Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Nutrition and Dietetics

Dietary recommendations for patients with gastroparesis

Gastroparesis is a condition where the stomach's ability to empty food and fluid is slowed or completely stopped without any mechanical obstruction or structural abnormality.

Usually, the stomach muscles break down food into smaller pieces and move it into the bowel as part of the digestive process. These stomach muscles are controlled by nerves.

Gastroparesis happens when these nerves are damaged, so the stomach muscles stop working as they should. Gastroparesis is more common in adults, especially in women.

What causes gastroparesis

The most common cause of gastroparesis is diabetes. High blood glucose levels can damage the nerves in the digestive system if they remain raised for a long time.

Often the cause for gastroparesis is unknown. This is referred to as idiopathic gastroparesis.

There are other causes of gastroparesis such as medicines, neurological conditions, gastrointestinal surgery and connective tissue disorders.

Symptoms of gastroparesis

Symptoms may include:

- nausea (feeling sick)
- feeling full and unable to finish a complete meal
- vomiting (being sick) or vomiting undigested food hours after consumption
- acid reflux and/or regurgitation
- abdominal (tummy) pain
- bloating
- reduced appetite
- weight loss

Symptoms may be aggravated by:

- food containing high amounts of fat
- large quantities of food high in fibre (such as raw fruit and vegetables)
- fizzy drinks
- alcohol
- smoking

Diagnosis

Your doctor may refer you to a gastroenterologist for investigations. These investigations include a gastroscopy. During a gastroscopy, a camera is placed into your stomach to rule out other conditions.

Another test is gastric emptying scintigraphy. In this procedure, you ingest a meal containing a small amount of radioactive substance. The progress of this meal through your stomach is then measured.

Managing gastroparesis

Unfortunately, gastroparesis usually cannot be cured. However, dietary changes and medical treatments can help to control the condition and improve your symptoms.

Medicines for gastroparesis

Medicines that reduce nausea and decrease acid production in the stomach can sometimes be helpful to improve symptoms of gastroparesis.

Speak to your specialist for advice on which medicine might be suitable for you and to explore other treatment options.

What you can do to help your gastroparesis

Managing your blood glucose levels can help slow the progression of gastroparesis and lessen the symptoms of your condition.

Maintaining good blood sugar control is important for managing the effects of gastroparesis.

Dietary management

Some dietary changes may help reduce your symptoms, including:

Small, frequent meals

Eating smaller meals can reduce stomach stretching and may help your stomach empty more effectively. This approach often results in less bloating and a reduced feeling of fullness.

Increasing the number of meals to 4 to 6 times per day may be necessary to maintain adequate nutritional intake, given that your meals are smaller.

Avoid foods high in fat

Fat slows down the emptying of your stomach. Eating fewer high-fat foods can decrease the amount of time food stays in the stomach.

Fat-containing liquids, such as milkshakes, may be tolerated and can provide extra calories if needed.

Eat a low-fibre diet

Foods high in fibre can slow digestion and can bind together in your stomach.

Reducing fibre intake may affect your blood glucose levels if you have diabetes. If this happens, consult your diabetes nurse or dietitian for support on managing your diet and adjusting medicines if needed.

Chew food well

Proper chewing helps to break down food more effectively, aiding digestion.

Avoid foods that are not easily digested

These include foods like popcorn, broccoli, sweetcorn, nuts and seeds.

Sip drinks throughout the meal

Drinking small amounts of fluids regularly during your meal can be easier on your stomach rather than taking large amounts at once.

Avoid fizzy or carbonated drinks

These can increase bloating and discomfort.

Sit upright for 1-2 hours after eating

Remaining upright or taking a gentle walk after meals can help your stomach empty more easily.

Suggested food options

Protein

Ensure all meat is cooked thoroughly.

- Lean red meat
- Chicken and turkey (remove skin & fat)
- Minced meat
- Slow-cooked meats in soups and stews
- Fish like flaked fish
- Tinned fish such as tuna, mackerel, and salmon
- Eggs
- Peanut butter (smooth) or houmous

Starchy carbohydrates

- White bread
- Crumpets
- Plain naan bread
- White pitta bread
- Low-fibre cereals like cornflakes, Rice Krispies
- White crackers
- White rice
- White pasta
- Oven chips
- Noodles

Fruit and vegetables

- Avoid any skins, seeds, pith and pips.
- Peeled and well-cooked potatoes, parsnips, carrots, aubergine.
- Tomatoes (skinned with no seeds).
- Cucumber (peeled with no seeds).

Desserts

- Soft tinned fruits
- Stewed fruit
- Low-fat yoghurt
- Rice pudding
- Low-fat custard
- Plain lower-fat biscuit, like Rich Tea

Meal ideas

Aim for 4-6 meals of smaller portion size daily.

Breakfast

- Cornflakes or Rice Krispies with milk
- White toast with low-fat spread
- Scrambled egg with white bread or toast

Mid-morning and mid-afternoon

- Low fat yoghurt with soft tinned fruits
- White toast with low-fat spread
- Custard pot
- 2 plain biscuits, such as Rich Tea
- Packet of low fat or baked crisps
- White cracker with low fat spread
- Crumpets

Lunch and evening meal (smaller portion size)

- Fish with mashed potatoes and peeled carrots
- Meat or fish in a white bread sandwich
- Meat or meat alternative with peeled boiled potatoes and vegetable from the above list
- Omelette
- White pasta with plain tomato sauce
- Smooth soup with white bread, pitta or toast
- Mashed potatoes with meat or fish
- Insides of jacket potato (not including the skin) with tinned tuna

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