

Care Gram

Gastroparesis

What Is Gastroparesis?

Gastroparesis is a disorder in which food does not empty from the stomach into the intestine correctly. When you have gastroparesis, the movement of food is too slow.

What Causes Gastroparesis?

The disorder may occur when nerves in the stomach are damaged or do not function well. These nerves control the muscles that move food through the stomach into the small intestine. Damage to these nerves can slow the movement of food. Damage to stomach nerves can result from:

- Diabetes
- Surgery to the stomach or small intestine
- Medications such as narcotics and some antidepressants
- Parkinson's disease
- Multiple sclerosis
- Food poisoning
- History of bulimia
- Scleroderma

Sometimes the cause is unknown.

What Are the Symptoms of Gastroparesis?

Symptoms of gastroparesis include:

- Upset stomach and/or vomiting
- A feeling of fullness
- Stomach bloating and/or pain
- Heartburn or acid reflux
- Unstable blood glucose levels
- Lack of appetite
- Weight loss and malnutrition

What Are the Problems of Gastroparesis?

Some of the problems of gastroparesis include:

Blood Glucose Control

If you have diabetes, you may have more trouble controlling your blood glucose level. You may have a low blood glucose level after eating because food takes a long time to leave the stomach. Once the food leaves the stomach and empties into the small intestine, you may have very high blood glucose level.

Aspiration

This occurs when vomit is inhaled into the airway and lungs. Aspiration can make it harder to breathe and cause pneumonia.



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Infection

Food that stays in the stomach too long can disrupt the balance of good and bad bacteria. This can allow harmful bacteria to grow out of control.

Bezoars

A bezoar is a mass of undigested material in the stomach. Bezoars can block the stomach and stop food from passing into the small intestine.

How Is Gastroparesis Diagnosed?

Your doctor will perform tests to determine if you have gastroparesis. These tests may include:

- Gastric emptying study – this test uses a scanner to monitor how fast food leaves your stomach.
- Upper gastrointestinal (GI) endoscopy – this test uses a tiny camera attached to a long flexible tube to examine your esophagus, stomach, and beginning of the small intestine.
- Upper gastrointestinal series – this test uses a series of X-rays to view structures inside your body after you drink a white, chalky liquid (barium) to coat your digestive system.

How Is Gastroparesis Treated?

Treatment for gastroparesis depends on your symptoms and the cause of the condition.

Treatment may include:

Lifestyle Changes

- You may need to make changes to your diet to promote the emptying of foods from the stomach and reduce symptoms. Common changes include:
 - Eat small frequent meals.
 - Reduce the amount of fat and fiber in your diet. Foods high in fat and fiber empty from the stomach slowly which may worsen symptoms.
 - If eating solid foods worsens symptoms, try liquids and pureed foods. These are often easily tolerated because the foods empty from the stomach quickly.
 - Avoid eating within two hours of bedtime.
 - Chew food thoroughly.
 - Avoid alcohol, smoking, and carbonated beverages.
 - Choose foods from the list on page 3.
- Try gentle exercise after you eat, such as going for a walk.
- Keep your blood glucose level under control if you have diabetes. High blood glucose levels can worsen gastroparesis. Your insulin may need to be adjusted due to your gastroparesis.

Medications

Medications may be prescribed as part of your treatment plan in combination with lifestyle changes. Examples include:

- Medications for nausea and vomiting such as ondansetron (Zofran), promethazine (Phenergan), prochlorperazine (Compro), diphenhydramine (Benadryl, Unisom), and lorazepam (Ativan).
- Medications to stimulate stomach muscles, such as metoclopramide (Reglan) and erythromycin. There is a risk of serious side effects with these medications, so discuss the benefits and risks with your doctor.

Other Treatment Options:

- Jejunostomy tube (J tube)
 - A J tube is a feeding tube placed in the small intestine. A J tube may be used if you are unable to tolerate any food or liquids.
- Botulinum toxin (Botox)
 - This option has not been FDA approved.
 - Botox may be injected in the pylorus. This valve opens to allow food to empty from the stomach into the small intestine. Botox can relax the valve allowing it to open for a longer period. This may help the stomach to empty.

Food Choices for Gastroparesis

Starches	Protein	Fruits and Vegetables	Dairy
<ul style="list-style-type: none"> • White bread and rolls • Whole wheat bread without nuts or seeds • Plain or egg bagels • English muffins • Flour or corn tortillas • Pancakes • Puffed wheat and rice cereals • Cream of wheat or rice • White crackers • White or sweet potatoes (no skin) • Baked French fries • Rice • Pasta 	<ul style="list-style-type: none"> • Lean beef, veal, and pork (not fried) • Chicken or turkey (no skin, not fried) • Crab, lobster, shrimp, clams, scallops, and oysters • Tuna (packed in water) • Cottage cheese • Eggs • Tofu • Strained meat baby food 	<ul style="list-style-type: none"> • Baby food fruits and vegetables • Tomato sauce, paste, puree, and juice • Carrots (cooked) • Beets (cooked) • Mushrooms (cooked) • Vegetable juice • Vegetable broth • Fruit juices and drinks • Applesauce • Bananas 	<ul style="list-style-type: none"> • Milk (if tolerated) • Yogurt (without fruit pieces) • Custard and pudding • Frozen yogurt

For more information about food choices for Gastroparesis, please review the Gastroparesis Diet Care Gram (1616-0963).