eating most normal foods again. However, some diet changes are needed to adjust to your new anatomy.

Early on after surgery, you will not be able to eat much at a time. Your nutritionist will counsel you to eat many small meals throughout the day. It is important to eat regularly even if you do not feel hungry.

After a partial (subtotal) gastrectomy, the remaining stomach can stretch over time. This may take up to a year. You will gradually notice you can eat more at one time than you could right after surgery.
After a total gastrectomy, you will only be able to eat small portions. This improves a little bit over time, but in most cases does not change very much. After a total gastrectomy, it is important to remember to eat small frequent meals throughout the day.

Initially try to eat soft foods that are high in calories and rich in protein, healthy fats and nutrients. Some examples are: Greek yogurt, scrambled eggs, soft cheeses, peanut butter, cottage cheese, avocado and soft cooked meats/poultry/fish.

Talk to your nutritionist about any questions you have regarding your diet after surgery. He/she will be able to help you choose the right foods to keep you healthy.