Dietary management of gastroparesis

This leaflet includes dietary advice for patients diagnosed with gastroparesis to help you manage your symptoms. If you have any further questions, please speak to your dietitian.

What is gastroparesis?
The term ‘gastroparesis’ is used to describe symptoms associated with delayed stomach emptying. The cause is often not known but people with type 1 diabetes are more commonly affected.

Food normally moves at a steady rate from the stomach into the bowel. Delayed stomach emptying means that the food you eat moves at a slower rate from the stomach into the bowel.

What are the symptoms of gastroparesis?
- Abdominal discomfort/pain
- Bloating
- Feeling very full after eating small amounts of food, or being unable to finish meals
- Nausea (feeling sick) and sometimes vomiting (being sick).

If people have severe symptoms they may experience weight loss, as they are unable to eat and drink enough. Your dietitian can guide you depending on your individual needs.

What is the treatment for gastroparesis?
Treatments for gastroparesis include diet, lifestyle changes, and medications.

Lifestyle
- **Eat slowly and chew food well** – chewing each mouthful and breaking food down as much as possible before it reaches the stomach can improve symptoms. Try to take 15-30mins to finish main meals.
- **Regular meals** – aim to eat small meals regularly. Instead of typically having three meals per day, it is more likely that you will tolerate your food if you have three small meals and 2-3 snacks per day. Try to spread these meals and snacks evenly throughout the day. If you have type 1 diabetes please speak to your diabetes dietitian if you need help with your mealtime insulin.
- **Avoiding eating late at night** – aim to have your main meal earlier in the evening. Being mobile and upright after meals aids food digestion and stomach emptying.
Medications
Medications for gastroparesis can include:

- prokinetics, such as metoclopramide or domperidone. These help to speed up stomach emptying and reduce bloating and fullness after meals. It is best to take these medications just before you eat your main meals.
- anti-sickness medications, such as prochlorperazine. These help to prevent you from nausea or vomiting. It is best to take these medications just before meals if you are feeling sick.

Your medical team may need to review and change your other medications, to make sure that they are not contributing to slowing down your stomach emptying. If lifestyle changes and medications are not helping, or if your symptoms persist, your doctor may prescribe alternative treatments.

Diet
Reduced fibre
- High-fibre foods can slow stomach emptying.
- Swap wholemeal/wholegrain/brown bread, pasta, rice and breakfast cereals for white bread/pasta/rice/crackers and low-fibre breakfast cereals, such as rice pops and cornflakes.
- Peel potatoes, fruits and vegetables where possible and cook vegetables until soft.
- Limit pulses, beans/peas and lentils, dried fruit, nuts and brassica vegetables such as cauliflower, broccoli and Brussels sprouts.
- If you have diabetes you were probably advised to eat high-fibre/low glycaemic index foods, but to help you control your current symptoms it is important that you reduce the fibre in your diet.

Reduced fat
- High-fat meals can increase the digestion time of a meal by 2-3 hours. Limit the amount of oil in cooking to 1 teaspoon per person, and use only small amounts of coconut milk/coconut cream/butter/spread.
- Limit high-fat foods, such as biscuits, cakes, pastries, chips/fries, crisps, fritters and desserts.
- Avoid high-fat meats, such as pork belly, salami, chicken wings/fried chicken, sausages, burgers, goat, mutton, oxtail, cow/chicken/pig feet.
- Choose plain fish fillets, chicken thighs/breast, turkey, low-fat mince, lean pork steak/lean beef steak. Cut any visible fat off meat and avoid fish/chicken skin.
- Grill, bake, boil, casserole and steam foods with small amounts of oil, rather than frying or roasting.

Fluids with food
- Be careful not to drink large amounts of fluids at the same time as you eat because it is likely to make you feel fuller.
- Try to drink the majority of your fluids in between your meals.
- Avoid carbonated (fizzy) drinks as they may increase fullness and bloating.

Severe symptoms
If you experience severe symptoms you may be advised to follow a liquid or puree diet temporarily to help maintain your nutritional intake. Your dietitian will advise you more fully and prescribe supplementary drinks if needed.

Below are some examples for meals and snacks that may help symptoms of gastroparesis.
Breakfast
- Cornflakes or Rice Krispies® with skimmed or semi-skimmed milk
- Low-fat yogurt with peeled soft fruit or a banana
- Egg (scrambled, boiled or poached) with white toast (using a small amount of low fat spread).

Lunch
- White bread sandwich with chicken/ham/tuna, low fat mayonnaise and cucumber
- White wrap with low fat cream cheese, tuna and cucumber
- Soup (smooth consistency) with white bread roll.

Dinner
- Chicken stir-fry with soy sauce, spinach and red and yellow peppers (peeled), white rice or rice noodles
- Baked white fish with lemon slices and mashed potato, well-cooked vegetables.

Pudding
- Tinned pineapple
- Sorbet
- Iced lolly (plain, no ice cream) or low/reduced-fat ice cream
- Low-fat custard.

Snacks
- Plain rice cakes with low-fat cream cheese
- Baked crisps/low fat crisps
- Fruit (melon, berries, peeled soft fruit)
- Peeled cucumber sticks with a low-fat salsa or dip.

Other tips:
- Use a spray oil when cooking to reduce the fat content, or a maximum of 1 teaspoon oil
- Use garlic, black pepper, tomato puree, dried herbs to flavour food instead of adding onions
- Use small amounts of extra light spread on bread/toast.

Contact us
If you have any questions or concerns about your dietary management of gastroparesis, please contact the dietitians, t: 020 7188 2010, Monday to Friday, 9am-5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit, w: www.guysandstthomas.nhs.uk/leaflets

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.
* t: 020 7188 8815  e: languagesupport@gstt.nhs.uk*