

# Nutrition Recommendations for Patients with Gastroparesis



Gastroparesis can lead to poor oral intake, a calorie-deficient diet, and deficiencies in vitamins and minerals. In mild cases of gastroparesis, maintaining oral nutrition is the goal of therapy. The first line of management for gastroparesis patients should include restoration of fluids and electrolytes, nutritional support and in diabetics, optimization of glycemic control. For oral intake, dietary recommendations rely on measures that optimize gastric emptying such as incorporating a diet consisting of small meals that are low in fat and fiber. Keep the following recommendations in mind and talk to your clinician if you have any questions or concerns.<sup>1</sup>

This information is provided for educational purposes only and does not constitute medical or treatment advice. Follow the specific instructions provided by your health care provider. If you have any questions or concerns, always consult your health care provider.

## Nine Basic Points to Remember:<sup>2</sup>

- 1 Eat smaller portions.** The greater the meal volume, the slower the stomach empties. Eat smaller meals, more frequently, for easier digestion.
- 2 Sit up or stand during eating and after meals.** Body positioning during meals is very important. Avoid lying down while eating. Try to sit upright or stand and walk around for 1-2 hours after the meals.
- 3 Be aware of side effects from medications.** Some medications delay stomach emptying which leads to nausea and vomiting. Ask your doctor if you are currently taking any medications that may be slowing down your stomach emptying.
- 4 Control glucose levels.** Elevated glucose levels make gastroparesis symptoms worse and delay stomach emptying. If you have diabetes, take frequent glucose measurements and make insulin adjustments as needed for glucose control.
- 5 Avoid high-fiber foods.** A high-fiber diet slows stomach emptying and increases the presence of food residue in the stomach. Avoid foods like oranges, berries, green beans, apples, potato peels, sauerkraut, and brussel sprouts.
- 6 Avoid high-fat foods.** Fat slows the exit of food from the stomach. A low-fat diet is recommended; however, some liquid containing fat can be a good source of calories.
- 7 Take a daily multi-vitamin supplement.** A daily multi-vitamin supplement should be considered if dietary intake is inadequate. Be sure to discuss any supplements you are taking or considering with your clinician.
- 8 Take fluids throughout the meal.** This may help in the emptying of the food from the stomach.
- 9 If other dietary measures are ineffective, consider liquid or pureed food.** Liquid food exits the stomach more easily. Switch to a liquid diet or pureed/ground foods. Chew foods well. Drink caloric drinks rather than water (milk, instant breakfast, milkshakes, yogurt, smoothies).

## Avoid These Foods:<sup>2</sup>

- Fruits – apples, berries, coconuts, figs, oranges, persimmons
- Bran/whole grain cereals
- Nuts and seeds
- Vegetables – brussels sprouts, green beans, green peas, lettuce, potato peels, sauerkraut, broccoli
- Legumes/dried beans – baked beans, lentils, soy beans

## Recommended Foods:<sup>2</sup>

- Pureed foods or soups
- Fruits – cooked and, if necessary, blenderized/strained
- Vegetables – cooked and, if necessary, blenderized/strained
- Ground or pureed meats – can be thinned with a liquid – broth, milk, juice, water
- Low-grain bread, cereals, crackers
- Liquid nutrient preparation – Ensure, Boost, baby foods
- Caloric-containing drinks – milk, instant breakfast, milkshakes, yogurt, puddings, custard, cereals, and smoothies
- Juices, beverages, and milk products if tolerated

## Other Recommendations from Your Doctor:

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### Additional Resource:

#### Gastroparesis & Nutrition:

The Art Parrish CR, McCray S. Gastroparesis & Nutrition: The Art. *Practical Gastroenterology* 2011;XXXV(9):26. <https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/ParrishGastroparesisArticle.pdf> Accessed November 3, 2021.

### References:

1. Camilleri M, Parkman HP, Shafi MA, et al. Clinical guideline: management of gastroparesis. *Am J Gastroenterol.* 2013;108:18-37.
2. "Dietary and Nutritional Recommendations for Patients with Gastroparesis. Tips for overcoming nausea, vomiting, and stomach fullness" by Carol Rees Parrish, R.D., M.S., Nutrition Support Specialist, University of Virginia Health System, Charlottesville, VA; Edy Soffer, M.D., Co-Director, GI Motility Laboratory, Division of Gastroenterology, Cedars-Sinai Medical Center; Attending Physician, Department of Gastroenterology, USC Keck Hospital; and Professor, Clinical Medicine, Department of Medicine/ Division of Gastroenterology, University of Southern California, Los Angeles, CA; and Henry Parkman, M.D., Director, GI Motility Laboratory and Professor, Section of Gastroenterology, School of Medicine, Temple University, Philadelphia, PA. <https://ifgd.org/resources/publication-library/dietary-and-nutritional-recommendations-for-patients-with-gastroparesis/> Accessed November 3, 2021.

### Important Safety Information

**Intended Use:** The Enterra® Therapy System is an implanted device that provides gastric stimulation to treat chronic, intractable, nausea and vomiting that is not well treated by drugs or other means in patients aged 18 to 70 years caused by diabetes or an unknown origin.

**Contraindications:** Enterra Therapy is only for patients who are healthy enough for surgical procedures and/or anesthesia. Once implanted, patients need to avoid diathermy, which is deep heat treatment from electromagnetic energy, as it may cause injury or device failure.

**Warnings:** Enterra Therapy has not been studied in pregnant women, patients under the age of 18, or over 70. Issues may occur if the system interacts with other implanted devices such as pacemakers. Patient injury or device failure may be caused by other medical treatments such as electrocautery, defibrillation/cardioversion, therapeutic ultrasound, or radiofrequency (RF)/microwave ablation. Patient activities may cause shocking or jolting sensations.



The Enterra II System is MR Conditional. This means that patients with the Enterra II System can safely have MRI examinations of some body parts under certain conditions. Consult your doctor to determine if you are eligible for MRI examination.

**Risks:** Potential risks include infection, pain at the surgery site, allergic or immune system response, lead and bowel twist together, device wearing through the skin, bruising, bleeding, loss of therapeutic effect, jolting, shocking, burning sensation, gastrointestinal or stomach issues, loss of therapy due to component failure or battery wear out, or perforated stomach which may cause life-threatening blockage or infections that require immediate medical attention including surgery. Risks can be minimized by avoiding activities such as sudden, excessive, or repetitive bending, twisting, bouncing, or stretching.

**Humanitarian Device:** Authorized by Federal law for the intended use described above. The effectiveness of this device has not been demonstrated.

Always discuss potential risks and benefits of the device with your physician.

For further information, please contact Enterra Medical at [info@enterramedical.com](mailto:info@enterramedical.com).

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