

Eating After a Duodenal Stent



Duodenal stent insertion and eating and drinking after your procedure.



Eating after a duodenal stent

In this booklet you will find information about what a duodenal stent is, why you might need one and how to manage your diet after the procedure.



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What is a duodenal stent and why do I need one?

The food you eat travels down your oesophagus (food pipe) and into your stomach where it mixes with stomach juices. These juices start the digestion process, breaking the food down to form a thick lumpy liquid. This mixture passes from the stomach into the duodenum (the first part of your bowel).

When your duodenum is becoming blocked (obstructed), food cannot pass through as quickly as normal. This can cause nausea, a feeling of fullness and loss of appetite.

If the duodenum is completely blocked, food will not be able to leave your stomach, and this may cause vomiting.

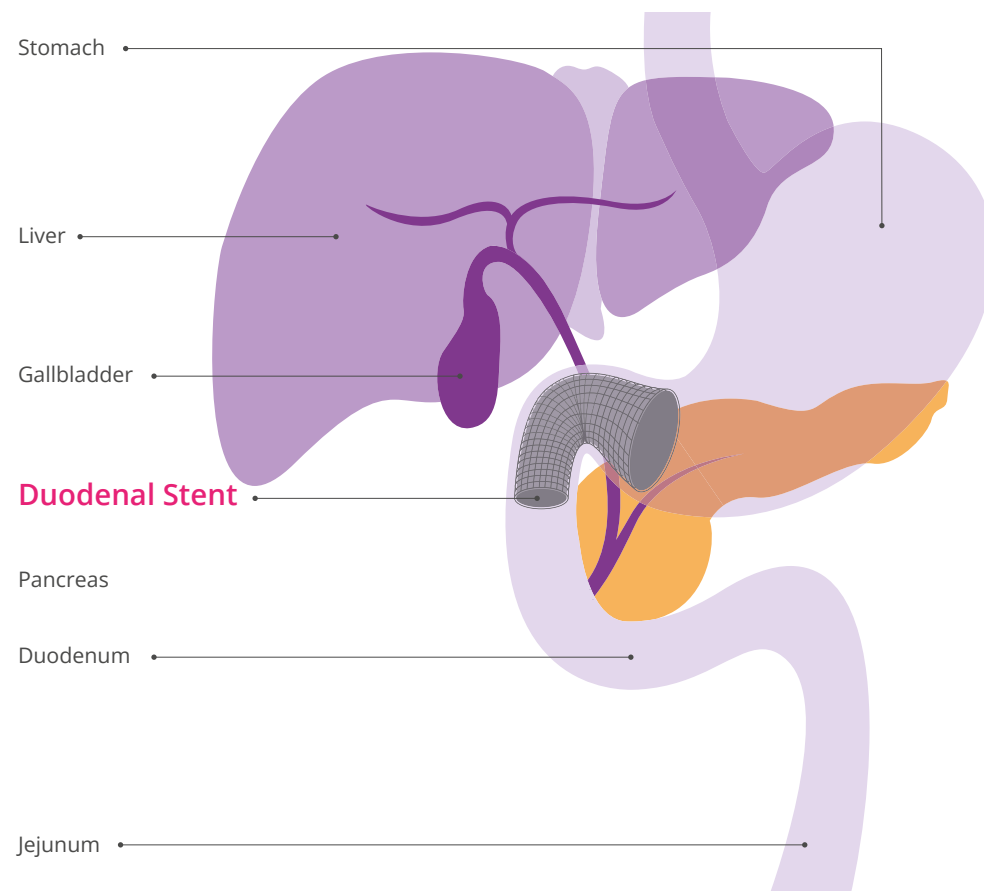
You may be too unwell to eat and yet, still feel sick. This may be because your stomach is always producing digestive juices, regardless of whether or not you have eaten.

When the duodenum is blocked, a tube (known as a duodenal stent) can be placed in that section of the duodenum to allow food to pass through the obstructed part. This allows your stomach to empty properly. The stent is placed using an endoscope; you will have some sedation for this procedure.

Most duodenal stents take about 3 days to expand into the right position, so you will find that you can gradually start increasing what you eat in the days after the stent insertion.



Diagram showing where a duodenal stent is placed.



After your procedure

In the first 24 hours after your stent is inserted you will be allowed to drink liquids. This includes tea, coffee, milk, soup, jelly, ice cream and any nutritional supplements you have been prescribed.

If, after this time, you can manage these without any nausea or vomiting, the following day you can start a soft and moist diet. Make sure you chew your food well. You will need to continue with a soft moist diet for a few days to make sure that the stent is working and that food is flowing freely through your duodenum.

If you were vomiting or feeling very sick for some time before the stent insertion, it may take a few days for these symptoms to improve.

Sometimes, even with the stent in place, it can take a while for your stomach to empty properly again. You may be prescribed medications called 'pro-kinetics' that stimulate your stomach to empty (such as Metoclopramide, Domperidone or Erythromycin).

If you experience pain, discomfort, nausea or vomiting, you should seek advice from your doctor.

General tips that may help your food go down more quickly include:

- Make sure you sit as upright as possible when eating; gravity will help your food go down.
- Eat slowly and chew your food well.
- Eat smaller meals, but more often. Aim for 6 small meals per day, with nourishing drinks in between meals.
- Avoid drinking too much fluid before or with your meal, this can fill you up and reduce your appetite.
- Avoid lying down for 30 minutes - 1 hour after eating.
- 'Pro-kinetic' medications, such as Metoclopramide, Domperidone or Erythromycin. Metoclopramide tends to work best if taken 30 minutes before your meal, three times a day.

Diet

What should I eat?

The following meal suggestions are suitable once you are told you can start on a soft moist diet:

Breakfast:

- Cornflakes, Rice Krispies®, Weetabix® or porridge with plenty of milk
- Yoghurt
- Scrambled egg
- Fruit juice

Main meals:

- Mince, cottage pie, shepherd's pie, bolognese
- Fish in a sauce, 'boil in the bag' white fish, fish pie with mashed potato on top
- Tofu / Quorn / soya mince in a sauce or gravy
- Pasta in cheese sauce (cook in a pan not the oven to avoid the cheese topping becoming hard/crunchy)
- Mashed, boiled or jacket potatoes (without the skins), soft rice or pasta
- Well cooked vegetables

Snack meals:

- Jacket potato (without the skin) with toppings such as grated cheese, cottage cheese, tuna in mayonnaise, seafood flakes with mayonnaise, minced beef / bolognese
- Pasta with cheese / tomato sauces
- Scrambled / poached egg, egg custard
- Creamy soup

Puddings:

- Blancmange, mousse
- Milky puddings: sago, semolina, tapioca, rice pudding, custard
- Jelly, banana, soft tinned / stewed fruit
- Ice cream, crème caramel, egg custard
- Use evaporated / condensed milk or custard on desserts

Snacks:

- Yoghurts, jelly, mousse, 'dunked' biscuits, bananas
- Crème caramel, rice puddings
- Jelly babies, wine gums, chocolate (no nuts or dried fruit)

Foods to Avoid:

- Avoid watery soups and drinking large amounts at meal times as this will fill you up without providing you with much energy or protein.
- Avoid bread, as this absorbs fluid and expands in your stomach.

Some people may experience problems with the following foods:

- Hard foods such as nuts, over cooked chips or grilled cheese toppings
- Stodgy food such as pastry
- Stringy vegetables such as celery and French beans
- Pith / skins in fruit

Please discuss this with your doctor or dietitian if you have diabetes, as some of this information may not be suitable for you.

Am I eating enough?

It is likely you have been eating less than usual for some time. Therefore, it may take a while for you to build up the amount you are eating. During this time you may need nutritional supplements or, in some cases, a feeding tube to help improve your nutrition, especially if you have lost weight.

To put weight on or avoid losing anymore you may want to add nutrients and calories to your food. This is called fortifying foods and helps you to take adequate calories even if you are eating less than you usually would.

Fortified milk

Add 2-4 tablespoons of skimmed milk powder to a pint of full cream milk; use this in your drinks, to make custard and other desserts and to add to soups, sauces or mashed potato.

Breakfast / puddings

Add fortified, evaporated or condensed milk, yoghurt, cream, honey, syrup, jam or sugar to cereals and puddings.

Soup

Add cream, grated cheese, fortified milk or crème fraîche.

Meat / fish / vegetable protein sources

Add oil or margarine when cooking. Add a creamy sauce (cheese, Hollandaise or white sauce).

Vegetables

Add oil / margarine or a creamy sauce.

Fruit

Add custard, ice cream, cream, evaporated / condensed milk.



Returning to a normal diet

Everyone responds differently to a duodenal stent. Some people are able to return to normal foods quickly, others will need to continue on soft moist diets indefinitely. Rarely, some people are only able to manage liquid foods. Your doctor will be able to help guide you.

Nausea and vomiting

Some people may continue to experience nausea, if this is the case, these tips may help:

- Avoid food smells, go for a walk or sit outside when family members are cooking.
- Try to eat cold foods such as mousses, ice cream, crème caramel.
- Have small, frequent meals.
- Some people find salty foods (such as crackers); tart foods (lemon / grapefruit mousses / yoghurts) or adding ginger to foods can help.
- Avoid spicy or very rich foods.
- Take sips of nourishing fluids throughout the day.

Pancreatic enzymes

If you are prescribed pancreatic enzymes, continue to take these unless you have been advised otherwise. Enzyme capsules can be taken even if you are only taking very soft foods or liquids, as they are designed to dissolve very quickly in the stomach.

If you are struggling with swallowing the capsule, ask your dietitian, doctor or clinical nurse specialist for advice on opening the capsules or using granules. These should be mixed with fruit puree and swallowed immediately before meals.

Weight loss

If you are unintentionally losing weight, please speak to your dietitian, doctor or clinical nurse specialist for advice.

What happens if my stent doesn't work or stops working?

In rare cases, it may not be possible for a stent to relieve the obstruction. This could be because the stent cannot be placed safely, or if the stent twists or migrates (movement from the original position). Occasionally the stent can become blocked and you will notice this if your original symptoms of nausea and vomiting return. The treatment in such instances could be another endoscopic procedure or an operation. This will be discussed with your doctor.



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For sources and references used in the compilation of this booklet,
please contact us at the address overleaf.

Pancreatic Cancer Action

This booklet has been funded through the generosity of supporters of Pancreatic Cancer Action, a UK charity founded by a pancreatic cancer survivor, Ali Stunt, who was diagnosed with pancreatic ductal adenocarcinoma in 2007. With a focus on early diagnosis, it is Pancreatic Cancer Action's mission to improve survival rates by raising awareness of pancreatic cancer and its symptoms among the public, providing medical education, improved information and by funding research specifically to improve early diagnosis of the disease.


If you would like to support us or find out more, please contact us at:
enquiries@panact.org or visit panact.org

If you are unsure of anything at any time please consult your own doctor, dietitian or Cancer Nurse Specialist (CNS)



If you would like to help us by either holding an awareness event or by fundraising, please email enquiries@panact.org or call 0303 040 1770. For more information or to donate directly please visit panact.org



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