

GI Hub

Gastroparesis Patient Handout

Gastroparesis is a condition where the stomach takes longer than normal to empty food into the small intestine. This happens without any blockage in the stomach. Gastroparesis can make eating and digesting food uncomfortable and can affect your quality of life.[\[1\]\[2\]](#)

Causes:

Gastroparesis can be caused by several things. The most common causes are diabetes, previous stomach surgery, and certain medications (like opioid pain medicines or some diabetes drugs). Sometimes, the cause is unknown (idiopathic gastroparesis). Less common causes include nerve diseases (like Parkinson's), muscle diseases, and infections.[\[1\]\[2\]\[3\]](#)

Symptoms:

The main symptoms are:

- Nausea and vomiting
- Feeling full quickly when eating
- Bloating and burping
- Abdominal pain or discomfort
- Loss of appetite and weight loss[\[1\]\[2\]\[4\]\[5\]\[6\]](#)

Diagnosis:

Doctors diagnose gastroparesis by:

- Asking about your symptoms and medical history
- Doing tests to rule out a blockage (like an endoscopy or imaging)
- Performing a gastric emptying study, usually a 4-hour test, to see how quickly food leaves your stomach[\[1\]\[2\]\[7\]\[8\]](#)

Treatment:

Treatment focuses on relieving symptoms and helping you get enough nutrition:

- **Diet changes:** Eat small, frequent meals. Choose soft, easy-to-chew foods. Avoid fatty, spicy, acidic, and high-fiber foods. Soups and liquid meals may be easier to digest.[\[1\]\[6\]\[9\]](#)
- **Medicines:** The main medicine is metoclopramide, which helps the stomach empty faster. It should only be used for short periods, because of possible side effects. Erythromycin may be used for a short time. Other medicines for nausea, like ondansetron or ginger, may help.[\[1\]\[6\]\[7\]\[9\]](#)
- **Managing diabetes:** If you have diabetes, keeping your blood sugar under control can help your symptoms.[\[3\]\[9\]](#)
- **Severe cases:** If you cannot eat enough, you may need a feeding tube or special nutrition support. Procedures like gastric electrical stimulation or endoscopic treatments (G-POEM) may be considered if medicines and diet changes do not help.[\[1\]\[3\]\[10\]\[11\]](#)

Emerging Therapies:

New treatments are being studied and may help people who do not get better with standard therapies:

- **5-HT4 agonists (such as prucalopride, velusetrag, felcisetrag):** These medicines help the stomach muscles work better and may improve symptoms for some people.[\[1\]\[12\]\[13\]\[14\]](#)
- **Neurokinin-1 antagonists (such as aprepitant):** These medicines may help with nausea and vomiting, but are not yet widely used.[\[4\]\[12\]\[13\]\[14\]](#)
- **Ghrelin agonists (such as relamorelin):** These are being studied for their ability to speed up stomach emptying, but are not yet approved for gastroparesis.[\[14\]](#)
- **Gastric per-oral endoscopic pyloromyotomy (G-POEM):** This is a minimally invasive procedure that helps open the valve at the bottom of the stomach, making it easier for food to pass. It is mainly used for people with severe symptoms who do not respond to other treatments.[\[1\]\[11\]\[13\]](#)
- **Gastric electrical stimulation (GES):** This device sends small electrical pulses to the stomach to help control nausea and vomiting. It is considered for people with severe, long-lasting symptoms who do not improve with medicines.[\[1\]\[11\]](#)
- **Other options:** Research is ongoing into new medicines and procedures, including fundus relaxing agents (acotiamide, buspirone), and ways to better select patients for these treatments.[\[4\]\[14\]](#)

Prognosis:

Gastroparesis is a long-term condition. Symptoms can come and go, and some people may have only mild problems while others have more severe symptoms. With the right treatment and diet, many people can manage their symptoms and improve their quality of life. The outlook depends on the cause and how well symptoms are controlled.[\[1\]\[2\]\[3\]\[8\]](#)

If you have gastroparesis, regular follow-up with your healthcare team is important. Let them know if your symptoms change or if you have trouble eating or keeping food down.

References

1. [ACG Clinical Guideline: Gastroparesis](#). Camilleri M, Kuo B, Nguyen L, et al. The American Journal of Gastroenterology. 2022;117(8):1197-1220. doi:10.14309/ajg.0000000000001874.
2. [AGA Clinical Practice Update on Management of Medically Refractory Gastroparesis: Expert Review](#). Lacy BE, Tack J, Gyawali CP. Clinical Gastroenterology and Hepatology : The Official Clinical Practice Journal of the American Gastroenterological Association. 2022;20(3):491-500. doi:10.1016/j.cgh.2021.10.038.
3. [Gastroparesis: New Insights Into an Old Disease](#). Usai-Satta P, Bellini M, Morelli O, et al. World Journal of Gastroenterology. 2020;26(19):2333-2348. doi:10.3748/wjg.v26.i19.2333.
4. [Gastroparesis: A Turning Point in Understanding and Treatment](#). Grover M, Farrugia G, Stanghellini V. Gut. 2019;68(12):2238-2250. doi:10.1136/gutjnl-2019-318712.
5. [United European Gastroenterology \(UEG\) and European Society for Neurogastroenterology and Motility \(ESNM\) Consensus on Gastroparesis](#). Schol J, Wauters L, Dickman R, et al. United European Gastroenterology Journal. 2021;9(3):287-306. doi:10.1002/ueg2.12060.
6. [Gastroparesis](#). Camilleri M, Sanders KM. Gastroenterology. 2022;162(1):68-87.e1. doi:10.1053/j.gastro.2021.10.028.
7. [AGA Clinical Practice Guideline on Management of Gastroparesis](#). Staller K, Parkman HP, Greer KB, et al. Gastroenterology. 2025;169(5):828-861. doi:10.1053/j.gastro.2025.08.004.
8. [Pharmacologic Treatments for Gastroparesis](#). Camilleri M, Jencks KJ. Pharmacological Reviews. 2025;77(2):100019. doi:10.1016/j.pharmr.2024.100019.

9. [Alternative Treatments to Selected Medications in the 2023 American Geriatrics Society Beers Criteria®](#). Steinman MA. Journal of the American Geriatrics Society. 2025;73(9):2657-2677. doi:10.1111/jgs.19500.
10. [Gastroparesis](#). Camilleri M, Chedid V, Ford AC, et al. Nature Reviews. Disease Primers. 2018;4(1):41. doi:10.1038/s41572-018-0038-z.
11. [Endoscopic and Surgical Treatment Options for Gastroparesis: Systematic Review and Network Meta-Analysis](#). Eckhardt D, Elshafei M, Fechner K, Diener MK, Hüttner FJ. The British Journal of Surgery. 2025;112(9):znaf183. doi:10.1093/bjs/znaf183.
12. [Efficacy and Safety of Drugs for Gastroparesis: Systematic Review and Network Meta-Analysis](#). Ingrosso MR, Camilleri M, Tack J, et al. Gastroenterology. 2023;164(4):642-654. doi:10.1053/j.gastro.2022.12.014.
13. [Gastroparesis](#). Cangemi DJ, Lacy BE. Current Opinion in Gastroenterology. 2021;37(6):596-601. doi:10.1097/MOG.0000000000000782.
14. [New Developments in the Treatment of Gastroparesis and Functional Dyspepsia](#). Tack J, Camilleri M. Current Opinion in Pharmacology. 2018;43:111-117. doi:10.1016/j.coph.2018.08.015.