



[Home](#) → [Medical Encyclopedia](#) → Gastroparesis

URL of this page: [//medlineplus.gov/ency/article/000297.htm](https://medlineplus.gov/ency/article/000297.htm)

Gastroparesis

Gastroparesis is a condition that reduces the ability of the stomach to empty its solid contents. It does not involve a blockage (obstruction) of the outlet of the stomach.

Causes

The exact cause of gastroparesis is unknown. It may be caused by a disruption of nerve signals to the stomach. The condition is a common complication of diabetes. It can also follow some surgeries.

Risk factors for gastroparesis include:

- Diabetes, especially long-term diabetes or if the blood sugar is very high
- Gastrectomy (surgery to remove part of the stomach)
- Systemic sclerosis and other autoimmune diseases
- Post-viral illness
- Parkinson disease
- Use of medicine such as those that block certain nerve signals (anticholinergic medicine) or muscle contraction (narcotic pain relievers)

Symptoms

Symptoms may include:

- Abdominal distention
- Abdominal pain
- Hypoglycemia (in people with diabetes)
- Nausea
- Premature abdominal fullness after meals or feeling full after eating only a small amount of food
- Weight loss without trying
- Vomiting

Exams and Tests

Tests you may need include:

- Esophagogastroduodenoscopy (EGD).
- Gastric emptying study (usually using isotope-labeled food). Other tests that are used include a wireless motility capsule or a breath test.
- Upper GI series.

Treatment

People with diabetes should always control their blood sugar level. Better control of blood sugar level may improve symptoms of gastroparesis. Eating small and more frequent meals and soft/pureed foods (called a small-particle diet) may also help relieve some symptoms.

Medicines that may help include:

- Erythromycin (short-term only)
- Metoclopramide, a medicine that helps empty the stomach, or domperidone (available with special approval in the US)
- Serotonin (5-HT4) agonist medicines, which act on serotonin receptors
- Anti-nausea treatments to help control nausea and vomiting

Other treatments may include:

- Electrical stimulation of the stomach
- Endoscopic myotomy (cutting muscles at the pylorus, the outlet of the stomach), called G-POEM (gastric peroral endoscopic myotomy)
- Surgical procedure that creates an opening between the stomach and small intestine to allow food to move through the digestive tract more easily (gastroenterostomy)

If weight loss and malnutrition have occurred, a feeding tube may be inserted into the small intestine to give food until symptoms are better.

Outlook (Prognosis)

Many treatments, especially medicines, seem to provide only temporary benefit or have side effects when used for a long time. Gastroparesis is a chronic condition. Management of flare-ups may be helped by the use of diet and medicines. Endoscopic or surgical myotomy often provides a long-term improvement.

Possible Complications

Ongoing nausea and vomiting may cause:

- Dehydration
- Electrolyte imbalances
- Malnutrition

People with diabetes may have serious complications from poor blood sugar control.

When to Contact a Medical Professional

Changes in your diet may help control symptoms. Contact your health care provider if symptoms continue or if you have new symptoms.

Alternative Names

Gastroparesis diabeticorum; Delayed gastric emptying; Diabetes - gastroparesis; Diabetic neuropathy - gastroparesis

References

Carmilleri M. Disorders of gastrointestinal motility. In: Goldman L, Cooney KA, eds. *Goldman-Cecil Medicine*. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 122.

Camilleri M, Kuo B, Nguyen L. ACG Clinical Guideline: Gastroparesis. *Am J Gastroenterol*. 2022;117(8):1197-1220. PMID: 35926490 pubmed.ncbi.nlm.nih.gov/35926490/ [<https://pubmed.ncbi.nlm.nih.gov/35926490/>].

Koch KL. Gastric neuromuscular function and neuromuscular disorders. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 50.

Review Date 10/30/2024

Updated by: Jenifer K. Lehrer, MD, Gastroenterologist, Philadelphia, PA. Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by [URAC](https://www.urac.org), for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

