

**Patient
Information**

Low fibre diet

Introduction

As part of your treatment, you may have been advised to follow a low fibre diet. This might be while you are waiting for surgery, undergoing chemotherapy, to reduce the risk of your bowel becoming blocked or to improve symptoms such as pain or cramping. The information in this leaflet is designed to help you follow a low fibre diet.

You should only follow a low fibre diet if your medical team have advised you to do so.

What is fibre?

Dietary fibre is the part of fruit, vegetables and cereal products that pass through the body without being broken down and can help add bulk to our stool. The aim of a low fibre diet is to reduce the amount of undigested food that passes into our bowels, as large pieces of food that are not broken down may get stuck in a narrowed space.

Why do I need a low fibre diet?

You may have been advised to follow a low fibre diet in preparation for surgery or after the formation of an ileostomy.

You may also have been advised to follow a low fibre diet if your bowel is at risk of blockage.

A low fibre diet can slow the rate at which food passes through the gut and reduce the bulk of the stool. This can make it easier for the stool to pass through a narrowed section of the bowel. The diet may also reduce the risk of blockage and symptoms such as pain.

A low fibre diet still contains some fibre.

It is important that you drink enough fluid while following a low fibre diet to help prevent constipation. You should aim to drink 8 to 10 glasses (1.5 to 2 litres) of fluid each day – this can include fizzy drinks, squash, water, tea, coffee or smooth juices.

If you are having trouble opening your bowels, you should contact your consultant or nurse specialist.

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Department

**Dietetics/
Colorectal
Surgery**

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How long do I need to follow a low fibre diet?

For many people, a low fibre diet will not need to be followed long term but this can vary. Your consultant or surgeon will be able to give you more information.

What foods are fibre free?

Meat, fish, poultry, eggs, cheese, milk, smooth yoghurts, oils and butter do not contain fibre; these can be eaten normally.

It is best to eat in a regular pattern and spread foods out throughout the day, especially fruits and vegetables. You should try not to have too many fruits and vegetables during each meal.

If you are at risk of bowel obstruction, try not to eat or drink large amounts in one sitting – eating and drinking ‘little and often’ may help with your symptoms.

	Choose	Avoid
Fruit	Choose any of the following when removing pips, skin, pith, seeds and peel: Apple Pear Nectarine Plum Apricot Damson Melon Lychees Smooth fruit juice Stewed fruit Bananas Peaches	Whole fruit including the pips, skin, pith, seeds and peel. Raspberries Blueberries Strawberries Gooseberries Redcurrant Blackberries Orange Grapefruit Mandarin Clementine Satsumas Grapes Kiwi Mango Passion fruit Paw paw Pineapple

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	Choose	Avoid
Fruit (cont)		Rhubarb Olive Pomegranate Dried fruit including; raisins, apricots and prunes Juices that contain pith, seeds, pips

	Choose	Avoid
Vegetables	Well-cooked and peeled vegetables - avoid stalks, skins and seeds: Carrot Turnip Swede Parsnip Sweet potato Beetroot Asparagus tips Broccoli florets Cauliflower florets Courgette Marrow Skinless peppers Pumpkin Avocado Passata Tomato puree Smooth hummus with no chickpeas or added vegetables	Sweetcorn Brussel sprouts Cabbage Spring greens Spinach Celery Leeks Onion Salad onions Shallots Mushrooms Bean sprouts Broccoli stalks Cauliflower stalks Lettuce Cucumber Radish Tomatoes Pulses and beans including: Kidney beans Baked beans Green beans Chickpeas Lentils Peas

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	Choose	Avoid
Bread and flour	White varieties of: Bread, pitta, crackers, wraps, chapatti, muffins, crumpets, bagels and flour Croissants Brioche Rice cakes	Wholemeal, wholegrain, seeded, oatmeal and granary varieties of: Bread, pitta, crackers, chapatti, muffins, crumpets, bagels and flour Tea loaf and fruit bread

	Choose	Avoid
Cereals	White cereals including: Cornflakes [®] , Rice Krispies [®] , Sugar Puffs [®] , Special K [®] , Ready Brek [®] , Coco Pops [®] , Frosties [®]	Wholewheat or high fibre cereals including: Muesli, Bran flakes [®] , Weetabix [®] , Cheerios [®] , Porridge, Shredded wheat [®] Any cereals with added fruit or nuts

	Choose	Avoid
Pasta, rice, potatoes	White varieties of pasta, rice and noodles Potatoes without the skin, well boiled, mashed, roasted or jacket with the skin avoided Quinoa Couscous (without added fruit/nuts)	Wholemeal or brown varieties of pasta, rice and noodles Potatoes with the skins on (e.g. jacket potato, potato wedges) Instant packet rice and pasta meals with added dried vegetables Bulgar wheat and barley

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	Choose	Avoid
Cakes, biscuits, sweets, chocolate	Plain cakes and scones made with white flour Madeira, Victoria sponge filled with seedless jam or butter icing Biscuits made with white flour (eg. shortbread, rich tea, and wafers) Rice cakes Chocolate: plain, milk, white, dark Boiled sweets, toffee, fudge	Cakes and scones made with wholemeal flour Cakes containing fruit, nuts, seeded jams and seeds Items like flapjack, digestive biscuits, fruit shortcake, fruit scones Oatcakes Chocolate or sweets containing fruit or nuts

	Choose	Avoid
Miscellaneous	Seedless jams, jelly, honey, syrup, sugar, marmalade without peel, lemon curd, smooth peanut butter Crisps Clear, cream of varieties of soups or soups made with low fibre vegetables	Jam with seeds Marmalade with peel Popcorn, Bombay mix, nuts and seeds Pickle, relish, chutney Unstrained soups Soups containing high fibre vegetables

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Re-introduction of fibre

Your consultant/dietitian will guide you on how and when to re-introduce fibre back into your diet.

It is recommended that you stay on a lower fibre diet for around 4 to 6 weeks after surgery.

You should introduce fibre back into your diet gradually. You should be able to identify a level of fibre that you can manage. This will be different for everyone.

You will need to limit foods that you have not managed previously. When introducing new foods, include one new food at a time (in small portions). Only introduce new foods once you have identified that you can tolerate previously trialled foods.

It is important that you continue to drink 8 to 10 glasses of water, tea/coffee, squash or fizzy drinks a day while re-introducing fibre.

Below are some ideas on how to re-introduce fibre:

Week 1	Try replacing white bread with wholemeal bread.
Week 2	Try a higher fibre breakfast cereal such as Weetabix [®] or Shredded Wheat [®] or the supermarket's own brand equivalent.
Week 3	Try eating peeled fruit and vegetables from the 'avoid' list (no dried fruit).
Week 4	Try eating the skins on fruits and vegetables such as apples or potatoes.
Week 5	If you are still symptom free, try including other foods from the 'avoid' list. This could include dried fruits.

If any foods cause symptoms of discomfort, exclude it from your diet – it can be trialled again at a later date. You may find that you have to go backwards and forwards through the stages if you experience any pain or discomfort. Some people will tolerate fibre better than others.

Always contact your consultant, dietitian or nurse specialist if you are unsure or have any concerns.

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Contact information

Colorectal Surgery Department

Orchard Centre
Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN

The following telephone number are available between 8:00am and 4:00pm:

Miss Bennett's secretary

Tel: 0300 422 5135

Mr Cook's secretary

Tel: 0300 422 5615

Mr Scott's secretary

Tel: 0300 422 5614

Mr Roe's secretary

Tel: 0300 422 6683

Mr Cutting's secretary

0300 422 5192

Department of Nutrition & Dietetics

Cheltenham General Hospital
Sandford Road
Cheltenham
GL53 7AN
Tel: 0300 422 3460

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>