

Gastroparesis

A Practical Guide For Patients



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**A Patient Guide to Understanding
Gastroparesis**

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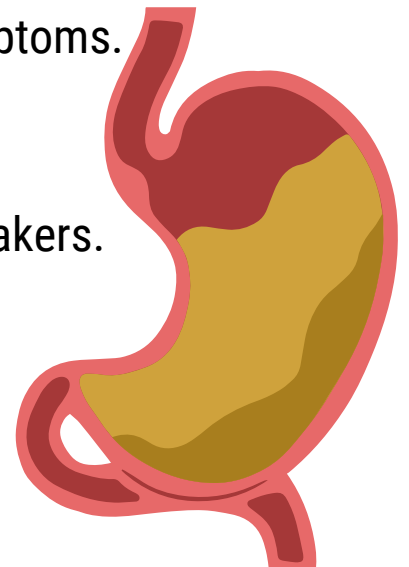
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Introduction: Gastroparesis

Gastroparesis is a condition where the stomach empties food into the small intestine more slowly than normal, leading to digestive issues. It occurs when the muscles or nerves controlling stomach contractions are impaired, often due to conditions like diabetes, surgery, or nerve damage. Common symptoms include nausea, vomiting, bloating, early fullness, and heartburn. The condition can result in malnutrition, dehydration, and weight loss if left untreated. Treatment typically involves dietary changes (e.g., low-fat, small meals), medications to stimulate stomach motility, and sometimes, in severe cases, surgical interventions. Managing underlying conditions like diabetes is also key to treatment.

Key Takeaways

- Gastroparesis slows stomach emptying, causing digestive issues.
- Common symptoms include nausea, vomiting, bloating, and early fullness.
- Diabetes, surgery, and nerve damage are common causes.
- Dietary changes and small meals help manage symptoms.
- Medications can stimulate stomach motility and improve digestion.
- Severe cases may require surgery or gastric pacemakers.
- Untreated gastroparesis can lead to malnutrition and dehydration.
- Managing underlying conditions (like diabetes) is crucial for effective treatment.



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What Causes Gastroparesis?

Gastroparesis is commonly caused by **diabetes**, **nerve damage** (especially to the vagus nerve), surgery near the stomach, **medications** (e.g., opioids), **neurological disorders** (like Parkinson's), and **viral infections**. In some cases, the cause remains unknown.

Known Causes:

- **Diabetes:** Both type 1 and type 2 can damage the vagus nerve, which controls stomach muscles.
- **Vagus Nerve Damage:** Damage from conditions or surgeries affecting the vagus nerve.
- **Surgery:** Abdominal or esophageal surgeries can disrupt stomach function.
- **Medications:** Certain drugs like opioids, antidepressants, and antihistamines can slow stomach motility.
- **Neurological Disorders:** Conditions such as Parkinson's disease and multiple sclerosis.
- **Viral Infections:** Some viral infections can damage the stomach muscles.
- **Hypothyroidism:** An underactive thyroid can impact stomach function.
- **Autoimmune Diseases:** Conditions like scleroderma can affect stomach motility.
- **Food Allergies:** Severe food allergies or sensitivities may contribute to the condition.
- **Pregnancy:** Hormonal changes during pregnancy may slow down gastric motility.



Common Signs & Symptoms

Common signs and symptoms of gastroparesis include **nausea, vomiting, early fullness after eating, bloating, abdominal pain, heartburn, loss of appetite, weight loss, and constipation**. These symptoms often worsen after consuming high-fat or large meals.

Core Symptoms Include:

- Nausea and vomiting (especially after meals)
- Early fullness (feeling full after eating small amounts)
- Bloating and abdominal discomfort
- Heartburn or acid reflux
- Loss of appetite and unexplained weight loss



Severe cases can also cause:



- Severe malnutrition and dehydration due to inadequate nutrient absorption
- Blood sugar fluctuations
- Severe weight loss and inability to maintain adequate nutrition
- Chronic abdominal pain and discomfort
- Electrolyte imbalances due to persistent vomiting



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Diagnosis & Medical Testing

Gastroparesis is diagnosed through **gastric emptying studies**, where patients ingest a radiolabeled meal to track stomach emptying. Additional tests may include **endoscopy, ultrasound, CT scans, and blood tests** to rule out other conditions and assess overall digestive health.

Diagnostic Tools:

- **Gastric Emptying Study:** A test that measures how quickly food moves through the stomach.
- **Endoscopy:** To visually inspect the stomach and rule out other conditions like ulcers or blockages.
- **Ultrasound:** Used to check for abnormalities in the stomach and surrounding organs.
- **CT Scan:** Provides detailed images of the stomach and other digestive organs.
- **Blood Tests:** To assess for conditions like diabetes, infections, or other metabolic issues that could contribute to gastroparesis.
- **Manometry:** Measures the pressure and motility of the stomach muscles.
- **Breath Test:** Assesses how well the stomach empties by tracking gas levels after eating a special meal.
- **Upper GI Series:** A series of X-rays taken after drinking a contrast material to examine the upper digestive tract.



A gastroparesis diet focuses on **low-fat, low-fiber foods** to ease digestion. Smaller, frequent meals are recommended, including **pureed or liquid foods** like soups, smoothies, and easily digestible proteins. Avoid **high-fat, spicy foods, and fibrous vegetables** that can slow digestion.

Key Insights:

- Low-fat, low-fiber foods are easier to digest and reduce stomach strain.
- Small, frequent meals help prevent feeling overly full and ease digestion.
- Pureed or liquid foods are ideal for improving nutrient absorption.
- Avoid high-fat and spicy foods that can slow gastric emptying and trigger symptoms.
- Limit fiber from raw vegetables and whole grains, as it may worsen bloating and discomfort.
- Stay hydrated with clear liquids to support digestion and prevent dehydration.
- Lean proteins like chicken or fish are easier on the stomach.
- Monitor blood sugar levels in diabetic patients, as gastroparesis can impact glucose control.



Medications & Treatment Options

Medications for gastroparesis include **prokinetic agents** (e.g., metoclopramide) to stimulate stomach motility, **antiemetics** for nausea, and antacids for acid reflux. In severe cases, treatments may include **gastric pacemakers, botulinum toxin injections, or surgical interventions**.

Treatment Options

- **Prokinetic Medications:** Drugs like metoclopramide or erythromycin to stimulate stomach motility.
- **Anti-nausea Medications:** Antiemetics like ondansetron or prochlorperazine to relieve nausea and vomiting.
- **Dietary Changes:** A low-fat, low-fiber diet with small, frequent meals.
- **Gastric Pacemaker:** A device implanted to help regulate stomach contractions.
- **Botulinum Toxin Injections:** To relax the pyloric sphincter and improve gastric emptying.
- **Intravenous (IV) Fluids:** To prevent dehydration and provide nutrition in severe cases.
- **Surgery:** In extreme cases, procedures like a gastrectomy or feeding tube placement may be necessary.
- **Lifestyle Modifications:** Managing underlying conditions (e.g., diabetes) and avoiding smoking and alcohol.



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Advanced Therapies & Procedures

Advanced therapies for gastroparesis include **gastric pacemaker implantation** to regulate stomach contractions, **botulinum toxin injections** to relax the pyloric sphincter, gastrostomy tube placement for nutrition support, and **surgery** to remove damaged areas or bypass obstructed pathways.

Therapy Options:

- **Prokinetic Medications:** Such as metoclopramide or domperidone to improve stomach motility.
- **Anti-nausea Medications:** To manage symptoms like vomiting and nausea.
- **Dietary Modifications:** Small, frequent meals with low-fat, low-fiber foods.
- **Gastric Pacemaker:** A device that helps regulate stomach contractions.
- **Botulinum Toxin Injections:** To relax the pyloric sphincter and enhance gastric emptying.
- **Gastrostomy Tube:** For patients with severe gastroparesis who need nutrition support.
- **Intravenous Nutrition:** Administering fluids and nutrients when oral intake is insufficient.
- **Surgery:** For severe cases, including gastric bypass or gastrectomy.
- **Blood Sugar Control:** Managing diabetes to reduce the impact of gastroparesis.
- **Supportive Care:** Managing dehydration, electrolyte imbalances, and addressing any underlying conditions.



Coping With Gastroparesis

Coping with gastroparesis involves **eating smaller, frequent meals**, choosing low-fat, low-fiber foods, staying **hydrated**, and managing **nausea** with medications. It's essential to **monitor blood sugar levels** (in diabetic patients), avoid stress, and follow medical guidance for symptom control.

Practical Strategies

- Eat smaller, frequent meals to avoid overwhelming the stomach.
- Choose low-fat, low-fiber foods to improve digestion.
- Stay hydrated with clear liquids to support digestive health.
- Avoid large, heavy meals that can worsen symptoms.
- Consider pureed or liquid foods for easier digestion.
- Use medications as prescribed to manage nausea and improve motility.
- Avoid lying down immediately after eating to prevent reflux.
- Monitor blood sugar levels regularly if diabetic.
- Take time to relax and manage stress, as it can worsen symptoms.
- Regular follow-ups with a doctor to adjust treatment plans as needed.



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Q1: What causes gastroparesis?

A: Gastroparesis is often caused by diabetes, nerve damage, surgery, medications, neurological disorders, and autoimmune conditions. In some cases, the cause remains unknown (idiopathic).

Q2: How is gastroparesis diagnosed?

A: Gastroparesis is diagnosed using gastric emptying studies, endoscopy, ultrasound, CT scans, and blood tests to rule out other conditions and assess digestive function.

Q3: Can gastroparesis be treated?

A: Yes, treatment includes prokinetic medications, anti-nausea drugs, dietary changes, and in severe cases, gastric pacemakers or surgery for nutrition support or motility.

Q4: What are the common symptoms of gastroparesis?

A: Symptoms include nausea, vomiting, early fullness, bloating, heartburn, weight loss, and abdominal pain, often worsening after meals.



Take Action

If you experience **Gastroparesis**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with **GastroDoxs** for expert guidance on managing your digestive health.

For additional resources, visit GastroDoxs.com.

SCHEDULE AN APPOINTMENT

**Your health starts with
knowledge.
Take the first step
today!**



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