

Patient information

Gastroparesis

Therapies Department - Nutrition and Dietetics

Gastroparesis

Gastroparesis means stomach ('gastro') paralysis ('paresis'). This is a condition in which the normal movement of stomach contents in to the small intestine is delayed.

Symptoms can include

- Nausea or vomiting.
- Feeling full quickly (early satiety) and post-meal fullness.
- Bloating or discomfort.
- Loss of appetite.
- Weight loss.
- Heartburn/reflux and upper abdominal pain.

Causes

Gastroparesis may be caused by damage to the nerves and/or muscles that control stomach emptying and therefore the food does not pass out of the stomach as quickly as normal.

Gastroparesis can be associated with a number of medical conditions including diabetes. High blood sugars over a long period of time in a person with diabetes can cause nerve damage.

Other possible causes include some medications (including pain killers such as morphine and some antidepressants).

However, in many people with gastroparesis, the cause is unknown and not fully understood. This is referred to as 'idiopathic' gastroparesis.

Gastroparesis may go undiagnosed for many years. There are various tests that may be performed which can be discussed with your doctor.

Treatment

There are several medications your doctor may prescribe to improve stomach emptying and ease your symptoms.

Dietary changes can help ease your symptoms therefore discuss this in detail with your dietitian.

If you have extremely severe gastroparesis that is not improved with other treatments, you may benefit from a feeding tube into your small intestine, bypassing your stomach. If appropriate, you may be referred to the gastroenterology team to discuss the risks and benefits of feeding tubes.

Dietary changes

People with gastroparesis may be at risk of malnutrition due to their symptoms.

There are various dietary changes that may help relieve symptoms and ensure you can take in enough nutrition. Some people may respond to dietary changes better than others.

Portion size

The larger the meal, the longer the stomach will take to empty. For this reason, a small-and-often approach is recommended. This will reduce the amount of food eaten in one meal but increase the number of smaller meals (generally four to six in a day); to ensure you meet your nutritional needs. Aim to leave a minimum of two hours between each small meal to allow time for your stomach to empty.

Consistency

Normal stomach functioning churns foods in to a liquid form before it passes into the small intestine, however this does not happen as well in gastroparesis.

- It may help to avoid foods that are harder to digest and to increase soft and well cooked foods
- It is important to chew your food thoroughly before swallowing
- Liquid or puree foods are often better tolerated than solid foods, as these will empty from the stomach more quickly

Fibre

Foods high in fibre take longer to empty from the stomach and therefore should be reduced. However, speak to your dietitian as restricting fibre may reduce your intake of fruit and vegetables, and therefore also limit your intake of vitamins and minerals. You may need to use a supplement to ensure you receive enough nutrients.

Fat

High fat foods can slow stomach emptying, although tend to be better tolerated in liquid form. Avoid fatty, greasy and fried foods.

In summary, try:

- Small meals every two to three hours.
- Chew food thoroughly before swallowing.
- Choose soft, well cooked and liquid foods.
- Avoid high fibre and hard to digest foods.
- Sip a drink with meals (avoid fizzy drinks and alcohol).
- Avoid lying down for one to two hours after a meal.

Weight loss

If you are concerned that gastroparesis is causing you to lose weight, speak to your doctor or dietitian.

However, the following tips may help:

- Choose high energy drinks over water, as they provide nutrition and fluid. Try fresh fruit juices and milky drinks (use whole milk).
- Oral nutritional supplement drinks can be useful (either bought over the counter or prescribed by your doctor or dietitian).

Diabetes and Gastroparesis

Hyperglycaemia (high blood glucose levels) can slow stomach emptying, so if you have diabetes, strict glucose control is important. This can be difficult as stomach emptying (and therefore glucose absorption) can be unpredictable in gastroparesis.

People with gastroparesis on insulin injections may need to

- Change the type, frequency or timings of insulin
- Continue to check blood glucose levels regularly before meals and discuss additional blood glucose testing with the diabetes team
- Often lower glycaemic index foods are recommended to people with diabetes however these can be more difficult to tolerate in gastroparesis

If you have diabetes and take insulin, you may have concerns about eating small frequent meals where as previously you ate only when you injected insulin. Discuss this with your diabetes dietitian/diabetes specialist nurse.

Tolerance of certain foods vary from person to person therefore you may find you can still tolerate some of the food listed as reduce.

	Choose	Reduce
Bread	White bread, pitta bread Chapatti (with white flour) Crumpets, croissants Crackers, rice cakes	Wholemeal or granary bread Currant bread or fruit loaf
Cereals	Cornflakes, Rice Krispies Special K, Ready Brek Arrowroot	Bran cereal (e.g. All Bran) Fruit or nut cereal (e.g. Muesli) Wholegrain cereal, e.g. shredded wheat Whole oat cereals
Pasta and rice	White rice and pasta, Cous Cous, Noodles	Brown rice Wholemeal pasta
Potatoes	Boiled, mashed, roasted Chips	Potato skins Potato wedges
Biscuits and cakes	White flour biscuits, e.g., Rich Tea Plain sponge cakes	Wholemeal biscuits, e.g. Digestive Biscuits with added fruit/nuts
Vegetables and salads	Small amounts of peeled and cooked root vegetables (carrots, swede, squash etc). Strained tomato sauce, e.g. passata in cooking	Raw vegetables Salad foods including tomatoes Peas, beans, lentils, baked beans, Sweetcorn, onions, celery, mushrooms
Fruit	Fresh fruit juice (without "bits") Cordials/ fruit squashes Tinned fruit without skins (e.g. tinned pears in juice)	All raw and dried fruit, including; Bananas, apples, citrus fruits, grapes, berries Fruit juice with bits
Protein foods (meat, fish, eggs and alternatives)	Lean meat and poultry Fish (fresh, frozen or tinned) Eggs Tofu	Gristle Tough stewing meats Fatty meats Sausages and burgers
Dairy	Milk, Cheese, Yoghurts	Yoghurt with fruit, seeds or nuts
Puddings	Milk pudding, sago, tapioca, rice pudding, sponge cake, custard, pastry, ice-cream, mousse, cheese cake, sorbet, chocolate	All puddings containing fruit, nuts or seeds Stewed fruit Cakes with seeds or nuts Chocolate with fruit or nuts
Fats and oils	Butter, margarine, cooking oils	None
Drinks	Tea, coffee, herbal/fruit teas,	Carbonated (fizzy) drinks Alcohol

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Further information

Royal Liverpool Hospital Dietitians

Tel: 0151 706 2120

Text phone number: 18001 0151 706 2120

Aintree Hospital Dietitians

Tel: 0151 529 3473

Text phone number: 18001 0151 529 3473

Author: Nutrition and Dietetics Therapies Department

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