



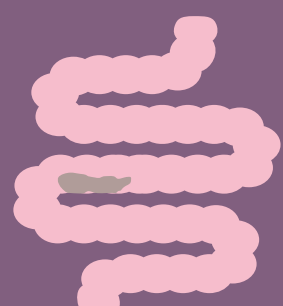
Staged low fibre diet

Guidance for patients suffering subacute malignant bowel obstruction

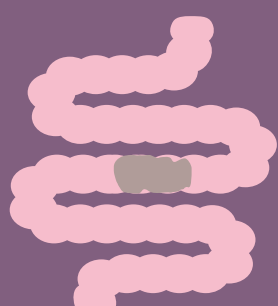
Patients with subacute malignant bowel obstruction (MBO) not amenable to surgical or interventional procedures are often highly symptomatic of pain, bloating, nausea and vomiting. Diet, especially fibre, exacerbates symptoms – so oral intake can be limited. UK medical treatment of MBO includes medicines and interventions to improve bowel transit, and to manage symptoms.^{(1),(2)} But often, little specific advice is given on low-fibre diet compared to approaches worldwide.^{(3),(4)}

Malignant bowel obstruction can be subacute or complete.

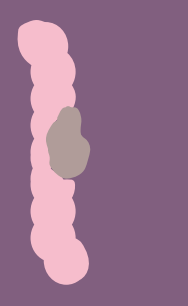
It can be caused by internal obstruction within the bowel, or external compression on the bowel.



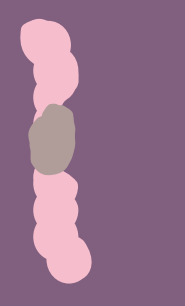
Internal subacute obstruction



Internal obstruction



External compression causing subacute bowel obstruction



External compression causing obstruction

Uncontrolled malignant bowel obstruction significantly impacts:

- Symptoms such as bloating, abdominal pain and vomiting
- Quality of life
- Choice of food
- Calorie and fluid intake

What did we want to achieve?

Our aim was to develop a low-fibre staged diet plan for patients with subacute or resolving MBO.

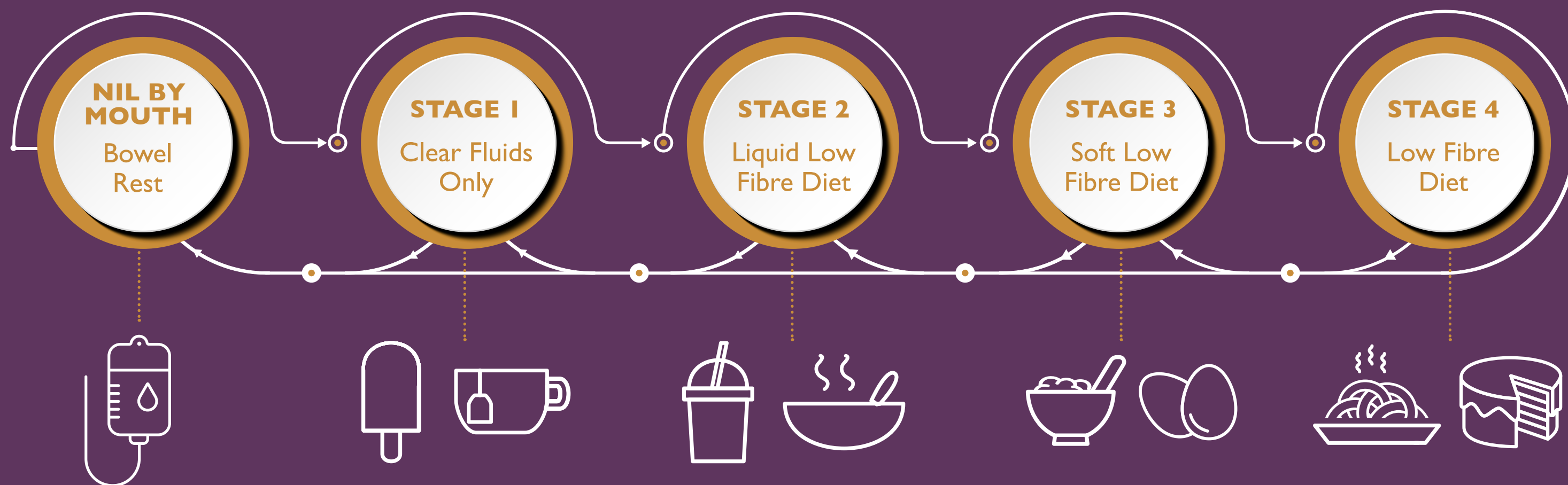
We wanted to offer patients choice and taste variety, within the limitations of a clear fluid or low-fibre diet, in order to improve symptom control, chance of resolution and quality of life.

How did we do this?

A review of literature was undertaken to better understand MBO.⁽¹⁻⁴⁾ The Royal Surrey NHS Foundation Trust's nutrition and dietetics team use a phased model on which, with permissions, our diet is based.⁽⁵⁾ A collaborative approach was taken, including input from the local trust dietitians and a multidisciplinary team from the hospice, including catering and hospitality.

What was the result of our work?

A four-staged diet plan, outlined below, was created for the hospice's In-patient Unit. Stage one is clear fluids; stage two is a liquid low-fibre diet; stage three is a soft low-fibre diet; and stage four is a normal texture low-fibre diet. MBO patients often start with bowel rest and move up or down the stages as tolerated. Stage four may also be used prophylactically for those at risk of developing MBO symptoms.



Conclusion

Most patients have welcomed specific guidance on diet, with many reporting satisfaction at having a greater choice in diet, an increased feeling of control over their symptoms and better quality of life.

Staff have also appreciated clarity on diet advice.

The menu provides variety, despite the restrictions, and many patients report significant relief of their symptoms. Patients may choose to eat off-plan, as part of the hospice's 'Eat for Comfort' policy.

A community MBO diet advice booklet has subsequently been created for those living at home with, or at risk of, MBO.

This enables patients to stay at home longer, and be more in control of their symptoms.

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