

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.¹

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:²

- 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

Avoid These Foods:²

- 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:²

- 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:

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

Enterra Therapy for treatment of chronic, resistant to medication nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years: patients should always discuss potential risks and benefits of the device with their physician.

Indications for Use: The Enterra Therapy System for gastric electrical stimulation is indicated for use in the treatment of chronic, intractable (drug refractory) nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years.

Contraindications: The Enterra Therapy System is not intended for patients whom the physician determines are not candidates for surgical procedures and/or anesthesia due to physical or mental health conditions. You cannot have diathermy (deep heat treatment from electromagnetic energy) if you have an Enterra device. Patients with Enterra should not have magnetic resonance imaging (MRI).

Warnings/Precautions/Adverse Events: This system has not been evaluated for pregnant women, for use in patients under the age of 18, or patients over the age of 70. The system may be affected by or adversely affect cardiac devices. Strong sources of electromagnetic interference (EMI) such as from electrocautery, defibrillation/ cardioversion, therapeutic ultrasound, radiofrequency (RF)/microwave ablation, or MRI, can result in serious injury, system damage, or operational changes to the system. EMI, postural changes, or other activities may cause shocking or jolting sensations. Patients on anticoagulation therapy may be at a greater risk for post-operative complications. The use of non-Medtronic components with this system may result in damage to Medtronic components, loss of therapy, or patient injury. There is the possibility of an allergic or immune system response to the implanted materials. When possible, a physician is to identify and treat any infections prior to surgery. Infections at the implant site almost always require the surgical removal of the implanted system. The lead can become entangled with the bowel or perforate your stomach and cause life-threatening blockage or infections that require immediate medical attention and may require surgery. Patients should avoid activities that may put undue stress on the implanted system components (activities that include sudden, excessive, or repetitive bending, twisting, bouncing, or stretching that can cause component fracture or dislodgement). Adverse events related to the therapy, device, or procedure can include: infection, pain at the surgery site, device components may wear through the skin, bruising at the neurostimulator site, bleeding, loss of therapeutic effect, undesirable change in stimulation (described as a jolting, shocking, or burning sensation), gastrointestinal symptoms and gastrointestinal complications (in that the lead may perforate your stomach or device components may become entangled with or obstruct other internal organs, requiring surgery). The system could stop because of battery depletion or mechanical or electrical problems. Any of these situations may require additional surgery or cause your symptoms to return.

Humanitarian Device: Authorized by Federal law for use in the treatment of chronic intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology in patients aged 18 to 70 years. The effectiveness of this device for this use has not been demonstrated.

For further information, please contact Enterra Medical at info@enterramedical.com.
USA Rx only.

www.enterramedical.com

