



Nutritional Guidelines for Symptom Management

EARLY SATIETY

DEFINITION: A feeling of abdominal fullness which limits the patient's ability to eat more than a very small amount of food or liquid at any one time.

NUTRITIONAL PROBLEM

Difficulty achieving an adequate intake of nutrients.

POSSIBLE CAUSES

Tumor:

- Gynecological - fluid accumulation resulting from the tumor (such as abdominal ascites which may be seen in ovarian cancer)
- Lymphoma - due to an abdominal mass or enlarged spleen
- Gastro-intestinal - enlarged liver or cancer of the stomach
- Lung – dyspnea or metabolic effects of the tumor in advanced stages of disease
- Liver/Pancreas – metabolic effects of the tumor

Surgery:

Partial or total gastrectomy

Other:

Gas or constipation

NUTRITIONAL GOALS

To maximize nutritional intake with minimal volume

NUTRITIONAL MANAGEMENT STRATEGIES

- Recommend small, frequent, high-energy, high-protein meals and snacks.
- Suggest energy-dense liquids between meals to help meet fluid needs.
- Discourage intake of common gas producing foods.
- Avoid high fibre foods that may contribute to satiety.
- Recommend that foods be chewed well and meals be eaten slowly in a relaxed atmosphere.
- Adjust fat intake to a tolerated level.
- The use of gastric motility agents should be discussed with the physician.
- Encourage fluids be taken 30 minutes before or after meals/snacks.

PATIENT/CLIENT EDUCATION MATERIALS

- **High Energy High Protein Ideas** (BC Cancer Agency)
- **High Energy High Protein Sample Menu/Recipes** (BC Cancer Agency)
A helpful resource for adding more variety to the above pamphlet.
- **Tips to Help Maintain Your Weight** (BC Cancer Agency) - Chinese, Punjabi
- **Tips to Lessen Gas** (BCCA)
- **Post Gastric Surgery Diet** (Manual of Clinical Dietetics, ADA, DC)
- **Suggestions for Dealing with Constipation** (BC Cancer Agency)

MEDICAL MANAGEMENT

Metoclopramide is a gastric-kinetic anti-emetic. It increases gastric emptying by increasing the tone of the lower esophageal sphincter, decreasing the tone of the pylorus and increasing gastric and small bowel peristalsis.

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<p>This information is not meant to replace the medical counsel of your doctor or individual consultation with a registered dietitian. This information may only be used in its entirety.</p>
