Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

What to Expect After Your Nissen Fundoplication or Hiatal Hernia Surgery

This information explains what to expect after your Nissen fundoplication (fun-doe-ply-CAY-shun) or hiatal (hi-A-tul) hernia surgery.

A member of your care team will give you instructions for getting ready for your surgery. They'll also explain what to expect the day of your surgery.

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you'll be in the PACU. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a thin tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs to help your blood flow.

Pain Medication

You'll get pain medication through your intravenous (IV) line. You may be able to control your pain medication using a button called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)* (www.mskcc.org/pe/pca).

Tubes and Drains

- You'll have an IV line in one of your veins, usually in your hand or arm. You'll get fluids and pain medication through your IV line. A member of your care team will take out your IV before you're discharged from the hospital.
- You may have a urinary (Foley) catheter through your urethra into your bladder. Your urethra is the tube your urine (pee) flows through when you urinate (pee).

Your Foley catheter will drain urine from your bladder. This lets your care team keep track of how much you're making. Foley catheters are usually taken out the first day after surgery.

Visitors

Your visitors can see you in the PACU, usually within 90 minutes after you get there. A member of the nursing staff will explain the guidelines to them. Your visitors should read *Information for Family and Friends for the Day of*

Surgery (www.mskcc.org/pe/info-family-friends).

Moving to Your Hospital Room

You'll stay in the PACU for a few hours or overnight. After your stay in the PACU, a staff member will bring you to your hospital room.

In Your Hospital Room

The length of time you're in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 1 night.

In your hospital room, you'll meet one of the nurses who will care for you during your stay. Soon after you get there, a nurse will help you out of bed and into your chair.

Your care team will teach you how to care for yourself while you're healing from your surgery.

Managing Your Pain

You may have some pain after your surgery. Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain is not relieved, tell one of your healthcare providers. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain can help you recover faster.

If you had a minimally invasive (laparoscopic) surgery, you may have pain in your shoulder. This is called referred pain and is common. It's caused by the gas that was put into your abdomen (belly) during your surgery. Referred pain can range from mild to severe and may last for 7 to 10 days.

If you have pain in your shoulder, tell your nurse. They will bring you a hot pack to put on your shoulder to help with the pain. Lying down on the painful side can also help.

You'll get a prescription for pain medication before you leave the hospital. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain medications.

Moving Around and Walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Read *Frequently Asked Questions About Walking After Your Surgery* (www.mskcc.org/pe/walking-after-surgery) to learn more about how walking after surgery can help you recover.

Getting up and walking every 2 hours is a good goal. Try to walk for as long as you comfortably can. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

Read *Call! Don't Fall!* (www.mskcc.org/pe/call-dont-fall) to learn about what you can do to stay safe and keep from falling while you're in the hospital.

Exercising Your Lungs

It's important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Your nurse will give you an incentive spirometer. Use it 10 times every hour you're awake. Keep using it for 1 to 2 weeks after you're discharged from the hospital. For more information, read *How To Use Your Incentive Spirometer* (www.mskcc.org/pe/incentive-spirometer).
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and Drinking

At first, you'll follow a clear liquid diet. You'll slowly start drinking and eating more things as you heal. This is called advancing your diet. For more information, read the "Instructions for Eating and Drinking" section later in this resource.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

Leaving the Hospital

Before you leave, look at your incisions with one of your healthcare providers. Knowing what they look like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 11 a.m. Before you leave, your healthcare provider will write your discharge order and prescriptions. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If your ride is not at the hospital when you're ready to be discharged, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

At home

Read *What You Can Do to Avoid Falling* (www.mskcc.org/pe/avoid-falling) to learn what you can do to keep from falling at home and during your appointments at MSK.

Managing Your Pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. Some people have

soreness, tightness, or muscle aches around their incision(s) for 6 months or longer. This does not mean that something is wrong.

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision heals. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol®) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
    - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
    - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
    - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen.

Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.

- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). For more information, read the "Managing Constipation" section later in this resource.

Taking Your Usual Medications

For the first few weeks after your surgery, you will not be able to swallow large pills. If you take large pills, ask your primary care provider to change your prescription to a liquid or chewable form. **Do not crush any pills without talking with your pharmacist first.** Some medications do not work as well or can be harmful if they're crushed.

If you took anti-reflux medication before your surgery, you should not need it after your surgery. If you start having symptoms of reflux after your surgery, call your healthcare provider.

Managing Constipation

It's important to avoid constipation after your surgery. Constipation can lead to your hiatal hernia coming back. Talk with your nurse about how to prevent and manage constipation. You can also follow the guidelines below.

- Both over-the-counter and prescription medications are available to prevent and treat constipation. Ask your healthcare provider before taking any medications for constipation. This is very important if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Here are examples of over-the-counter medications for constipation:
  - Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
  - Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that

causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.

- Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, do not put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.

If you're still constipated after you stop taking prescription pain medications, adding more fiber to your diet can help. Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or recently had bowel surgery, check with your healthcare provider before changing your diet.

Examples of foods high in fiber include:

- Bran.
- Whole-grain cereals and breads.
- Unpeeled fruits and vegetables.
- Mixed green salads.
- Apricots, figs, and raisins.

For more information, read *How to Manage Constipation* (www.mskcc.org/pe/constipation).

Caring for Your Incisions

You'll have 6 small incisions in your abdomen after your surgery. It's normal to have some bruising and tenderness around your incisions. This will go away with time. If the bruising or tenderness gets worse, call your healthcare provider. You should also call your healthcare provider if:

- The skin around your incision(s) is very red.
- The skin around your incision(s) is getting redder.
- You see drainage that looks like pus (thick and milky).
- Your incision(s) smell bad.

You'll have sutures (stitches) inside your incisions to help them heal. They will dissolve on their own. You may also have Steri- Strips™ (thin pieces of surgical tape) or

Dermabond® (surgical glue) over your incisions. If you do, they will loosen and fall or peel off on their own. If they have not fallen off within 10 days, you can take them off.

Showering

Taking a warm shower is relaxing and can help with aches and pains. Use soap and gently wash your incisions when you shower. It's OK to get your Steri-Strips or Dermabond wet.

After your shower, pat your incisions dry with a clean towel. Do not put a bandage over them.

Do not take tub baths until you talk with your surgeon during your first appointment after surgery.

Physical Activity and Exercise

For the first 8 weeks after your surgery:

- **Do not lift anything heavier than 10 pounds (4.5 kilograms)**. This is very important to help your repair last as long as possible.
- Do not do any strenuous activities, such as jogging or tennis.
- Do not play any contact sports, such as football.

It's important to slowly go back to doing your usual activities after surgery. Spread them out over the course of

the day and avoid activities that cause discomfort. You can go back to your usual sexual activity as soon as your incisions are well-healed and you can do so without pain or fatigue.

Doing gentle aerobic exercise will also help you gain strength and feel better. Aerobic exercise is any exercise that makes your heart beat faster, such as walking or climbing stairs. You can walk outside or indoors at your local mall or shopping center.

Gradually increase the distance you walk. Your body is an excellent guide for telling you when you've done too much. When you increase your activity, pay attention to how your body feels. You may find you have more energy in the morning or the afternoon. Plan your activities for times of the day when you have more energy.

It's common to have less energy than usual after surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Driving

You can start driving again after you:

- Are no longer sore from your surgery and have your full

range of motion back.

- Are not taking pain medication that may make you drowsy.

You can ride in the car as a passenger at any time after you leave the hospital.

Going Back to Work

Talk with your healthcare provider about your job and when it may be safe for you to start working again.

If your job involves a lot of movement or lifting more than 10 pounds (4.5 kilograms), you should return on restricted, light duty. Many people need to be on light duty for about 8 weeks. Call your surgeon before you go back to work if you need to give medical proof of work restrictions to your employer.

Traveling

Do not travel by plane until talking with your surgeon during your first appointment after surgery. During this appointment, you'll have an imaging scan to check for a pneumothorax (collapsed lung). This is a rare and treatable complication after this surgery. But flying with a pneumothorax can be dangerous.

First Appointment After Surgery

Your first appointment after surgery will be 2 to 3 weeks after you're discharged from the hospital. Your nurse will give you instructions on how to schedule this appointment, including the phone number to call.

If any tissue samples were sent to the Pathology Department for testing, your doctor will talk with you about the pathology results during this appointment.

Using MSK MyChart

MSK MyChart (mskmychart.mskcc.org) is MSK's patient portal. You can use it to send and read messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to make their own account so they can see information about your care.

If you do not have an MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

Instructions for Drinking and Eating After Nissen Fundoplication or Hiatal Hernia Surgery

After your surgery, you'll slowly start drinking and eating again. You'll follow the diets below as you're able to drink and eat more things.

- **Clear liquid diet:** This diet includes only liquids you can see through. Clear liquids are easiest for your body to digest. For more information, read the "Clear Liquid Diet" section later in this resource.
- **Full liquid diet:** This diet includes all the liquids in a clear liquid diet, plus liquids that are thicker or not clear. For more information, read the "Full Liquid Diet" section later in this resource.
- **Nissen soft diet:** This diet includes all the liquids in a full liquid diet, plus foods that are physically soft. This means less chewing is needed to get the food into a texture that's smooth and easy to swallow. For more information, read the "Nissen Soft Diet" section later in this resource.

Most people follow a clear liquid diet for about 2 days, then a full liquid diet for about 3 days, then a Nissen soft diet for about 2 weeks. Everyone's tolerance for food is different. Your doctor will tell you when to move to the next diet. They may have you advance more slowly depending on

how you feel.

General Eating Guidelines

After your surgery, the area where your esophagus joins your stomach will be swollen. This can make it harder for food to move through your digestive tract. To help manage this:

- Always sit up while you eat and for 30 minutes after eating. Gravity can help food move through your digestive tract.
- Sit up for 3 hours after your last meal of the day.
- Eat slowly, take small bites, and chew your food well.

It's normal to feel full more quickly than usual after your surgery. This is because your stomach is slightly smaller. Eating or drinking too much at once can cause discomfort. This should slowly get better over about 6 to 8 weeks. To help manage this:

- Eat small, frequent meals. Instead of 3 large meals, try to have 6 to 8 small meals per day.
- Do not have more than ½ cup (4 ounces) of liquids with meals and snacks. Drink most of your liquids between meals.
- Avoid drinking too much within 1 hour of meals (before and after). It's OK to drink if you're thirsty.

Tips for Managing Nausea

Vomiting (throwing up) can weaken or undo your repair. Your doctor will give you a prescription for an anti-nausea medication when you're discharged from the hospital. If you feel nauseous, take the anti-nausea medication. You can also try having ginger tea, flat (not fizzy) ginger ale, or saltine crackers softened with broth or another liquid.

If you're having trouble with nausea, contact your surgeon's office.

Tips for Managing Common Problems

Trouble Swallowing

It's common to have trouble swallowing after your surgery. This can be caused by the swelling from your surgery. It will get better as you heal and the swelling goes down.

If you're having trouble swallowing, tell your surgeon. They may recommend going back to following a liquid diet while the swelling lessens. You can also try drinking warm liquids. Warm liquids can be easier to swallow. They can also make it easier to swallow foods you eat after drinking them.

Gas or Discomfort

After your surgery, you may swallow more air than you did before your surgery. This can cause gas, discomfort, or both. Follow the tips below to help avoid swallowing air and prevent gas and discomfort.

- Eat slowly and chew your food well.
- Avoid carbonated (fizzy) drinks, such as a soda and seltzer.
- Avoid alcoholic drinks.
- Avoid citrus and tomato products.
- Avoid drinking through a straw.
- Do not chew gum or tobacco.
- Avoid foods that can cause gas, such as broccoli, Brussels sprouts, cabbage, cauliflower, collard greens, corn, cucumber, garlic, green peppers, kale, onions, radishes, rutabagas, sauerkraut, and turnips.
- Keep taking an over-the-counter medication to prevent constipation, such as a stool softener or laxative. Constipation can make gas pain worse.

If you have gas, take an over-the-counter gas relief medication such as simethicone (Gas-X®).

Dumping Syndrome

Dumping syndrome is when foods move from your stomach into your small intestine too quickly. This can cause nausea (feeling like you're going to throw up), weakness, cold sweats, cramps, or diarrhea (loose or watery bowel movements).

If your pyloric sphincter was changed or removed during your surgery, sugary foods and other refined carbohydrates (such as white bread) may cause dumping syndrome. Your pyloric sphincter is the place where your stomach connects to your small intestine.

If you think you have dumping syndrome, these tips may help:

- It's best to avoid sugary foods. If you need to have a sugary food, have a meal or snack with protein first.
- Choose sugar-free options. For example, choose sugar-free gelatin (Jell-O®) instead of regular gelatin.
- Add water to juices to dilute them.
- Include complex carbohydrates (such as whole wheat bread and pasta) in your diet. Avoid simple carbohydrates, such as sugar-sweetened cakes, table sugar, honey, and syrups.
- Add sources of soluble fiber to your diet. Unsweetened canned fruits (not in heavy syrup), smooth peanut butter, and oatmeal are examples of foods with soluble fiber.
- Avoid drinking too much with your meals. Try not to have more than ½ cup (4 ounces) of liquid within 1 hour of your meals (before and after).

Call your healthcare provider if you have questions about managing dumping syndrome.

Clear Liquid Diet

A clear liquid diet includes only liquids you can see through. These liquids are easy to swallow and digest. You can find examples in the "Clear Liquid Diet" table.

While you're following a clear liquid diet:

- Do not eat any solid foods.
- Do not drink liquids you cannot see through.
- Drink different types of clear liquids. Do not just drink water, coffee, and tea.
- Do not drink sugar-free liquids unless you have symptoms of dumping syndrome.

Clear Liquid Diet		
	OK to Drink	Do Not Drink
Soups	• Clear broth, bouillon, or consommé.	• Any products with pieces of dried food or seasoning.

Sweets	• Gelatin, such as Jell-O. • Flavored ices. • Hard candies, such as Life Savers®. Suck on them. Do not chew them.	• Mint or lemon hard candies. • All other sweets.
Drinks	• Clear fruit juices, such as apple, cranberry, and grape juices. • Sports drinks, such as Gatorade® and Powerade®. • Black, decaffeinated tea. • Black, decaffeinated coffee. • Water. • Ensure Clear™ apple flavor.	• Juices with pulp. • Nectars. • Smoothies or shakes. • Milk or cream. • Alcoholic drinks. • Carbonated drinks, such as soda and seltzer. • Caffeinated drinks.

Full Liquid Diet

A full liquid diet includes all the things allowed in a clear liquid diet, plus dairy products and opaque liquids (liquids you cannot see through). You can find examples in the “Full Liquid Diet” table.

It’s best to avoid acidic foods and drinks, such as those with citrus, tomato, broccoli, or chocolate. These can cause discomfort.

Full Liquid Diet		
	OK to Eat or Drink	Do Not Eat or Drink
Soups	• Smooth blenderized soups, such as cream of potato or carrot. • Broth, bouillon, or consommé.	• Soups with whole food pieces. • Soups with tomato or gas-producing vegetables, such as broccoli, cauliflower, onion, and cabbage. • Highly seasoned soups.
Dairy*	• Smooth yogurt, such as plain, vanilla, and coffee flavors. • Milk, Lactaid® milk, soy milk, almond milk, and rice milk. • Pudding and custard (except chocolate flavor). • Smooth ice cream and sorbet (except chocolate flavor). • Milkshakes (except chocolate flavor).	• Dairy with fruit, nuts, granola, or whole food pieces. • Chocolate-flavored dairy.
Grains	• Thin hot cereals, such as farina, strained oatmeal, grits, Cream of Rice®, and Wheatena®.	• Grains with fruit, nuts, granola or whole food pieces.

Drinks	• Fruit juices and nectars. • High-calorie, high-protein nutritional supplements, such as Ensure®, Boost®, Carnation Breakfast Essentials®, and Glucerna® drinks. • Decaffeinated coffee. • Decaffeinated tea.	• Acidic juices, such as tomato, citrus, and pineapple juices. • Chocolate-flavored drinks. • Drinks with fruit, nuts, granola, or whole food pieces. • Drinks with caffeine. • Alcoholic drinks. • Carbonated drinks, such as soda and seltzer.
Other	• Gelatin (Jell-O). • Flavored ices and popsicles. • Boost nutritional pudding (except chocolate flavor). • Mild mustard, ketchup, mayonnaise, sugar, salt, or a dash of pepper blended into the foods and drinks above.	• Bubble teas. • Mustard with seeds.

* Dairy products may cause diarrhea. You may need to avoid them at first. Gradually add them back into your diet in small (½ cup) portions. You can also try lactose-free dairy products, such as Lactaid products.

Nissen Soft Diet

A Nissen soft diet includes all the things allowed in a full liquid diet, plus:

- Soft, moist foods that you do not need to chew too much.
- Chopped, diced, ground, and puréed foods.
- Foods that break apart easily without a knife.

Examples are listed in the following tables.

> Avoid having any foods and drinks that cause discomfort, even if they're listed in the "to Include" column. Everyone is different.

Grains

Grains to Include	Grains to Avoid

• Pancakes, French toast, or waffles softened with butter, jelly, or syrup. • Soft rolls, such as potato rolls. • Untoasted breads softened with a liquid such as gravy or broth. • Well-cooked hot cereal, such as oatmeal, Cream of Wheat®, and Cream of Rice. • Cold cereal softened in milk, such as Cornflakes®, Rice Krispies®, Cheerios®, plain Special K®, Rice Chex®, and puffed rice.	• Hard or crusty breads and rolls, such as toasted bread, bagels, Kaiser rolls, English muffins, melba toast, zwieback, French bread, and sourdough bread. • Sticky or gummy breads, such as fresh doughy breads, rolls, and donuts. • Crackers, bread, and cereal with nuts, seeds, coconut, or fresh or dried fruit. • Crackers and bread with lots of seasoning, such as garlic- or onion-flavored crackers. • Pretzels (both soft and hard) • High-fat grains, such as sweet rolls and coffee cake. • Very coarse cereals, such as bran and shredded wheat.

Potatoes and Starches

Potatoes and Starches to Include	Potatoes and Starches to Avoid

• Peeled mashed, baked, or boiled potatoes. • Well-cooked white rice, barley, and pastas.	• Fried potatoes, potato skins, and potato chips. • Taco shells (both hard and soft). • Fried rice, brown rice, and wild rice.

Fruits

Fruits to Include	Fruits to Avoid
• Canned or cooked peeled fruit (except fruits in the “Fruits to Avoid” column).	• Fresh fruits. • Canned citrus fruits, such as pineapple and mandarin oranges. • Dried fruits, such as raisins, apricots, and prunes. • Fruits with edible seeds, such as berries, kiwi, and figs. • Gummy fruits that can be hard to swallow, such as bananas.

Vegetables

Vegetables to Include	Vegetables to Avoid

• Well-cooked soft vegetables without seeds or skins, such as asparagus tips, beets, carrots, green and wax beans, chopped spinach, tender canned baby peas, squash, and pumpkin without seeds. • Avocados.	• Raw vegetables. • Acidic vegetables, such as tomatoes. • Gas-producing vegetables, such as broccoli, Brussels sprouts, cabbage, cauliflower, collard greens, corn, cucumber, garlic, green peppers, kale, onions, radishes, sauerkraut, and turnips. • Dried beans, peas, and lentils.

Proteins (Meat, Fish, Poultry, and Dairy Products)

Add meats to your diet last. Make sure to trim off any fat you can see. Cook them so they're easy to break apart with a fork. Try poaching them, cooking them in a slow cooker (such as a Crockpot™), or stewing them.

Proteins to Include	Proteins to Avoid

• Ground, minced, chopped, or stewed meats and poultry. • Tender, well-cooked, and moist cuts of beef, veal, chicken, turkey, lamb, and pork (with visible fat trimmed). • Flaky cooked fish. • Meat substitutes, such as soft tofu. • Canned tuna. • Mild, soft cheeses, such as cottage cheese, ricotta cheese, American cheese, non-stringy mozzarella cheese, and processed cheddar cheese slices. • Creamy nut butters, such as peanut butter. • Smooth yogurt and blended fruit yogurt. • Moist casseroles, such as macaroni and cheese and tuna casserole. • Grilled or non-grilled cheese sandwiches (made with non-stringy cheese). • Poached, hard boiled, or scrambled eggs.	• Tough meats with a lot of gristle. • Fried, highly seasoned, smoked, and fatty meats, fish, and poultry, such as hot dogs, deli meats, sausage, bacon, spareribs, sardines packed in oil, anchovies packed in oil, duck, and goose. • Chili and other foods made with pepper or chili pepper. • Shellfish. • Strongly flavored cheeses, such as sharp cheese, extra sharp cheddar, and cheese with peppers or other seasoning. • Melted stringy cheeses. • Crunchy nut butters. • Yogurt with nuts, seeds, coconut, strawberries, or raspberries. • Fried or highly seasoned eggs, such as deviled eggs and Western omelets.

Soups

Soups to Include	Soups to Avoid
• Smooth blenderized soups, such as cream of potato or carrot. • Broth, bouillon, or consommé.	• Soups with whole food pieces. • Soups with tomato or gas-producing vegetables, such as broccoli, cauliflower, onion, and cabbage. • Highly seasoned soups.

Drinks

Drinks to Include	Drinks to Avoid
• Milk, Lactaid milk, soy milk, almond milk, and rice milk. • Fruit juices and nectars (except acidic juices). • High-calorie, high-protein nutritional supplements, such as all types of Ensure, Boost, Carnation Breakfast Essentials, and Glucerna drinks (except chocolate flavor). • Decaffeinated tea. • Decaffeinated coffee. • Powdered drink mixes, such as Kool-Aid® and Gatorade (in moderation).	• Acidic juices, such as tomato, citrus, and pineapple juices. • Chocolate-flavored drinks. • Drinks with fruit, nuts, granola, or whole food pieces. • Drinks with caffeine. • Alcoholic drinks. • Carbonated drink, such as soda and seltzer.

Desserts, Sweets, and Snacks

Eat these in moderation. Do not eat them by themselves. Eat them with other foods.

Desserts, Sweets, and Snacks to Include	Desserts, Sweets, and Snacks to Avoid
• Plain cakes, cookies, and pies. • Pudding and custard (except chocolate flavor). • Ice cream, ice milk, frozen yogurt, and sorbet (except chocolate flavor). • Gelatin made from allowed foods. • Flavored ices and popsicles. • Syrup, honey, jelly, and seedless jam. • Hard candies (except mint or lemon flavor). • Molasses.	• Desserts with nuts, seeds, coconut, fresh or dried fruit, peppermint, or spearmint. • Jam, marmalade, and preserves with seeds. • Hard or crunchy snack foods, such as popcorn, potato chips, tortilla chips, and pretzels. • Mint or lemon candies.

Fats

Eat these in moderation.

Fats to Include	Fats to Avoid

• Butter and margarine. • Mayonnaise and vegetable oils. • Mildly seasoned cream sauces and gravies. • Mildly seasoned salad dressing made with ingredients allowed in the Nissen soft diet. • Plain cream cheese. • Sour cream.	• Highly seasoned salad dressings, cream sauces, and gravies. • Bacon, bacon fat, ham fat, lard, and salt pork. • Fried foods. • Whole nuts.

Other

Other Foods to Include	Other Foods to Avoid
• Herbs and mild seasonings. • Salt and spices (in moderation). • Mustard and vinegar (in moderation).	• Fried or highly seasoned foods. • Coconut, seeds, and whole nuts. • Pickles and olives. • Chili sauces, ketchup, barbecue sauce, horseradish, black pepper, chili powder, and onion and garlic seasonings. • Any other strongly flavored seasoning, condiment, spice, or herb not tolerated. • Any food not tolerated.

When to Contact Your Healthcare Provider

Contact your healthcare provider if you have:

- New or worsening shortness of breath (trouble breathing).
- Vomiting or constant nausea.
- A fever of 101 °F (38.3 °C) or higher.
- New pain.
- Pain that does not get better with your medications.
- Redness, swelling, or drainage from your incisions.
- Diarrhea.
- No bowel movement for 3 days or longer.
- Any new symptom or physical change.

Contact Information

If you have any questions, contact a member of your care team. If you're a patient at MSK and need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000. Ask to speak to the thoracic doctor on call.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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