



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Dietary Advice for Reactive Hypoglycaemia and Dumping Syndrome

Information for patients, relatives and carers

① For more information, please contact:

Department of Nutrition and Dietetics

Scarborough Hospital
Telephone: 01723 342415
Woodlands Drive, Scarborough, YO12 6QL

York Hospital
Telephone: 01904 725269
Wigginton Road, York, YO31 8HE

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What is Dumping syndrome?

Dumping syndrome can occur after surgery to remove part or all of your stomach. It is caused when food moves suddenly into your small intestine. The solid parts of a meal get “dumped” directly from the stomach into the small intestine without being digested, thereby causing unpleasant symptoms. It is more common after eating foods which are high in sugar or fat.

What are the symptoms of Dumping Syndrome?

Symptoms are most common during a meal or within 15-30 minutes following a meal. Symptoms include feeling dizzy, lightheaded or flushed, a rapid heart rate, nausea, vomiting, bloating, tummy rumbling and cramps and may lead to an urgent bowel movement.

Signs and symptoms can also develop later, often one to three hours after eating. This is due to the dumping of the large amounts of sugars into the small bowel. In response, your body releases a large amount of insulin to absorb the sugars which can then lead to low sugar levels in the body. This is known as late dumping and symptoms include sweating, fatigue, rapid heart rate, dizziness, confusion and hunger.

What is the treatment for Dumping Syndrome?

A change to your diet is the initial treatment. If your symptoms are severe then medications may be used to slow emptying of food into the gut. The aim of dietary treatment is to avoid foods which are more likely to cause unpleasant symptoms and to include foods that break down slowly into the bloodstream.

Treatment may vary with individuals and does not work for everyone.

Ideas on how to reduce dumping syndrome

- Reduce the quantity of high sugar foods and drinks in your diet
- Eat slowly and mindfully, this can help digestion
- Have smaller more frequent meals. Split your three meals into six, no more than two to three hours apart. Larger portions increase the likelihood of symptoms
- Consume more protein-rich foods e.g. meat, fish, eggs. At each meal, eat protein first, then the carbohydrates (starch) and fruit and vegetables, and lastly healthy fats.
- Rest after each meal for 15 to 30 minutes to avoid the feeling of faintness
- Try not to eat too late at night
- Try and identify if certain foods trigger your symptoms and avoid these. Keeping a food and symptom diary can help identify certain trigger foods.

Drinks

- Avoid drinking with meals to reduce the amount of fluid entering the bowel. Wait approximately 30 minutes after food.
- Avoid adding sugar, syrup or honey to drinks and meals.
- Avoid alcohol, pure fruit juice, full sugar juices and full sugar fizzy drinks.
- Suitable fluids include water, no added sugar squash, diet drinks, fruit and herbal teas and tea or coffee (without sugar).

What is Reactive hypoglycaemia?

Reactive hypoglycaemia is a condition where blood sugar levels drop a few hours after eating a meal.

What are the Symptoms of Reactive Hypoglycaemia?

- Mild reactive hypoglycaemia: Increased or sudden hunger, feeling shaky or dizzy, pounding heartbeat, sweating (cold and clammy), headache or stomach ache.
- Moderate reactive hypoglycaemia: Headache, anxiety, nausea, confusion, impaired vision and slurred or slow speech.
- Severe reactive hypoglycaemia: Dizziness, fatigue, irritability, seizures, loss of consciousness.

What is the treatment for reactive hypoglycaemia?

The aim of dietary treatment is to prevent drops in blood sugars through a regular eating pattern and including foods that break down slowly and release glucose (sugar) into the bloodstream more steadily (low glycaemic index foods).

Ideas on how to reduce reactive hypoglycaemia

- Eat slowly and mindfully, as this can help digestion
- Have smaller more frequent meals. Split your three meals into six, no more than two to three hours apart. Larger portions increase the likelihood of symptoms
- Include slow release (low glycaemic index) starchy foods at each meal, such as:
 - Fruit (e.g. apples, pears, grapes, melon)
 - Oats, beans, pulses and lentils (including baked beans)
 - Wholegrain / granary / seeded bread
 - Pasta
 - Basmati rice

For more information on the low glycaemic index foods see the following website:

<https://www.bda.uk.com/resource/glycaemic-index.html>

- Reduce the quantity of high sugar foods and drinks in your diet
- Include fibre in your diet as this can delay absorption of the sugars into your blood stream:
 - Fruit
 - Vegetables
 - Nuts and seeds
 - Oats
 - Beans and pulses

- Soluble fibre supplements such as psyllium or linseeds and pectin (a natural gelling agent found in ripe fruit) can also be used to help thicken the food and therefore slow the absorption down. Some fruits, such as citrus fruit, blackberries, apples, redcurrants, have high pectin levels.
- Excess fat should be avoided
- Rest after each meal to avoid the feeling of faintness
- Have a snack before bed to prevent symptoms of reactive hypoglycaemia at night. See snack list for suitable options.
- Try and identify if certain foods trigger your symptoms and avoid these. Keeping a food and symptom diary can help identify certain trigger foods.

Drinks

- Avoid drinking with meals to reduce the amount of fluid entering the bowel. Wait approximately thirty minutes after food.
- Avoid adding sugar, syrup or honey to drinks and meals.
- Avoid alcohol, pure fruit juice, full sugar juices and full sugar fizzy drinks.
- Suitable fluids include water, no added sugar squash, diet drinks, fruit and herbal teas and tea or coffee (without sugar).

Meal ideas for dietary management of dumping syndrome and reactive hypoglycaemia

Breakfast ideas

Cereal (All Bran / Branflakes) with milk

Or porridge/oat bran made with milk

Or unsweetened muesli with milk (add banana or apple **or** nuts / seeds to add fibre)

Or oat based / seeded or rye bread / crackers with unsweetened peanut butter

Or oat based / seeded toast / crackers with scrambled egg / poached eggs / oily fish / baked beans

Lunch ideas

Sandwich (rye, oat or wholegrain bread) with cheese / meat / poultry / oily fish

Or vegetable soup (with lentils / pulses or barley) with oat based / seeded bread or oatcakes / wholemeal crackers

Or oatcakes or wholewheat crackers with hummus **or** unsweetened peanut butter **or** cheese **or** pate

Or baked sweet potato with cheese **or** chilli **or** baked beans

Or toast (oat based/seeded) with scrambled or poached eggs / oily fish / baked beans / tinned spaghetti

Or cold pasta / basmati rice salad with chicken / fish / prawns

Main meal ideas

Meat / fish / poultry / beans / pulses

Plus boiled potatoes with skins / yam / sweet potato / pasta / basmati rice

Plus vegetables / salad

(add pearl barley / pulses / nuts / seeds to dishes where possible if tolerated)

Puddings

Fruit (fresh or poached) with crème fraiche / yoghurt

Or oat-based fruit crumble with crème fraiche / yoghurt

Or baked apples with dried fruits and nuts

Snack ideas

- Fruit, e.g. apple, peach, pear, grapes, cherries
- Fruit loaf / malt loaf
- Carrot sticks with hummus
- Wholewheat crackers / oatcakes / pita with lentil spread / hummus / peanut butter / pate or cheese
- Nuts / seeds
- Plain chocolate
- Yoghurt / Greek yoghurt
- Boiled egg
- Glass of semi-skimmed milk

If you are losing weight or struggling to maintain your weight you may need to increase snacks between meals and add extra calories and protein to food.

For example, choose whole milk and add cream, cheese, crème fraiche or yoghurt to meals.

Please contact your Dietitian if your symptoms continue

Treating episodes of severe reactive hypoglycaemia (blood glucose <4 mmol/L):

1. Initial treatment with 15-20 g rapid acting glucose
 - Three to four Jelly babies
 - 150ml (one mini can) of coca cola or half a standard can (330 mL) of coca cola
 - Five to seven Dextrose (Lucozade) tablets
 - Four to five Glucotabs
 - 200 mL fresh juice

Do not exceed these amounts, as this could cause a further episode of reactive hypoglycaemia. Test blood glucose levels 15 minutes later – if still below 4 mmol/L, repeat treatment. If your blood glucose is improving and starting to rise above 4 mmol/L, move to step two to maintain your blood glucose level:

2. Choose one of the following options to help prevent your blood glucose level from dropping again:
 - one portion of fruit
 - two plain biscuits
 - one slice of bread or toast
 - your next meal if it is due

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Admin Team, Nutrition and Dietetic Department, York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725269, or email yhs-tr.yorkdietitians@nhs.net

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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