

Gastroparesis Diet

Gastroparesis means stomach (gastro) paralysis (paresis). The word *Gastroparesis* is used when a patient's stomach empties too slowly. Everyone's stomach is unique, so the ability of the stomach to empty can vary from one patient to another. Most patients are able to swallow and empty their saliva (about 1 quart per day) and also empty the natural stomach juices they make (about 2-3 quarts per day). Symptoms can vary from week to week or even day to day. The guidelines presented here are designed to give tips for diet modification. In addition, lots of suggestions are provided for foods and fluids to try when ideas run dry at home. The suggestions are based on experience and not science, as there are no studies that have been done that demonstrate what foods are better tolerated than others by patients with *Gastroparesis*.

It is recommended that anyone with *Gastroparesis* see their doctor and their Registered Dietician to see advice on how to maximize their diet.

The Basics

Volume The larger the meal, the slower the stomach emptying will be. Patients will need to decrease the volume of their meals, but in order to meet nutrient needs; they will have to eat more often. Smaller, more frequent meals (6-8 or more if necessary) may allow patients to meet their needs.

Liquids vs. Solids

If decreasing the meal size and increasing the number of "meals" does not work, the next step is to switch over to more liquid type calories. Liquids are better tolerated than solids. Liquids empty the stomach in a different way than solids do. Pureed foods mixed with saliva and stomach juices are more tolerated.

Fiber

Fiber (found in many fruits, vegetables, and grains) may act to slow stomach emptying in some patients and fill them up so quickly that, nutrient needs may not be met. For patients who have a bezoar (similar to a hair ball in a cat) in the past, a fiber restriction (including avoidance of over the counter fiber/bulking laxatives – see table one) is worthwhile. Patients who have required jejunal tube feedings generally tolerate fiber containing formulas as the stomach is bypassed.

Fat

Although fat may slow stomach emptying in some patients, many can consume fat especially in the form of liquids. Although many clinicians restrict fat, my experience is that fat in the liquid form (as part of beverages such as whole milk, milkshakes, nutritional supplements, etc.) is often well tolerated. To restrict fat in the diet of a patient who is severely malnourished is to remove a valuable calorie source. Unless a fat containing food or fluid clearly seems problematic, fat should not be limited. It is often well tolerated, pleasurable, and it provides a great source of calories in small amounts.

Medication

There are quite a few medications that can delay stomach emptying – ask your doctor if any of the medications you are on could be slowing down your stomach emptying.

Getting Started

- Eat six or more small meals per day and avoid large meals.
- Avoid foods high in fat or too much fat added to foods (liquid fat in beverages is often tolerated).
- Eat nutritious foods first before filling up on “empty calories”.
- Chew foods well; especially meats. (Meats may be more tolerated if ground or pureed)
- Avoid high fiber foods because they may be more difficult for your stomach to empty or may cause bezoar formation. A bezoar is a mixture of food fibers that may get stuck in the stomach and not empty well (similar to a hairball in a cat).
- Sit up while eating and for 1 hour after finishing; consider taking a quiet walk after meals.
- If you have diabetes, try to keep your blood sugar under control. Let your doctor know if your blood sugar runs >200 on a regular basis