

# Having a diagnostic or operative laparoscopy for gynaecological patients

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## What is a laparoscopy?

“Laparo” refers to the whole abdomen (tummy area), “scopy” means to look at. A laparoscopy is a looking at your pelvic organs with a telescope (camera) known as a laparoscope. This is sometimes referred to as keyhole surgery. The main reason for doing a laparoscopy in gynaecology is to look at the female reproductive organs.

## Who is this information for?

This information is for you if you are having, or have had, a diagnostic laparoscopy:

- this operation is to help your gynaecologist make a diagnosis by looking inside your pelvis - this is known as a diagnostic laparoscopy. This may be performed to find out the cause for painful periods, pelvic pain and infertility. Common gynaecological causes of these problems are pelvic infection, endometriosis, blocked fallopian tubes and ovarian cysts. Some procedures may be performed at the same time as your diagnostic laparoscopy if they have been discussed with you.

They include:

- dye test - passing of dye through the fallopian tubes to check if they are blocked.
- sterilisation (simple procedures)
- removal of an ovarian cyst, treatment of an ectopic pregnancy, removal of one or both ovaries or division of scar tissue adhesiolysis (intermediate procedures)
- treatment for **mild** endometriosis which may be excision, cautery/diathermy.

Your operation will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation. If your laparoscopy is for treatment and you require further information please ask for leaflets relevant to the procedure if they are not provided. Contact numbers can be found on the back of this leaflet.

## **About this information**

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Please remember to take this information into hospital with you when you have your operation. This will enable you to read it again and ask any questions about your recovery before leaving hospital.

To help your preparation and recovery from surgery, we recommend if possible looking at: <https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/>

The information is provided in different formats and you can read the information on line, download the information, watch a video (with or without subtitles) or watch a video using British Sign Language.

Every woman has different needs and recovers in different ways.

Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a laparoscopy
- the exact type of laparoscopy that you have

- how smoothly the operation goes and whether there are any complications.

## **How is a laparoscopy performed?**

The skin on your abdomen will be cleansed. A catheter (a fine tube that is inserted into your bladder through your urethra, the opening where your urine normally comes out of) is used to empty your bladder. A small instrument is fitted into the womb to allow your gynaecologist to view behind your womb (unless you have had a hysterectomy to remove the womb). Harmless gas (carbon dioxide) is put inside your tummy at the start of the procedure to distend your tummy and create a clear view of the pelvic and abdominal organs. The laparoscope is then introduced into the abdomen through a small incision in the skin inside the belly button. The gynaecologist may do further small cuts at the left and right side of your abdomen and bikini line. After the procedure these wounds will be either glued or stitched and a small dressing applied.

## **What are the risks?**

### **Common problems**

#### **Infection**

This may require treatment with antibiotics. The most common infections are urinary tract infections, umbilical wound infection and chest infections. Please refer to the vaginal bleeding, stitches and dressings section of this leaflet for advice on reducing your risk of infection.

## **Bleeding from the vagina**

It is expected that you will have a small amount of bleeding from the vagina after the procedure. The time of your next period is difficult to predict and may be delayed.

## **Shoulder pain**

This is not an unusual problem. The gas used to distend your tummy during the procedure becomes trapped underneath your diaphragm hence causing pain in your shoulder. This settles in most cases within 48 hours because the gas is absorbed by your body without any ill effects.

## **Hernia**

This is when tissue pushes through a surgical wound in the abdomen that has not completely healed

## **Anaesthetic**

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic. Please read “You and your anaesthetic” patient information leaflet.

## **Rare problems**

### **Deep vein thrombosis (DVT)**

A blood clot including pulmonary embolus (a blood clot in the lung) is also a potential risk. If you are deemed at higher risk you will be asked to wear special stockings accompanied or not by daily injections into your skin to reduce this risk. Refer to the section on “formation of blood clots - how to reduce the risk”

## **Damage to organs**

The operation is safe but in rare instances damage to the bowel, bladder or blood vessels inside your abdomen (tummy) may occur which requires major surgery to repair them. Between 1 in 500 and 1 in 1000 patients will sustain such a complication.

Certain women may be more at risk of complications. For example:

- previous major abdominal surgery, particularly if a long midline incision has been made (between the belly button and the pubic line)
- caesarean section via the bikini line incision
- appendix operations
- previous peritonitis or inflammatory bowel disease.

Trauma to the womb or perforation is also a small risk but this usually heals easily on its own. Refer to the section on “what can slow down my recovery”

## **Risk factors**

### **High body mass index (BMI)**

An elevated BMI increases your risks of surgical complications, if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis.

BMI is based on your height and weight. This is one way to see if you're at a healthy weight.

- Underweight your BMI is less than 18.5
- Healthy weight your BMI is 18.9 to 24.9
- Overweight your BMI is >25

### **Are there any alternatives?**

Diagnostic scanning techniques such as ultra sound scans and MRI (Magnetic Resonance Imaging) can provide some useful information about “lumps” and “cysts” in your pelvis. Scans are not very helpful in identifying some conditions such as adhesions (internal scar tissue) or endometriosis. Your gynaecologist will talk to you about alternative options for your symptoms rather than going ahead immediately with a diagnostic laparoscopy.

### **Do I need to do anything before I come in to hospital?**

To help you recover from your operation and reduce your risks of complications it helps if you are as fit as possible beforehand. As soon as you know you are going to have a laparoscopy operation, try to:

- stop smoking
- eat a healthy diet
- do regular exercise
- lose weight if you are over weight.

If relevant to you please use contraception or do not have sex/intercourse from the first day of your period until your surgery date. If we think that you may be pregnant your operation will be cancelled on the day.

## **Pre-assessment**

You will have to attend a pre-assessment appointment. This will involve having a general health check, anaesthetic assessment and blood tests to make sure that you are fit for surgery.

## **Fasting**

Please follow the fasting instructions either sent out to you by the waiting list office or pre assessment. This includes not being able to suck sweets, chew gum or have a drink. It is important that you fast to ensure you have an empty stomach. If not you may vomit whilst you are anaesthetised and inhale vomit into your lungs and become seriously ill.

## **Bowel preparation**

If there is an increased risk of injury to your bowel your gynaecologist may prescribe you medication to empty your bowel before your surgery. Please follow the instructions given to you by your consultant on when to take this, it will be written on the box the medication is provided in. You will also need to have a low residue diet the day before your procedure. Information on what this is, can be found on pages 24-26.

## **Medication**

Unless you have been advised otherwise please take your tablets and medication as normal. Medications that increase your risk of bleeding after surgery (asprin, warfarin, clopidogrel, ticagrelor, rivaroxaban, apixaban, dabigatran, diprydamole sometimes called persantin). You will be advised at pre assessment what you need to do.

Methotrexate suppresses your immune system so you will need to consult with your rheumatologist and gynaecologist as to whether you are able to continue to take this.

### **Comfort and security**

- To reduce the risk of infection, please have a bath or a shower before you arrive. It is advisable to wear loose fitting clothing and underwear as your abdomen will be bloated and tender after your operation.
- Bring a change of night clothes, toiletries, antiseptic hand wipes or gel, a book, magazine, ipad or other things to help pass time during your recovery.
- Do not wear any makeup especially foundation, mascara and lipstick. Foundation and lipstick mask the true colour of your skin which the anaesthetist will want to see. Flakes of mascara could get into your eyes during the anaesthetic causing irritation. You will also need to remove any nail polish and jewellery, other than your wedding ring.
- Remember to write down or store in your phone important phone numbers.
- Please bring a supply of sanitary towels with you, as the use of tampons is not advisable.
- Do not take any unnecessary money and valuables into hospital with you.
- Please refer to the section on 'what can help me to recover' 'what can slow down my recovery'.

# **What can I expect after a laparoscopy?**

## **Usual length of stay in hospital**

If you are having a diagnostic laparoscopy, you should be able to go home on the same day. This operation is usually done as a day case. When you wake from the anaesthetic, your nurse will want to make sure that you are not in pain and that it is safe for you to go home before you are discharged. This usually takes between three and four hours.

**A letter with a brief outline of your procedure and findings will go to your GP. Please ask for a copy of this to be given or sent to you if you wish.**

The gynaecologist will see you for a detailed discussion before you go home and/or may request a follow up appointment to discuss the findings.

When you go home, make sure that you are not alone and that someone can stay with you overnight.

If you have had a simple procedure as part of an operative laparoscopy, you may be able to go home on the same day, though you may be asked to stay in hospital overnight.

## **After effects of general anaesthesia**

You will wake up in the operating theatre or the recovery room. A nurse will monitor your observations (blood pressure, pulse and oxygen saturations along with your pain score). You may have an oxygen mask over your face to help you breathe. Nausea is a common side effect with anaesthetic, if you feel sick please tell the nurse. If you have had an anaesthetic in the past and have had side

effects mention this to the anaesthetist. Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol, it will affect you more than normal. You need to make arrangements for someone to look after you and any dependent children in the first 24 hours. You should not drive or make any important decisions. Please read “You and your anaesthetic” patient information leaflet.

### **Scars/wounds**

You will have between one and four small scars/wounds on different parts of your abdomen - one scar will usually be in your tummy button. Each scar will be between 0.5 cm and 1 cm long. It is not unusual to have a small amount of leakage onto your dressing.

### **Stitches and dressings**

Your cuts will be closed by stitches or glue. Glue and some stitches dissolve by themselves, other stitches may need to be removed. Before you go home ask the nursing staff if you require stitches removing and who will be doing this. Stitches to suspend the ovaries are usually removed in hospital by the Endometriosis Clinical Nurse Specialist/ GAU nurses about seven days after your operation. Some people develop bruising around the cuts which will settle after a few days. Your cuts will initially be covered with a dressing. You should be able to take this off about 24-48 hours after your operation and have a wash or shower (see

section on washing and showering). You do not have to replace any dressings if there is no bleeding. However you may want to replace the dressing for comfort reasons to stop the scars/wounds rubbing against your clothes.

### **Vaginal bleeding**

You may get a small amount of vaginal bleeding for 24 to 48 hours. You will have a sanitary towel loosely in place on your return from theatre. You will not have any underwear on as this is removed to enable the laparoscopy to be performed. Any vaginal blood loss should lessen and turn brown over the next few days. You can usually expect your period when it is due, though it may be altered by the procedure. Do not use tampons after your laparoscopy as there is an increased risk of infection. You may use tampons on your next period.

### **Pain and discomfort**

You can expect some pain and discomfort in your lower abdomen for the first few days after your operation. You may also have some bloating and shoulder tip pain. This is a common side effect of the operation due to trapped gas (carbon dioxide) in your abdomen. When leaving hospital, you will usually be provided with analgesia (painkillers) for the pain you are experiencing. Paracetamol, brufen or naproxen. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. You might find Peppermint capsules good at relieving wind pain.

## **Starting to eat and drink**

If you have had a short general anaesthetic, once you are awake, you will be offered a drink of water or cup of tea and something light to eat before you go home.

## **Washing and showering**

You should be able to have a shower or bath and remove any dressing 24-48 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Don't worry about getting your scars wet - just ensure that you pat them dry with clean disposable tissues or let them dry in the air. If any of your laparoscopy sites will get infected, the most likely would be your umbilical (belly button). It would be advisable to keep this clean and dry by washing it with cotton wool and water. Keeping scars clean and dry helps healing. It is best to use plain water, do not add salt, antiseptic or bath foams etc. as these can cause irritation and delay wound healing.

## **Formation of blood clots - how to reduce the risk**

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism) which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation

- doing exercises when you are resting, for example:  
pump each foot up and down briskly for 30 seconds by moving your ankle move each foot in a circular motion or 30 seconds bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily Daltaparin injections (a blood thinning agent) you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for. You can administer these yourself, train a family member or in some cases a district nurse may be arranged.
- compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced.
- special boots that inflate and deflate to wear while in hospital.

## **Tiredness**

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal. You may need to take a nap during the day for the first few days. For many women this is the last symptom to improve.

## **What can help me recover?**

### **A daily routine**

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

### **Eat a healthy and balanced diet**

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day!

### **Stop smoking**

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

## **A positive outlook**

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
- eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

## **What can slow down my recovery?**

It can take longer to recover from a laparoscopy if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and be more prone to infection. If you have lung or heart problems, complications are more common.
- you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process.
- you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis

- If there were any complications during your operation. Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

## **When should I seek medical advice after a laparoscopy?**

Before you telephone for advice please read through your information leaflet again carefully as this may answer your query.

You should seek medical advice from your GP, NHS 111 NHS 24, the secretary of the gynaecologist who you had your procedure under or GAU (gynaecology assessment unit) on: 01924 541135 if you experience:

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Red and painful skin around your scars and/or you notice your wounds are sticky or smelly: This may be due to a wound infection. Treatment is with a course of antibiotics.
- Increasing abdominal pain: Especially if your pain had gone away or were getting better and you have been taking pain killer regularly. If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.

- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.
- Heavy, red vaginal blood loss for more than a few days that isn't associated with your period. A vaginal discharge which is persistent and/or smelly. This may be due to an infection. Treatment is with a course of antibiotics.

### **If there is no improvement in your symptoms**

You should expect a gradual improvement in your symptoms over time. If this is not the case, you should seek medical advice.

## **Getting back to normal**

### **Around the house**

While it is important to take enough rest, you should start some of your normal daily activities as soon as you feel able. You will find you are able to do more as the days pass. If you feel pain, you should try doing a little less for another few days. Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees. Avoid heavy lifting for 3-5 days.

## **Exercise**

The day after your operation you should be able to go for a short 10 to 15 minute walk in the morning and the afternoon, having a rest afterwards if you need to. You should be able to increase your activity levels quite rapidly over the first week. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. Most women should be able to walk slowly and steadily for 30-60 minutes by the middle of the first week, and will be back to their previous activity levels by the second week. Swimming is an ideal exercise and, if you have had no additional procedure, you can start as soon as you feel comfortable. If you have had other procedures with the laparoscopy, you may need to avoid contact sports and power sports for a few more weeks, although this will depend on your levels of fitness before surgery.

## **Driving**

You should not drive for 24 hours after a general anaesthetic. This may be 2 - 4 days if you have had certain anaesthetic drugs or are taking strong pain killers, as your judgement and reaction time might be impaired. Each insurance company will have their own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from any sedative effects of any painkillers
- able to sit in the car comfortably and use the controls
- able to wear the seat belt comfortably
- able to make an emergency stop

- able to look over your shoulder comfortably to manoeuvre.

It is a good idea to practise without the keys in the ignition. See whether you can do the movements you would need for an emergency stop and a three point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey. (Please refer to your leaflet “You and your anaesthetic”).

## Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- **the length of your journey** – journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT); this is especially so if you are travelling soon after your operation.
- **how comfortable you will be during your journey**, particularly if you are wearing a seat belt.
- **overseas travel** - if you were to have a problem after your operation would you have access to appropriate medical advice at your destination? Does your travel insurance cover any necessary medical treatment in the event of a problem after your operation?
- **whether your plans are in line with the levels of activity recommended in this information.** If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

## **Having sex**

It is safe to have sex when you have stopped bleeding and you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy. If a cut has been made inside your vagina you will be advised by the medical staff how long you need to avoid sex, this is usually around 6 weeks.

## **Returning to work**

If you have had a diagnostic laparoscopy or a simple procedure such as a sterilisation, or treatment of a small amount of endometriosis you can expect to feel able to go back to work within one week. Although you will not be harmed by doing light work just after surgery, it would be unwise to try to do much within the first 48 hours.

If you have an operative procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, treatment of an ectopic pregnancy, removal of one or both ovaries or division of scar tissue, adhesiolysis, moderate treatment of endometriosis (intermediate procedures) you can expect to return two weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so. When you go back to work will depend on the type of job you do. If you do heavy manual work, or are on your feet all day, you may need longer than someone who can sit down at work. You do not need to avoid lifting or standing after this type of operation, but you may feel more tired if you have a physically demanding job.

## **Sick note**

If you are off work for less than one week, you will be able to complete a self-certification form for the time you have been off work. If it is longer than one week, a certificate can be obtained from the hospital where you have your operation. It might also be advisable to see your GP or your occupational health department before you go back and do certain jobs. By discussing this with them before your operation it might be possible for you to go back on a phased return or lighter duties. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

## Low residue diet

	Foods Allowed	Foods to Avoid
<b>Starchy foods</b> 	<ul style="list-style-type: none"> <li>• White bread/flour</li> <li>• White pasta</li> <li>• White rice</li> <li>• Cous cous</li> <li>• Pastry (white flour)</li> </ul>	<ul style="list-style-type: none"> <li>• Wholemeal or Granary bread/flour</li> <li>• Wholemeal pasta</li> <li>• Brown rice</li> <li>• Pearl barley</li> <li>• Quinoa</li> </ul>
<b>Breakfast cereals</b> 	<ul style="list-style-type: none"> <li>• Cornflakes</li> <li>• Rice krispies</li> <li>• Frosted Flakes</li> </ul>	<ul style="list-style-type: none"> <li>• All wholewheat cereals (e.g., Branflakes, Weetabix, Shreddies etc)</li> <li>• Porridge &amp; Muesli</li> <li>• All containing dried fruit/nuts</li> </ul>
<b>Dairy</b> 	<ul style="list-style-type: none"> <li>• Milk</li> <li>• Yoghurts (smooth)</li> <li>• Cheese</li> </ul>	<ul style="list-style-type: none"> <li>• Yoghurts or cheeses containing fruit/nut pieces</li> </ul>
<b>Meat, fish &amp; eggs</b> 	<ul style="list-style-type: none"> <li>• All tender meat, fish and poultry</li> <li>• All eggs</li> </ul>	<ul style="list-style-type: none"> <li>• Tough, gristly meat</li> <li>• Skin and bones of fish</li> <li>• Pies/egg dishes containing vegetables as listed</li> </ul>
<b>Vegetables</b> 	1-2 portions daily: <ul style="list-style-type: none"> <li>• Peeled, well-cooked, soft/mashable vegetables</li> <li>• Potatoes (not skins)</li> <li>• Crisps</li> </ul>	<ul style="list-style-type: none"> <li>• Raw vegetables/salad</li> <li>• Baked beans</li> <li>• Split peas/lentils</li> <li>• Peas, sweetcorn, celery</li> <li>• All seeds, pips, tough skins</li> <li>• Potato skins</li> </ul>

## Low residue diet

	Foods Allowed	Foods to Avoid
<b>Fruit</b> 	1-2 portions daily: • Soft/ripe <u>peeled</u> fruit <u>without pips or seeds</u> e.g. tinned fruit, peaches, plums, melon, apricots, nectarines, ripe bananas, apples, pears	• All dried fruit • Citrus fruit • Berries e.g. strawberries, raspberries, blackberries • Prunes • Smoothies & fruit juices with bits
<b>Nuts</b> 	• Nil	• Avoid all, including coconut and almond
<b>Desserts &amp; sweets</b> 	• Sponge cakes (without fruit/nuts) • Custard • Ice cream • Jelly • Semolina, rice pudding • Chocolate (without fruit/nuts) • Seedless jam • Plain biscuits	• Puddings/cakes/biscuits made with wholemeal flour, dried fruit or nuts (e.g mince pies, fruit crumble etc) • Chocolate/toffee/fudge with dried fruit or nuts • Marmalade with peel and jam with seeds • Popcorn • Marzipan • Digestive biscuits
<b>Fats</b> 	• All ok in moderation	• Nil
<b>Other</b>	• Clear soups • Spices, pepper • Stock cubes • Tea, coffee, squash	• Lentil/vegetable soups • Pickles/Chutneys • Horseradish • Relish

## Low residue diet

### Example Meal Plan:

<u>Breakfast</u>	Fruit Juice (with no bits) Tea/Coffee Cornflakes/Rice Krispies with milk Egg – poached, boiled, scrambled White bread and butter, seedless jam
<u>Lunch &amp; dinner</u>	Tender meat, poultry or fish Boiled/mashed potatoes or white pasta/rice 1 portion of soft cooked vegetables
<u>Desserts</u>	Plain cakes/jelly/custard/rice pudding/ tinned fruit, poached/stewed permitted fruit
<u>Suitable Snacks</u>	Plain biscuits or cakes, white bread, plain crackers & cheese, yoghurt



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We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **pals@midyorks.nhs.uk**

## 298h

Updated July 2018  
Review Date 2021



**Dewsbury and District Hospital**  
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**Pinderfields Hospital**  
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**Pontefract Hospital**  
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