

Hospital food, appetite and nausea

Why your appetite vanishes after surgery, what nausea is really like, and how to get through the first days of hospital food.

In hospital

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

After surgery and anaesthesia, most people lose their appetite, find food tastes strange, and feel waves of nausea — and none of it means your recovery is off track.

For the first days, eating is a job, not a pleasure. Your body is burning energy at a furious rate to heal, and food is the fuel for that work. But forcing food through nausea does not help — small, frequent and bland usually beats big and brave.

What to expect

- Everything tastes different. Anaesthesia, medications and hospital smells all change how food lands on your tongue. Food you love may suddenly taste like nothing, or worse.
- Nausea often comes with movement, strong smells or an empty stomach. It is common and usually temporary.
- Food arrives at set times, hungry or not. The tray appears; you do what you can with it.
- Some wards welcome food from home or family; others do not allow it. Ask — and follow what your unit says.

Honest ranges: most people live on tea, broth, crackers and fruit for the first day or two, and appetite returns gradually over days to a couple of weeks. A day of barely eating after surgery is normal; a week of it is worth mentioning.

What helps

- Small amounts, often. A few bites every couple of hours beats three full meals.
- Sip fluids steadily — dehydration makes nausea worse, not better.

- Rinse your mouth before meals; a clean mouth changes how food tastes.
- Tell the nurse about nausea. There are things that help, and the team decides what fits your plan.

In many families, food is love, and your people will want to send you proper meals. That kindness is real — and the unit's rules about outside food exist for a reason. The middle path most families find: ask first, then bring what the team approves.

“My first meal was half a sandwich and it took forty minutes. By day three I was asking for seconds. Nobody told me appetite comes back in that order — small, then loud.”

What to ask your team

- Is nausea expected for now, or is this worth looking into?
- Can I eat or drink anything brought from home, or sent by family?
- What should I do if I cannot keep fluids down?

Take it to your team

Ask the team what to do about nausea before it becomes a problem, and whether food from home is allowed. If a medication is making you nauseous, they need to hear that — it is part of the daily plan, not a complaint.

Call for help if

You vomit repeatedly, cannot keep any fluids down for many hours, have severe belly pain, or notice blood in what you bring up. A little nausea is normal; these are not.

Appetite returns on its own schedule, usually in fits and starts. What you can eat, what helps the nausea, and what comes from home are all the team's call — and the decisions about your care belong to you and your team.

Questions to take to my team

☐ Is nausea expected for now, or is this worth looking into?

☐ Can I eat or drink anything brought from home, or sent by family?

☐ What should I do if I cannot keep fluids down?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.