

Better, Faster Recovery from Foregut Surgery

With the Enhanced Recovery after Surgery (ERAS) Program



STRONG
MEMORIAL HOSPITAL

What is Enhanced Recovery After Surgery (ERAS)?

Enhanced Recovery After Surgery (ERAS) is a program based on scientific evidence that encourages a healthy recovery after surgery. Our goal is to improve your surgical experience and help you get back to normal as soon as possible.

We do this by working together to manage your care before and after surgery. **You** are a very important part of the team.

This booklet will:

- Help you prepare for your surgery.
- Explain how you play an active part in your recovery.
- Give you daily goals to achieve.

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These tips will help you to feel better faster and safely go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. We may refer to it as you recover and review it with you when you are ready to go home.

Having surgery can be stressful for you and your support network. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care. We want to be sure to answer all your questions!

Use this space to write down your questions as you go through the booklet. There is additional space at the end as well.

Questions for my surgical care team:

Your Surgical Care Team

You will see many different people from your team during your hospital stay. We work together to check your condition and plan the best steps towards a healthy recovery.

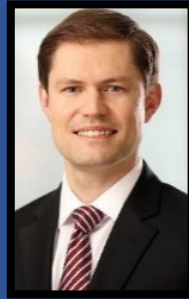
Surgeons:



Dr. Carolyn Jones
Attending Surgeon



Dr. Paul Feingold
Attending Surgeon



Dr. Michal Lada
Attending Surgeon

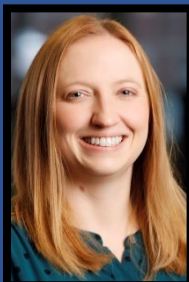


Dr. Christian Peyre
Attending Surgeon

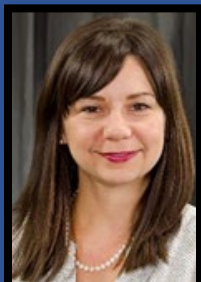


Dr. Ryan Campagna
Attending Surgeon

Advance Practice Providers:



Wendy Hurley
*Physician Assistant
(PA)*



Kara Mestnik
*Nurse Practitioner
(NP)*



Alicia Frelie
*Nurse Practitioner
(NP)*



Stephanie Monnat
*Nurse Practitioner
(NP)*



Olga Feeney
Nurse Practitioner
(NP)



Megan Poirier
Physician Assistant
(PA)



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Nurse Practitioner
(NP)



Sarah Espiritu
Nurse Practitioner
(NP)

Navigators:



Tammy Carmel
Nurse Practitioner
(NP)



Melissa Sayles
Registered Nurse (RN)
Nurse Navigator



Wendy Linville
Patient Navigator

Other team members include:



Anesthesiologists, Residents, Fellows, Registered Nurses (RNs), Patient Care Technicians (PCTs), Respiratory Therapists, Physical Therapists, and Environmental Services (the people who help us keep our spaces clean)

**Contact
us**

URMC Thoracic & Foregut Surgery at AC2
601 Elmwood Avenue
Rochester, NY 14642
Phone: (585) 275-1509
Fax: (585) 276-2356

Getting Ready for Surgery

Surgery date: _____

With some preparation, you can prevent many problems during and after your surgery. Try to be as strong and healthy as possible before surgery.

Stay healthy:

- ✓ Quit smoking.
- ✓ Exercise regularly. Staying physically active can help you recover after your surgery. We suggest you do at least one of the following every day to keep your stamina up:
 - 20 minutes of exercise
 - Walk 1 mile (brisk pace)
 - Take 7,500 steps a day
- ✓ Avoid alcohol. Drinking more than 2 alcoholic beverages a day (or more than 14 drinks a week) is considered high alcohol consumption. Alcohol use can weaken your immune system, weaken your heart, increase your stress response, and slow your healing. You can help decrease the chance of having complications from your surgery by not drinking alcohol for 4 weeks before your surgery. If you drink more than 2 drinks a day (or more than 14 drinks a week), we suggest you slowly reduce how many alcoholic beverages you are drinking and stop completely 4 weeks before your surgery.
- ✓ Eat a variety of healthy foods. Your body burns a lot of energy during and after surgery. Fuel up by increasing your calories from nutrient-packed foods.

Have a plan:

- ✓ Discuss your surgery with family, friends, and your support network
- ✓ Ask someone to help you when you get home. It might be easier to have more than one person help. You may need help with bathing, shopping, cooking, housework, and pet care.
- ✓ Coordinate transportation home from the hospital and to your follow-up appointments
- ✓ Read your pre-admission instructions. They will tell you what to bring to the hospital, what to leave at home, and how to prepare for your upcoming surgery.
- ✓ Review your pre-admission and medication instructions.

Stock up on the medicines, foods, and drinks you'll need before and after your surgery, including:



- If instructed, a bottle of MiraLAX® (8.3 oz.) powder.
- If instructed, liquid nutritional supplements. You will need at least 15 servings. *See list below.*
- Acetaminophen (Tylenol®)
- Milk of Magnesia

COMMONLY AVAILABLE NUTRITIONAL SUPPLEMENTS:

Supplement Name	Serving Size	Protein (grams)	Calories	For Diabetes?
BOOST PLUS®	8 oz.	14	360	
Boost Glucose Control®	8 oz.	16	190	Yes
Boost Breeze®	8 oz.	9	250	
Carnation Instant Ready to Drink®	8 oz.	10	240	*
Carnation Instant Breakfast Powder®	1 packet	5	130	*
Carnation Instant Breakfast Powder Light Start - No Sugar Added®	8 oz.	5	150	Yes
Ensure Plus®	8 oz.	13	350	
Ensure Enlive®	8 oz.	20	350	
Ensure Original®	8 oz.	9	220	
Ensure Clear®	10 oz.	8	180	
Ensure High Protein®	8 oz.	16	160	
Glucerna Shake®	8 oz.	10	180	Yes
Impact Advanced Recovery®	6 oz.	18	200	
Kellogg's Special K Protein Shake®	10 oz.	15	190	
Premier Protein®	11.5 oz.	30	160	
Premier Protein Clear®	16.9 oz.	20	90	Yes

*Available in "No Sugar Added" for people with diabetes

7 Days Before Surgery

Date: _____



- Stop taking vitamins and herbal supplements of any kind, unless your doctor tells you something different.
- Discuss aspirin use and anticoagulants (medicine that stops the blood from clotting) with your doctor. You may need to stop taking them for a while. Or your doctor may want you to take a different kind of anticoagulant until after surgery.

5 Days Before Surgery

Date: _____

If we told you to do a bowel regimen...



- Start your bowel regimen by drinking 17 grams of MiraLAX® in 8 oz. of fluid (like water, coffee, or juice). Do this one time per day. If you have not had a bowel movement by the afternoon of the second day of the regimen, increase to 17 grams two times per day. If you start to experience more than 2-3 bowel movements, reduce back to once daily. If you are having loose stools, you may stop or skip a few doses.
- MiraLAX® is a laxative. Laxatives are used to treat and prevent constipation. You are constipated if you find it hard have a bowel movement (BM, poop) or you rarely have a BM (less than 2-3 times per week).
- Be sure to increase the amount of fluids you drink while taking MiraLAX®.
- Why is it important to do this? Being sure your bowels are empty before surgery lessens chances of complications while you are in the hospital.

If we told you to drink nutritional supplements...

- Start drinking 3 bottles of nutritional supplements each day



Liquid nutrition supplements are high in protein and contain vitamins and minerals. They are usually available in a variety of flavors. You can find these at Walmart, Target, drug stores, and supermarkets.

Examples include Ensure®, Impact Advanced Recovery®, or Boost®. Many stores also have generic brands, which have the same basic ingredients.

See page 5 for a list of commonly available brands and serving sizes.

3 Days Before Surgery

Date: _____



If we told you to take Flomax...

- Start 3 nights before surgery.

Flomax helps reduce the symptoms of an enlarged prostate gland by relaxing the muscles in the bladder and prostate so you can pee easily after surgery.

2 Days Before Surgery

Date: _____



If directed by your health care provider ...

- Patients with Achalasia should start a full liquid diet 48 hours before your surgery.

*Examples include milkshakes, ice cream, frozen yogurt, nutritional supplements, cream soups, broth, fruit juice, water, coffee, tea. **No Solid Foods.***

See diet information in back of booklet.

1 Day Before Surgery

Date: _____



- Call the surgical center to find out what time you should arrive and when your surgery will begin

Strong Surgical Center

Call (585) 275-8256 between 2:30 p.m. and 7:00 p.m.

Please note: If your surgery is scheduled for a Monday, please call on the previous Friday

I should arrive to the surgical center at: _____

My surgery will begin at: _____



- If you are doing a bowel regimen, drink your last dose of MiraLAX before midnight



- If directed by your provider:**
 - Continue a full liquid diet for **all** meals (e.g. milkshakes, ice cream, frozen yogurt, nutritional supplements, cream soups, broth, fruit juice, water, coffee, tea). **No Solid Foods.**
- If no specific diet instructions were given by your provider, eat healthy, normal meals for breakfast, lunch, and dinner.
- Nothing to eat or drink after midnight.**



- Continue drinking your nutritional supplements as directed by your provider.



- No smoking after midnight.



- Before going to sleep, shower or bathe with soap and water.
- Use a clean washcloth and a clean towel.
- Put on clean bedtime clothing, and sleep on clean sheets.

On the Day of Surgery

Date: _____



- Nothing to eat or drink.
- If instructed to take medications, take with a sip of water only.



- If you have diabetes, please **do not** take the following medications on the day of your surgery:

1. Short-acting or Regular Insulin – *you will not be eating*

- Other medications you should **NOT** take on the morning of surgery:

1. _____
2. _____
3. _____
4. _____



- Take only the medicines we told you to take, at the usual time, before leaving for the hospital. You may take **TYLENOL®** (acetaminophen), if needed.

Take medicines with very little water, less than 1 oz. (2 tablespoons)

- Medications to take:

1. _____
2. _____
3. _____
4. _____



- No smoking.



- Shower or bathe with soap and water.
- Put on clean clothes.

Before coming to the hospital, remove all makeup, (including mascara), jewelry (including wedding band, watch and any metal piercings), hair accessories and nail polish from toes and fingers. Do not bring any valuables (money, wallet, purse, jewelry, or contact lenses).



Remember to bring:

- Photo ID
- Completed Health Care Proxy (if not already on file)
- Comfortable clothes to wear home
- Chewing gum
- If you sleep with a CPAP machine at home, bring it with you

After Surgery



- Be active. We will help you get out of bed just hours after your surgery. We expect you to walk several times per day and be out of bed in a chair for all meals.

This is the most important thing you can do to help with a quick recovery. This will help speed up the return of bowel function, improve circulation, and prevent infection and blood clots.



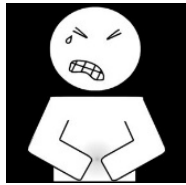
- Drink sips of clear liquids and ice chips as soon as you are awake, as directed by your team. Drink what you can without getting sick. Let your nurse know if you are feeling sick to your stomach.



- If you are tolerating clear liquids (not feeling nauseous), you will likely advance to a full liquid diet or esophageal diet (soft diet) the day after your surgery.

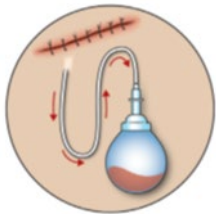
Having the sensation that food is moving slowly through your esophagus or that you are full quickly is very normal following surgery. This will improve with time.

See diet information in back of booklet.



- Expect some pain after major surgery. As soon as possible, we will switch you from IV pain medicines to medicines you can take by mouth.
- We will carefully monitor your pain and work with you to control it as best as possible. We will give you multiple medications that work together to help with controlling your pain.
- Please speak up if your plan needs to be adjusted. If your pain level is too high, that will slow your progress. Without proper pain control, you will not be able to cough and deep breathe effectively. This can lead to complications like pneumonia, for example.

Patients often report pain in the shoulders after surgery. This is called “referred pain” and is related to the carbon dioxide used to inflate your abdomen during surgery. Heat works best to alleviate this pain.



- You may have a small tube called a Jackson Pratt drain or JP. This helps drain any extra fluid near and around your incision. These drains will be emptied by your nurses as needed and are removed when drainage is minimal, typically post-op day 1.



- You will receive an injection (shot) of Lovenox®

Lovenox® is a medicine that helps prevent blood clots. We give this medicine to you as a shot, usually in the evenings.



- Although you may be “regular” before surgery, many people have constipation (trouble pooping) after surgery. This is related to anesthesia and the use of opioid pain medicine.
- We will probably recommend that you take some medicines to keep you from being constipated.
- It is important to stay well hydrated. Drinking plenty of water or other fluids, helps avoid constipation.



- Every day, we will check your vital signs – blood pressure, heart rate, blood oxygen level, temperature, and respirations. For the first day or more, this will be done every 1 to 4 hours.



- You will have daily goals. These include targets for activity, eating, and drinking. You may have meetings with specialists to help you with healthy eating, home care, and managing your pain.
- You will work with a respiratory therapist (a specialist in breathing) throughout your stay. The therapist will help you with:
 - Coughing and breathing deeply to prevent pneumonia
 - Learning how to use a “cough” pillow
 - Using an Incentive Spirometer (to exercise your lungs)
 - Using a Flutter Valve (to clear mucus)
- You will take the pillow, the spirometer, and the flutter valve home.
- At home, you will continue working on building up your lungs.

Going Home

How long you stay in the hospital will depend on the type of surgery you have. You can go home when you are medically ready and it is safe for you. This will likely be the day after surgery, but sometimes an additional night in the hospital is required. We will talk with you about going home (discharge) every day.

Generally, it will be safe for you to go home when:

- ✓ Your pain is controlled with oral medications.
- ✓ You are able to perform light activity (walking).
- ✓ You are able to tolerate a diet and urinate and pass gas.

I want to go home as soon as possible!

We get it. Here is what you can do to help make that happen:

- ✓ Do your leg and breathing exercises as directed. Use the examples in this booklet.
- ✓ Stay active. If the pain is unbearable...stop and ask to discuss your pain regimen.
- ✓ Remember to be up and walking at least four times each day. We encourage you to walk some stairs, too. Ask the nurses to help if necessary.
- ✓ Eat small, frequent meals throughout the day.
- ✓ Remember to drink plenty of fluids.

Before you leave the hospital, your care team will review your discharge instructions with you. We will cover things like:

- ✓ Signs and symptoms of infection and when to call your doctor.
 - Fever of 101° or greater.
 - Worsening redness, drainage or pain near incision or drain site.
 - Diet intolerance with nausea and vomiting.
- ✓ Home activity and how much weight you can safely lift (no more than 10 pounds, which is about the same as a gallon of milk).
- ✓ Showering and wound care, including care of your stitches.
- ✓ Medicine changes.
- ✓ Managing pain.
- ✓ Follow-up appointments.

Your doctor will let you know when it is safe for you to start driving again.

You may need extra help from family and friends for the first few days.

Please make plans for extra help at home.



What else can I expect after surgery?

If you had a JP drain, you may have pinkish clear drainage from the place where the JP drain was. If you do, put a dry bandage over it. Change the bandage as needed, until the drainage stops. Keep your skin as dry as possible. If the drainage is foul smelling and creamy yellow, this may be a sign of infection. Please call the office so we can determine if this needs to be evaluated.

Your GERD medications may be reduced at the time of discharge.

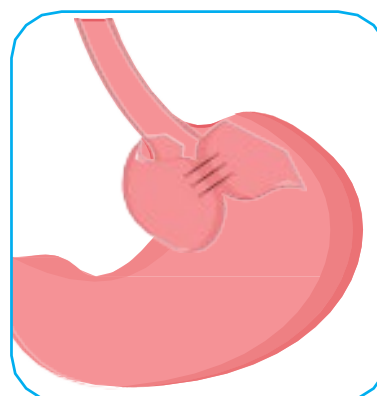
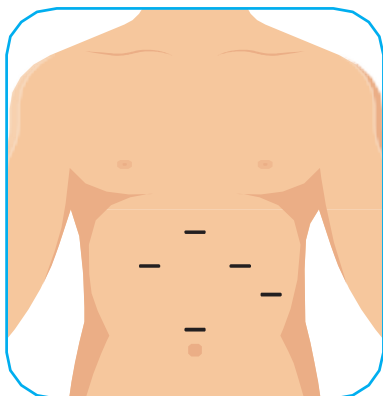
You will have 5 to 6 small incisions sites on your abdomen. These incisions are closed with tissue adhesive (skin glue). If you have a JP drain, it will be removed prior to discharge. You may remove the dressing after 2 days. You may shower the morning after surgery if you do not have a drain. If you did have a JP drain, you must wait 2 days following drain removal to shower. Gently clean incisions with normal soap and water and pat dry. Over the next few weeks, the skin glue will flake off. This is normal. Do not pick at it. Do not apply any lotions, creams or powders on the incision.

You can feel bloated after this surgery, simethicone may help with these symptoms. It is not uncommon for things to feel slow-to-move down your esophagus following surgery. It takes time for swelling to go away and your body to adjust to the new sensations. Patients may report left upper quadrant pain in the abdomen for up to several weeks after surgery. This pain is related to swelling and muscle soreness. If doing well on your esophageal diet two weeks after surgery, you may slowly add in raw fruits and vegetables. Continue to avoid grizzly meats and breads.



Questions?
Call us!

(585)
275-1509



How do I prevent infection?

Surgical site infections may occur in the part of your body where surgery took place. Infections happen in about 1-3 out of every 100 patients who have surgery.

Things my surgical team does to prevent infection

- ✓ We may remove some of your hair immediately before surgery using electric clippers if the hair is in the area where the incision will occur.
- ✓ We will give you antibiotics before your surgery starts.

Things I do – before and after surgery – to prevent infection

- ✓ Good hand washing is the best way to prevent infection.
- ✓ Tell your doctor about other medical problems you may have. Problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- ✓ Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit. We can help!
- ✓ Do not shave near the surgery site. This can irritate your skin and make it easier to get an infection.
- ✓ Make sure that everyone on your healthcare team cleans their hands before examining you; either with soap and water or an alcohol-based hand rub.



It is OK to remind us about clean hands or glove use during your hospital stay.

- ✓ Family and friends who visit should not touch your surgical wound or bandages.
- ✓ Family and friends should wash their hands before and after visiting you.

How do I take care of the incision sites?

- ✓ You will have 5 to 6 small incisions (cuts) on your abdomen. Under the skin, we close the incisions with dissolvable sutures (stitches). We also use a special adhesive (glue) on top of the skin. Do not pick at the skin glue!
- ✓ Over the next few weeks, the skin glue will flake off. This is normal.

What are some signs of infection?

- ✓ Fever higher than 101° F.
- ✓ Tender, red skin around the incision(s).
- ✓ Thick or bad-smelling drainage from around the surgical site.
- ✓ Vomiting (throwing up) for more than 8 hours.
- ✓ Having a lot of pain or pain that is getting worse.
- ✓ Changing the bandage multiple times every day.

How do I prevent blood clots?

When a blood clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT, for short. When the clot breaks off and travels from the leg up to the lungs, it is called a pulmonary embolism (PE). DVT and PE are serious, life-threatening conditions.

Surgery, being less active, being overweight and smoking increase your chances of developing blood clots. To prevent blood clots:

- ✓ While you are in the hospital, wear IPC (intermittent pneumatic compression) devices or knee-high sleeves on your legs. (You will not need these when you go home.) IPCs inflate and deflate regularly to help circulate blood. The devices use cuffs around the legs that fill with air and squeeze your legs, much like a blood pressure cuff. Then the cuff deflates and relaxes. The process then repeats over and over. This increases blood flow through the veins of your legs and helps prevent blood clots.
- ✓ Continue to do ankle and foot exercises regularly.
- ✓ While you are in the hospital, you will receive a daily shot of medicine called Lovenox to prevent blood clots. It is not likely that this medication will be needed at home.

Foot and Ankle Exercises

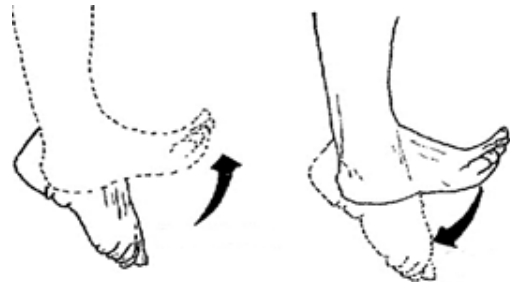
Help prevent blood clots by exercising your feet and ankles to your calf muscles moving

Exercise tips for success:

- Sit up straight – no slouching
- Start by repeating each exercise 2 to 3 times. Work up to doing each exercise 10 times.
- Try to do the exercises several times each day
- Do all exercises slowly

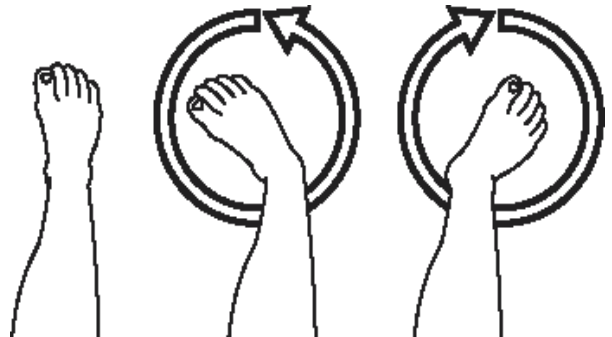
Ankle Pumps

Move each foot up and down like you are pressing down and lifting up on a car's gas pedal



Ankle Circles

1. Draw a circle in the air with each foot
2. Move only your ankle, not your whole leg
3. Draw another circle in the opposite direction



Ankle Alphabet

1. Write the alphabet in the air with each foot
2. Move only your ankle, not your whole leg
3. Complete the alphabet, taking short rests if needed



Preventing Lung Infections

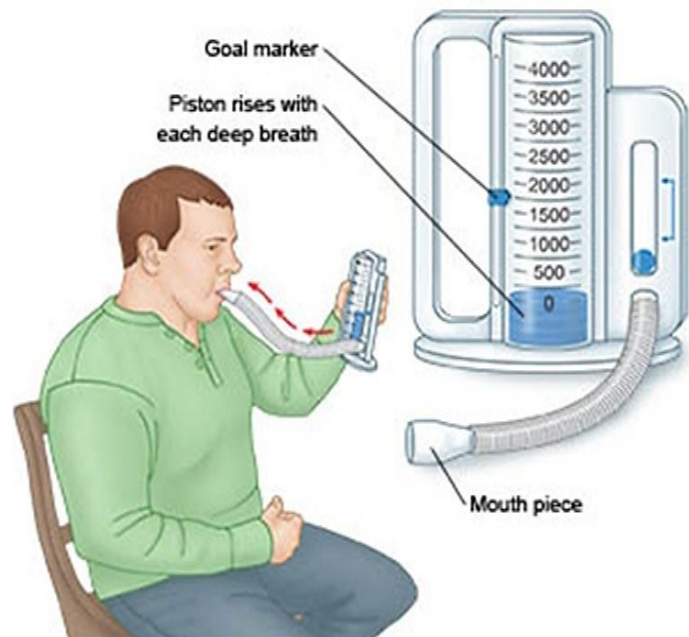
After surgery, lung infections can occur if you have a pre-existing lung condition or if you are less active than usual. To prevent lung infection:

- Use your incentive spirometer every hour while you are awake
- Practice deep breathing and coughing, if possible. While coughing, support your incision for comfort. Place your hands flat on top of each other and apply slight pressure to the incision. You can also hold a pillow firmly across the surgical site to help you breathe deeply and cough. Ask for pain medicine, if necessary.

Using an Incentive Spirometer

An incentive spirometer is a tool that helps you do breathing exercises. It measures how deep you inhale or breathe in. Your surgery team will ask you to do deep breathing exercises every hour to help your lungs.

1. Sit up straight in a chair or bed
2. Hold the spirometer upright
3. Place the goal marker on the level you need. Your goal is to make the piston (indicator) rise to that level.
4. Breathe out normally. Place the mouthpiece into your mouth and close your lips around it.
5. Slowly take a deep breath through your mouth. Suck in as deeply as you can to raise the indicator toward the goal marker. If the indicator does not rise up, make sure your lips are sealed tightly around the mouthpiece.
6. When you cannot breathe in any longer, hold your breath for 2 to 5 seconds.
7. Remove the mouthpiece from your mouth. Then, breathe out slowly.
8. Rest and breathe normally. The indicator will return to the bottom.
9. Repeat as many times as ordered by your doctor.



When you are done, try to cough a few times. This will help remove fluid in your lungs and keep your lungs clear.

Follow- Up Appointment

You will have a follow-up appointment approximately four weeks after you are discharged.

At your follow-up, we will discuss your soft diet, pain and bowel movement patterns. Your weight will be checked, and your GERD medications may be weaned or stopped completely.

Information & Resources

It is very important to stop smoking. Here are some places that can help you:

**University of Rochester Medical Center
Center for Community Health & Prevention**

<https://www.urmc.rochester.edu/community-health/patient-care/stopsmoking.aspx>

New York State Smokers' Quit line

<https://www.nysmokefree.com/>

Some smokers are more likely to quit with the structure of a group support, but others may prefer to get one-on-one help via the telephone. If this sounds like you, try the New York State Smokers' Quit line. It offers:

- ✓ A free starter kit of nicotine patches, gum or lozenges for eligible NYS smokers
- ✓ Trained Quit line Specialists offering help with quit plans
- ✓ Information about local stop smoking programs
- ✓ Informational taped messages

Call the NYS Smokers' Quit line at 1-866-NY-QUITS (1-866-697-8487).

**American Heart
Association**

www.heart.org/quitsmoking

URMC Healthy Living Center

46 Prince Street Suite 3001

Rochester, New York 14607

(585) 530-2050

Individual counseling is provided; a treatment plan typically includes four to six appointments, the first of which is in-person but the remaining can be done by phone. The Healthy Living Center is located at 46 Prince St. with plenty of free parking. Call (585) 530-2050 for information.



Food and Nutrition Services Esophageal Surgery Diet

This diet is typically recommended for a short period of time immediately following your surgery. It is not meant to be followed for a long period of time.

In about 3-4 weeks, the swelling will be decreased and you may return to eating your regular diet.

GENERAL GUIDELINES:

- Relax and take your time during meals. Focus on the act of chewing and swallowing without distractions.
- Chew foods well before swallowing. Food should be the consistency of applesauce when it is swallowed.
- Six small meals are preferable to three large ones.
- Sit in an upright position while eating and stay seated upright for one hour after meals.
- Do not eat within three hours of sleeping.
- Avoid acidic food, salty food and food temperature extremes if these are not tolerated.
- Prevent gas and bloating by avoiding using straws, slurping foods, chewing gum, sucking on candy or ice cubes, and drinking carbonated beverages.
- Limit spicy foods.
- If you are having trouble taking in adequate calories and/or protein you may need to drink a nutritional supplement. Examples include Carnation Instant Breakfast, Ensure, Boost, Glucerna (for people with diabetes).

TYPES OF FOOD	FOODS RECOMMENDED	CAUTIONS
BREADS CEREALS GRAINS	Hot cereals (oatmeal, cream of wheat, grits), well soaked refined cold cereals (e.g., Rice Krispies, Cornflakes), well cooked rice and pasta	All bread and bread products including muffins, dinner and sweet rolls, and donuts, heavy bran cereals, chips, and pretzels
FRUITS	Canned fruits, fruit juices, soft fresh fruit such as bananas, avocados	Dried fruits, raw fruit with skins, citrus fruit and juices, coconut
VEGETABLES	Most well cooked or canned vegetables and vegetable juices	Raw vegetables, tossed green salads, and stringy vegetables (e.g., asparagus, spinach, “al dente” green beans)

MEAT & MEAT ALTERNATIVES	Pureed red meats or poultry, creamed fish, soufflés, moist casseroles, soft cooked eggs, creamy peanut butter, cooked dry beans, lentils, tofu	Red meat or chicken (unless pureed), chunky peanut butter, nuts
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TYPES OF FOOD continued	FOODS RECOMMENDED	CAUTIONS
MILK & MILK PRODUCTS	Milk, buttermilk, cheese, sour cream, yogurt, cottage cheese	Stringy cooked cheese (e.g., mozzarella)
SWEETS & DESSERTS	Gelatin, pudding, tapioca, custard, ice cream, sherbet, sugar, honey, jelly, plain cookies	Plain cakes, any dessert containing dried fruits, nuts, or coconut
FATS	Butter, margarine, sour cream, salad oil, mayonnaise, gravies (Use in moderation)	Fried foods
MISCELLANEOUS	Condiments, herbs, spices (with caution), coffee (in moderation)	Alcohol, popcorn, excess pepper (black & red), carbonated beverages

Note: Food affects people in different ways. Those listed under "cautions" may cause problems. If you feel any other food gives you trouble, it may be reasonable to eliminate it from your diet.

Sample Menu

BREAKFAST	Apple Juice Scrambled Eggs Oatmeal with sliced banana 2% Milk
Morning snack	Canned fruit Yogurt
LUNCH	Vegetable Soup & Crackers (soaked in soup) Cottage cheese with canned peaches, pears, and/or apricots 2% Milk
Afternoon snack	Custard
DINNER	Macaroni & Cheese Cooked zucchini Tapioca Pudding 2% Milk
PM snack	Gelatin



Full Liquid Diet

Description: A diet consisting of liquid foods or foods that are liquid at body temperature.

General Guidelines:

- Consume a variety of liquid foods.
- Be sure to snack between meals
- Vitamin/mineral supplements are necessary if following this diet long term; consult your healthcare team and/or dietitian for guidance
- If lactose intolerant, consider lactaid milk or fortified soy milk and foods made with them.

Category	Foods Recommended	Foods to Avoid
Beverages and Milk Products	Milk, Milkshakes, Milk substitutes (soy milk), Smooth yogurts, Coffee, Cocoa Supplements- like Ensure, Boost, Carnation Instant Breakfast	Carbonated beverages, Yogurts with added fruit
Cereals and Cereal Products	Cooked refined cereals such as Cream of wheat or rice, Oatmeal (thin enough to pour), Thinned grits	Whole grain cereals, and all others unless strained thin
Soups	Bouillon, Broth, Strained cream soup, Strained or pureed vegetable soups	Avoid all others
Bread/Starches	NONE	All bread, rice pasta & potatoes
Vegetables	Vegetable juices, Vegetable puree used in soups	All raw and uncooked vegetables
Fruits	Fruit juices and nectars without pulp	All fresh, frozen and canned fruits
Meats & Eggs	NONE	All
Fats and Oils	Butter, Oil, Margarine	
Desserts and Sweets	Sherbet, Custard, Gelatin desserts, Plain ice cream, Plain puddings, Fruit ices, Popsicles, Clear hard candy, Sugar, Honey, Whipped Topping	Nuts, Seeds, Whole fruit desserts

Sample Menu

Breakfast

1 cup Juice
1 cup Milk
1 cup Coffee/Tea with cream and sugar
1 cup Cream of Wheat or Thin Grits

Snack

1 nutrition supplement like Ensure, Boost or Carnation Instant Breakfast

Lunch

1 cup Juice
1 cup Milk
1 cup Strained Cream Soup or Broth
1 cup Coffee with cream and sugar

Snack

1 Popsicle
or 1 Blended Milkshake (4 oz milk,
2 tsp choc syrup, 2 oz ice cream, 2 tsp sugar)

Dinner

1 cup Juice
1 cup Strained or Cream Soup
1 cup of Coffee/Tea with cream and sugar
½ cup Ice Cream
1 cup Milk

Date:

Registered Dietitian:

Contact:

