



Gastroparesis Diet: Low-Fiber, Low-Fat Eating Plan

Imagine feeling full and bloated after just a few bites of food. This is what people with gastroparesis often experience. Gastroparesis is a digestive condition where the stomach empties food too slowly into the intestines. If you've been newly diagnosed with gastroparesis, you're likely looking for ways to manage your symptoms and maintain good digestive health. The good news is that adjusting your diet can make a big difference in how you feel.

In this comprehensive guide, we'll explain what gastroparesis is and why diet matters. We'll walk you through a low-fiber, low-fat gastroparesis diet – a commonly recommended eating plan to help your stomach digest food more easily. You'll learn what foods to eat and avoid, how to transition into this diet, and how dietary needs may change with different stages of gastroparesis. We've also included sample meal plans (from a simple 1-day menu to a varied 3-day plan) and a few easy recipes to get you started. Finally, we offer tips on managing symptoms through diet and explain when to seek professional help. By the end of this article, you'll have a clearer roadmap to eating well with gastroparesis and keeping your symptoms under control.

What is Gastroparesis?

Gastroparesis (pronounced gas-troh-puh-REE-sis) literally means “stomach paralysis.” It's sometimes called delayed gastric emptying. In this condition, the stomach's muscles don't work normally, so food moves through the stomach much more slowly than it should. Normally, strong muscle contractions push partially digested food from your stomach into your small intestine. But with gastroparesis, these stomach muscles are weak or sluggish. As a result, food can remain in the stomach for too long.

This delay in stomach emptying can cause a variety of digestive symptoms. Common symptoms include feeling full quickly (early satiety), nausea, vomiting, bloating, burping, and upper belly pain or discomfort. For example, you might feel stuffed after just a few bites or have food lingering in your stomach, making you feel sick. Some people even vomit up undigested food hours after eating. Gastroparesis can affect anyone, but it's more frequently seen in women and in people with diabetes (high blood sugar can damage the nerve that helps control stomach muscles) In many cases, doctors aren't sure what causes it, which is called idiopathic gastroparesis (meaning no identifiable cause).

While there is no cure for gastroparesis, there are treatments to help manage it. Dietary changes are often the first line of treatment recommended by doctors. By eating foods that are easier to digest, you can help your stomach empty more efficiently and reduce those uncomfortable symptoms.

How Gastroparesis Affects Digestion

To understand why diet matters so much, it helps to know how gastroparesis disrupts normal digestion. In a healthy digestive system, after you swallow food, it enters your stomach, where it's mixed with stomach acid and enzymes. The stomach muscles churn the food into smaller pieces (a semi-liquid called chyme) and gradually push it into the small intestine, where nutrients are absorbed.

In gastroparesis, the stomach's motility (movement) is impaired. Think of your stomach as a blender set on "low" instead of "medium" or "high." Food isn't broken down as effectively or moved along as quickly. This slowed emptying means food and liquids linger in the stomach much longer than normal. Imagine trying to add more food into a blender that's already full – it doesn't work well. That's why people with gastroparesis feel full so fast: the stomach isn't clearing out its contents, so it fills up quickly and stays full.

This delay can lead to several issues:

- Nausea and vomiting: If your stomach can't empty properly, food can back up, causing nausea or even vomiting of undigested food.
- Bloating and discomfort: Food sitting in the stomach ferments and produces gas, leading to bloating and burping.
- Poor appetite and early fullness: You might barely start a meal and already feel like you can't take another bite because your last meal hasn't moved on yet.
- Nutrition problems: Over time, gastroparesis can cause weight loss and malnutrition, since it's hard to eat enough or absorb nutrients when food isn't moving normally. Medications (pills) might also not be absorbed properly if they linger in the stomach too long

Another potential complication is the formation of bezoars – solid masses of undigested food that can accumulate in the stomach. Bezoars can cause blockages and make symptoms worse. They often happen when someone with gastroparesis eats a lot of fiber (like raw vegetables or fibrous fruits) that doesn't digest well and clumps together in the stomach. This is one big reason that dietary guidelines for gastroparesis advise limiting high-fiber foods.

The bottom line is that with gastroparesis, your stomach needs some extra help to do its job. That's where a specialized gastroparesis diet comes in.

Why a Low-Fiber, Low-Fat Diet Helps

Two of the biggest dietary factors that affect stomach emptying are fiber and fat. Both tend to slow down digestion for anyone, but especially for people with gastroparesis. So, eating a diet that's low in fiber and low in fat helps your stomach empty more quickly and easily.

Fiber: Fiber is the part of plant foods (fruits, vegetables, grains, beans) that isn't fully digested. It's normally great for healthy people because it adds bulk and helps with bowel regularity. But in gastroparesis, too much fiber can be your enemy. Fiber stays longer in the stomach and can slow down its emptying. High-fiber foods (like whole grains, raw veggies, nuts, seeds, and legumes) tend to linger and are more likely to cause bezoars or make you uncomfortably full. Think of fiber like a sponge – it expands and takes up space. If your stomach is slow, you want foods that are more compact and easy to break down (low fiber), not bulky ones.

Fat: Fat is another nutrient that delays stomach emptying. Heavy, fatty foods (like fried foods, fast food, rich desserts, greasy snacks, and creamy sauces) make the stomach work longer. They can worsen that lingering full feeling and nausea. For example, compare how you feel after eating fried chicken with fries versus a piece of baked chicken with rice – the high-fat meal will likely sit in your stomach much longer. That's why a gastroparesis diet focuses on low-fat cooking methods and foods. However, not all fat is bad in this context. Many patients tolerate fat in liquid form better than solid fats. This means things like milkshakes or liquid nutritional supplements can sometimes be okay, even if they contain fat, because liquids empty faster from the stomach than solids. If you're losing weight unintentionally, your doctor or dietitian might actually encourage adding some healthy fats (like a spoonful of olive oil or peanut butter) into liquid meals like smoothies for extra calories. But as a general rule, solid high-fat foods should be limited.

Besides fiber and fat, another key factor is meal size and consistency. Large meals empty slowly, so it's better to have small meals. Also, solids empty more slowly than liquids. Many people with gastroparesis do better with small, soft meals and include liquid foods (like soups or smoothies) as part of their diet. Liquids pass through the stomach more easily, even if you just puree or blend your food – essentially “pre-digesting” it. Temperature might play a minor role too: very hot foods may empty a bit faster than cold foods (though the effect is modest).

Overall, the goal of the gastroparesis diet is to give your stomach foods that are easy to digest and nutrient-rich. By cutting down on fiber and fat and focusing on soft or liquid textures, you're giving your stomach less work to do. This can help you feel better and still get the nutrition you need.

Foods to Eat and Foods to Avoid

Knowing what specific foods you can eat and what to skip is really important. In simple terms, choose foods that are low in fiber and low in fat, and avoid those that are high in fiber, high in fat, or generally hard to digest. Here's a breakdown of gastroparesis-friendly foods versus those that might trigger problems:

Tip: Try to keep fiber under about 2–3 grams per serving and choose low-fat options whenever possible. Always chew food well and eat slowly.

Gastroparesis-Friendly Foods (What to Eat)

- **Grains and Starches:** Opt for refined grains with low fiber. Good choices include white bread (instead of whole grain bread), flour tortillas, white rice, plain crackers (saltines, pretzels), low-fiber cereals (like puffed rice, corn flakes), cream of wheat or cream of rice hot cereal, grits, and regular pasta or noodles (avoid whole-wheat versions). These provide carbohydrates for energy but are easier on your stomach than high-fiber whole grains.
- **Fruits:** Choose fruits that are soft, without skins or seeds, and preferably cooked or canned. For example, ripe bananas are famously easy to digest. Other good options are applesauce, canned peaches or pears (in their own juice, not syrup, and without skins), melons like honeydew or cantaloupe (no rind), and soft canned fruit cocktail. You can also drink fruit juices (without pulp) or blend fruits into smoothies. Small portions of well-cooked fruits (like a baked apple with no skin) may be okay if tolerated.
- **Vegetables:** Go for well-cooked, soft veggies and remove any skins, peels, or seeds. Think cooked carrots, green beans, zucchini or yellow squash (peeled), pumpkin, spinach (well-cooked), beets, or potatoes (peeled and mashed). You can also puree vegetables into soups. Strained vegetable juice or tomato sauce (without seeds or skins) is another way to get veggies. Raw vegetables are generally not your friend right now, but you can enjoy them cooked until very tender.
- **Protein (Meat, Fish, Eggs, Beans):** Favor lean proteins that are soft. Examples include skinless chicken or turkey (baked, poached, or boiled – not fried), lean cuts of beef or pork (ground or slow-cooked till very tender), fish (especially white fish like cod, tilapia, halibut, which are low in fat), and eggs (scrambled, poached, or boiled – egg whites are fat-free). If meat is hard to tolerate, try smooth nut butter (peanut butter or almond butter, in small amounts), tofu, or Greek yogurt for protein. Most beans are high in fiber, but very soft or pureed forms like hummus or refried beans (made from peeled beans) might be tolerated in small portions. (This varies by person, so introduce with caution.)
- **Dairy:** Many dairy products are fine if they are low in fat. Enjoy skim or 1% milk, lactose-free milk if needed, low-fat or nonfat yogurt (choose smooth yogurt without fruit chunks), low-fat cottage cheese, light cheese (small portions of mild, low-fat cheese), and pudding made with skim milk. If regular milk bothers you, try alternatives like almond milk or rice milk (which are low in fat and fiber). For treats, a small bowl of low-fat ice cream or frozen yogurt can be a nice option.
- **Soups and Liquids:** Soups are a great way to get nutrition when solids are tough. Choose broth-based soups (like chicken noodle or vegetable broth with well-cooked ingredients). You can also have strained cream soups made with low-fat milk (for example, a cream of chicken soup strained to remove any solid chunks). Broth or bouillon can keep you hydrated on bad days. Smoothies (blended fruit drinks with yogurt or milk) and protein shakes are fantastic for getting calories and protein in an

easy-to-digest form. You can drink meal replacement shakes (like Ensure® or Boost®) if you're struggling to eat enough.

- **Sweets and Snacks:** You can satisfy a sweet tooth with low-fat, low-fiber options. For example, gelatin (Jell-O), popsicles, sorbet or Italian ice, and angel food cake (fat-free sponge cake) are all gentle choices. If you crave chocolate, a small piece of dark chocolate (which has less fat than milk chocolate) might be okay. Other snack ideas are pretzels, rice cakes, graham crackers, or saltine crackers, which are low in fiber and fat. Always test your tolerance in small amounts and see how you feel.

Foods to Avoid (Harder to Digest)

- **High-Fiber Foods:** Steer clear of high-roughage foods. This means avoiding whole grains and products made with them. Say no (or strictly limit) to whole wheat bread, whole grain or bran cereals (bran flakes, granola, shredded wheat), brown rice, quinoa, and bran muffins. Raw vegetables are tough to digest – avoid salads, raw carrots, broccoli, cauliflower, celery, corn, peas, etc. (even cooked versions of very fibrous veggies like broccoli, Brussels sprouts, or cabbage may be problematic). Vegetables with skins or seeds (like tomato skins, cucumber peels, corn kernels, pea pods) should be avoided. For fruits, avoid fruit skins (like apple peels), berries with seeds (strawberries, raspberries, blackberries), pineapple (very fibrous), and dried fruits (raisins, dates, figs, etc.). Dried fruits are concentrated in fiber and can form bezoars. Even oranges are tricky – the pulp and membranes have a lot of fiber (if you do have citrus, remove all the membranes and just drink the juice).
- **High-Fat Foods:** Avoid greasy, fried, or very fatty foods. This includes fried meats (fried chicken, bacon, sausage) and fried snacks (French fries, potato chips). Stay away from fast food burgers, pizza with thick crust and lots of cheese, and heavy casseroles loaded with butter or oil. High-fat cuts of meat like bacon, sausage, hot dogs, and salami are particularly tough on a slow stomach. Full-fat dairy products are also best avoided: whole milk, heavy cream, rich ice cream, whipped cream, cheeses made from whole milk, and creamy dressings or sauces. For example, Alfredo sauce (cream-based) or a triple cheeseburger would likely aggravate symptoms. Instead, choose tomato-based sauces and lean meats as mentioned above.
- **Tough or Chunky Proteins:** Big slabs of meat can be hard to break down. Limit steaks, pork chops, or roasts that aren't extremely tender. If you want red meat, opt for small, tender pieces (like stew meat cooked until very soft, or ground beef in a soup). Avoid meats with gristle or chewy bits. Also, be careful with beans and legumes – while they're healthy normally, they are high in fiber and can cause gas. Whole beans (kidney, black, pinto, chickpeas, etc.) are generally not recommended unless they are pureed. Nuts and seeds (and foods containing them) are risky because they are high fiber and can form bezoars. That means no trail mix, peanut brittle, whole almonds, sunflower seeds, popcorn, etc.. If you really miss nuts, a smooth nut butter is the only form that might be okay (and even that in moderation).
- **Beverages to Limit:** Certain drinks can aggravate gastroparesis symptoms. It's best to avoid carbonated beverages (sodas, sparkling water) because the bubbles can increase

bloating and discomfort. If you do have soda, let it go mostly flat first. Avoid drinking a lot of caffeine – caffeine can stimulate acid and may worsen nausea or heartburn for some people (a small cup of coffee might be fine for some, but pay attention to your body). Alcohol is another one to limit or avoid. It can delay gastric emptying and irritate the stomach. Beer is carbonated and alcoholic – a double whammy – so it’s particularly not advised. Hard liquor or wine in large amounts isn’t great either [healthline.com](https://www.healthline.com). If you want a drink, ask your doctor, but generally keep it minimal.

Below is a summary table of some foods to choose and foods to avoid on a gastroparesis-friendly diet:

Category	Foods to Eat (Easy to Digest)	Foods to Avoid (Hard to Digest)
Grains & Starches	White bread, flour tortillas; white rice; regular pasta or noodles; saltine crackers, pretzels; low-fiber cereal (e.g. puffed rice, corn flakes); cream of wheat or rice; grits	Whole grain or whole wheat breads; brown rice, wild rice; whole-grain pasta; bran cereal, granola; popcorn; any bread/cereal with >2g fiber/serving; bran muffins
Proteins	Lean poultry (skinless chicken or turkey); lean fish (cod, tilapia); eggs (preferably egg whites or scrambled egg); lean ground beef or pork (well cooked); tofu; smooth nut butter (in moderation); Greek yogurt, cottage cheese (low-fat)	Fried meats (fried chicken, bacon, sausage); fatty cuts of beef or pork; steak (unless very tender); hot dogs, salami; beans and legumes (whole beans, lentils); nuts and seeds; chunky nut butters; peanut brittle
Vegetables	Well-cooked, soft veggies (carrots, peeled zucchini, yellow squash, green beans, spinach, peeled potatoes or sweet potatoes); vegetable purees or blended soups; tomato sauce (strained)	Raw vegetables (salad greens, raw carrots, celery, broccoli, cauliflower, etc.); veggies with skins or seeds (corn, peas, edamame); fibrous veggies (Brussels sprouts, cabbage, kale); chunky stir-fries; coleslaw; sauerkraut
Fruits	Soft or canned fruits (bananas, applesauce, canned peaches or pears without skins, melon); fruit juice (no pulp); smoothies (blended fruit without seeds/skins)	Raw fruits with skins (apples, pears with skin); berries with seeds; pineapple; citrus with membranes; dried fruits (raisins, figs, etc.); coconut (shredded or raw)
Dairy	Skim or 1% milk; lactose-free milk; almond or rice milk; low-fat yogurt (plain or smooth); cottage cheese; light cheese; pudding or custard made with skim milk; frozen yogurt	Whole or 2% milk; milkshakes made with full-fat ice cream; heavy cream; rich cheeses (cheddar, brie) in large amounts; ice cream (premium full-fat); sour cream, cream cheese (full-fat versions)
Others	Broth-based soups; cream soups (made with skim milk, strained); gelatin	Chili or stew with tough meat or beans; fried snacks (chips, french fries);

Category	Foods to Eat (Easy to Digest)	Foods to Avoid (Hard to Digest)
	desserts; popsicles; angel food cake; low-fat crackers or cookies (graham crackers, animal crackers); pretzels; sorbet or Italian ice; herbal tea, water, sports drinks	doughnuts, pastries; high-fat desserts (cheesecake, cream pies, brownies); soda (carbonated); alcohol; large amounts of coffee or caffeinated tea

Note: Everyone is a bit different. You might find you tolerate a food that another person with gastroparesis can't, or vice versa. Use these lists as a general guide and pay attention to your own symptoms.

How to Transition to a Gastroparesis Diet

Changing your eating habits can be challenging, especially right after a new diagnosis. Here are some steps and tips to help you transition from your regular diet to a gastroparesis-friendly diet:

1. **Start Small:** You don't have to overhaul everything overnight. Begin by reducing your portion sizes at meals and increasing the number of meals or snacks. For example, instead of three large meals, try eating five or six smaller meals spread throughout the day. Smaller meals put less burden on your stomach, which can help reduce symptoms.
2. **Cut Back on Fiber and Fat Gradually:** Take a look at what you normally eat and identify the biggest sources of fiber and fat. Maybe you love big salads, bran cereal, or fried foods. Try swapping out one thing at a time. For instance, replace a high-fiber breakfast (like granola) with a low-fiber option (like cream of wheat and a banana). Swap a burger and fries for a turkey sandwich on white bread and baked chips. Gradual changes make it easier to adjust without feeling overwhelmed or deprived.
3. **Embrace Liquids and Soft Foods:** If you're having a hard time with solid foods, don't hesitate to get more of your nutrition from liquids or pureed foods. Start by adding one smoothie or protein shake a day in place of a solid meal – this can boost your calories and protein while giving your stomach a rest. Over-the-counter nutrition drinks (like Ensure® or Boost®) are balanced and easy to drink. You can also puree foods you enjoy. Love chicken and veggies? Blend them into a creamy soup. Craving something sweet? Try a fruit smoothie or even ice cream blended with milk (if you tolerate a bit of fat). Liquids and purees tend to empty more easily from the stomach.
4. **Chew Thoroughly:** For the solid foods you do eat, make a habit of chewing very well – aim for the consistency of applesauce or mashed potatoes before you swallow. This helps your stomach because you're essentially doing some of the "grinding" with your teeth. Take your time during meals. Putting your fork down between bites and consciously chewing can help slow you down.

5. **Stay Hydrated (Wisely):** Drink fluids throughout the day, but sip instead of gulp. Too much liquid at once can fill your stomach quickly. It might help to not drink large amounts right before or during meals – instead, drink in between meals. Staying hydrated is important (dehydration can worsen nausea), so aim to sip fluids often. Water is great, but if water bloats you, try diluted juice, flat ginger ale, or electrolyte drinks in small amounts.

6. **Listen to Your Body:** As you adjust your diet, pay attention to how different foods make you feel. Keeping a simple food diary for a week or two can help. Note what you eat and how your symptoms are. You might discover, for example, that you tolerate dairy well but not red meat, or that a small salad at lunch is okay but causes problems at dinner. Everyone’s triggers are a bit different. Use general guidelines as a starting point, then tailor the diet to your body.

7. **Don’t Skimp on Calories:** One challenge on a low-fat, low-fiber diet is that you might end up eating fewer calories (since you’re cutting out lots of high-calorie fatty foods and bulky foods). If you’re losing weight without trying, you’ll need to find ways to boost calories and protein in the foods you can tolerate. For example, add a scoop of protein powder or a couple of tablespoons of powdered milk to your smoothies or soups (this adds nutrition without volume). Drizzle a bit of olive oil on your soup or mashed potatoes (if you can handle it) for extra calories. Eat protein-rich foods first in your meal when you’re most hungry, so you get those in before you feel full. The goal is to maintain your weight and muscle mass, so work with a dietitian if you’re struggling.

8. **Transition in Stages:** Many people find it useful to follow a staged approach to the diet, especially during symptom flare-ups. In the next section, we’ll discuss the typical stages of a gastroparesis diet (liquid phase, soft phase, maintenance phase). During bad periods, you might revert to more liquids and purees (Stage 1), and then move back to soft foods and finally a normal low-fat, low-fiber diet (Stage 3) as you improve. Transition at your own pace – if introducing a new food causes symptoms, step back to easier foods for a day and try again later.

Remember, transitioning to a gastroparesis diet is a journey. It might feel like a big change, but take it one meal at a time. Over a few weeks, these new eating habits will start to feel more routine, especially as you notice improvements in your health.

Stages of the Gastroparesis Diet

Gastroparesis symptoms can ebb and flow – some days are worse than others. Healthcare providers often describe a three-stage diet plan for gastroparesis that you can adjust depending on how severe your symptoms are. Think of it as a sliding scale: when symptoms flare up, you go to a gentler diet (Stage 1 or 2), and when symptoms improve, you can broaden your diet (Stage 3). Here are the typical stages:

Stage 1: Liquids Only (Severe Symptoms)

Stage 1 is the most restrictive phase. It's for times when you can't tolerate solid food—maybe you're very nauseous or vomiting. In this stage, the focus is on hydration and basic calories through liquids, which gives your stomach a chance to rest.

What to have in Stage 1: Stick to clear or mostly clear liquids that are easy to digest and leave the stomach quickly:

- Water, electrolyte drinks, sports drinks (like Gatorade®, Pedialyte®) – these help prevent dehydration and give you some sugar and salts.
- Broth or bouillon – clear chicken, beef, or vegetable broth provides fluids and a little sodium. You can sip warm broth which is gentle on the stomach.
- Juices without pulp – apple juice, cranberry juice, white grape juice are good options. (Avoid acidic juices like orange juice on an empty stomach; they can irritate.)
- Gelatin (Jell-O) and ice pops – these melt into liquids and can provide a bit of energy and hydration.
- Tea (decaffeinated) – something like ginger tea or peppermint tea might also help nausea. You can add a little honey for calories.
- If you can handle it: clear soda (like ginger ale) that's gone flat (stir out the bubbles), or a little sports drink diluted with water.
- Saltine crackers – Stage 1 is mainly liquids, but if you're slightly hungry and not too nauseous, nibbling a few saltine crackers or pretzels can help keep your blood sugar up. They dissolve easily in the mouth. Only do this if you're confident it won't trigger vomiting.

Stage 1 is not a balanced diet – it's a short-term fix to get you through the worst. You'll likely get under 1000 calories a day in this phase, which isn't enough long-term, so try to move to Stage 2 as soon as you feel a bit better. Generally, if you've been on Stage 1 for more than 2–3 days or can't keep liquids down, call your healthcare provider. They may need to give you IV fluids for hydration or medications to help with nausea and gastric emptying. Stage 1 is a tool for managing severe flare-ups, but it's not sustainable beyond a few days.

Stage 2: Soft Foods (Moderate Symptoms)

Stage 2 is when you can handle liquids and start to feel a little better, but still can't handle regular solid foods. In this stage, you'll introduce easy-to-chew, soft foods that are low in fat and fiber, while continuing with many of the liquids from Stage 1.

What to have in Stage 2: In addition to Stage 1 liquids, add gentle, soft solids:

- Pureed or blended foods: Think baby-food consistency. For example, a pureed vegetable soup (blend well-cooked vegetables with broth) or pureed chicken with a little broth. You can also blend meals – it's not appetizing, but some people blend things like cooked pasta and chicken with broth to make a puree.

- Strained creamy soups: Soup like cream of chicken or cream of tomato (made with skim or 1% milk) can be okay if you strain out any solid bits. They provide some protein and calories.
- Low-fat dairy: Foods like yogurt (choose smooth yogurt without fruit chunks), pudding or custard (made with low-fat milk), and cottage cheese (if tolerated) are good sources of protein in Stage 2. A milkshake made with low-fat ingredients (like skim milk, a bit of ice cream or frozen yogurt) could work here if you need more calories, as long as it's not too thick.
- Hot cereals: Cream of Wheat, Cream of Rice, or grits – cook them with water or low-fat milk until they are very smooth. These are easy to swallow and digest. You can add a little honey or sugar for taste.
- Mashed vegetables: Examples: mashed potatoes (no skin, made with broth or skim milk), mashed sweet potatoes, or well-cooked carrots mashed with a fork. These should be the consistency of a thick puree. You can also try jarred baby food vegetables if you want convenience – they're already pureed.
- Soft fruits: Applesauce is great. Also, a mashed banana can work (ripe and without the stringy parts). You can try baby food fruits or blend canned peaches/pears into a puree. Fruit smoothies are okay if they're completely blended (for example, blend a banana with milk and a little yogurt to make a drinkable smoothie).
- Soft proteins: A softly scrambled egg can be a gentle protein source – some people tolerate eggs at this stage (egg whites are especially easy on the stomach). Silken tofu blended into a smoothie or soup can add protein without changing the texture much. You might try a small amount of peanut butter (creamy) spread thinly on a cracker or mixed into hot cereal for protein – some guidelines even list creamy peanut butter as allowed in Stage 2, but since it's high fat, keep it minimal. Another idea is that protein shakes (made with whey or plant protein powder) can act as a “bridge” between liquid and soft – they give nutrition in semi-liquid form.
- Soft grains: Over-cooked noodles (cooked until very soft) or pastina (tiny pasta) in a broth can be tried. Also, rice congee (a soft rice porridge) is a staple in some cultures for weak digestion – basically, rice cooked with extra water until it's almost a gel.

All foods in Stage 2 should be very soft or mushy. If you can mash it with a fork easily, it's probably okay. Continue to avoid anything high in fiber (no chunks of veggies, no skins) and keep fat very low (use minimal butter or oil). You're still not eating raw fruits/veggies, tough meats, or bread (except maybe refined crackers softened in soup).

You might stay in Stage 2 for a variable length of time - for some, it's a couple of days, and for others with more severe cases, it could be a few weeks (ideally under the guidance of a doctor or dietitian). The goal is to advance to Stage 3 (a more normal diet) once you're able so that you can get more balanced nutrition.

Stage 3: Maintenance Diet (Mild or Improving Symptoms)

Stage 3 is the long-term gastroparesis diet for when your symptoms are mild or you're in a relatively stable phase. This stage includes a broader range of foods, basically the lists of "foods to eat" we discussed earlier, while still being cautious about fiber and fat. Most people with gastroparesis will spend the majority of their time on a Stage 3 type diet, adjusting day to day as needed.

What to have in Stage 3: All the gastroparesis-friendly foods from the earlier sections come into play:

- Lean proteins: chicken, turkey, fish, eggs, and lean ground meat - prepared in low-fat ways (baking, grilling, boiling). Deli turkey or ham (lean, not too salty) can be okay for convenience. Continue to avoid or limit very fatty meats.
- Refined grains: white bread (some people introduce toast or half an English muffin here and see if it's okay), white rice, regular pasta, crackers, low-fiber cereals. Small amounts of low-fat pancakes or saltine crackers can add variety.
- Fruits and veggies: Incorporate well-cooked vegetables (carrots, green beans, peeled zucchini, squash, potatoes, spinach, etc.) in moderate portions. You might try a small salad or a bit of lettuce/tomato on a sandwich if you think you can handle it, but introduce raw veggies very cautiously, and only in small amounts, as they can quickly cause issues. Stick to peeled and de-seeded if you do. Fruits can include ripe banana, canned fruit, and peeled soft fresh fruit (like a very ripe peach or kiwi without seeds). Again, test carefully. Smoothies are still a great way to get fruit in Stage 3. You'll likely still avoid things like broccoli, corn, popcorn, skins, and high-fiber beans to keep symptoms at bay.
- Dairy: Low-fat milk, yogurt, and cheese can be daily staples if you tolerate lactose. You might be able to eat small servings of cheese (like a slice of low-fat cheese on a sandwich). Watch out for large servings of whole milk or ice cream – some people can handle a small milkshake in Stage 3, but others can't. It's individual.
- Fats: In Stage 3, you can have a bit more fat if you tolerate it, but generally it's still a low-fat diet. Choose healthy fats in small amounts (e.g., a teaspoon of olive oil on veggies, or a thin spread of light butter on toast). Fried foods are still not a great idea. Some guidelines suggest keeping fat <40–50 grams per day in this maintenance phase, but you don't need to count strictly unless advised – just choose mostly low-fat versions and small portions of added fats.
- Meals and snacks: Continue with the pattern of small, frequent meals. For example, in Stage 3, you might have 3 small meals and 2–3 snacks per day. This helps avoid overwhelming the stomach. A small sample meal could be a half sandwich on white bread with turkey and a bit of mayonnaise, plus a cup of creamy soup. A sample snack could be half a banana with a spoon of peanut butter or a yogurt cup.

In Stage 3, you are aiming for as balanced a diet as possible, within the constraints of low fiber and fat. This is where you'll likely remain, with occasional regressions to Stage 1 or 2 if you have a bad day. It's a good idea to continue taking any supplements your doctor recommended (like vitamins) to fill any nutritional gaps.

Flexibility between stages: You don't move through these stages only once; it's normal to bounce between them based on how you feel. On a bad day (say your nausea is high), you might drop from Stage 3 back to Stage 2 or even Stage 1 for 24 hours to calm things down. Then you return to Stage 3 as tolerated. This flexible approach lets you manage symptoms proactively. Always listen to your body's cues and adjust accordingly. If you find you are constantly stuck in Stage 2 or needing Stage 1 often, talk with your doctor for additional help.

Sample Meal Plans for Gastroparesis

It can be hard to imagine what to actually eat in a day on this diet. Below are sample meal plans to illustrate how you can put these guidelines into practice. We've provided a one-day sample menu and a more varied three-day plan. These examples emphasize small, frequent meals and easy-to-digest foods. You can mix and match based on what you tolerate and enjoy.

One-Day Sample Meal Plan

Here's a sample of one full day of gastroparesis-friendly eating (Stage 3 maintenance level):

- Breakfast (7:30 AM): 1 cup of cooked Cream of Wheat (smooth hot cereal) made with skim milk, with a little honey or sugar for flavor. 1 scrambled egg (cooked with a bit of cooking spray or butter substitute). 1/2 cup of orange juice (no pulp) – if citrus bothers you, swap for apple juice.
- Lunch (12:30 PM): 1 cup of chicken noodle soup (broth-based, with soft noodles and tender chicken pieces), 5 saltine crackers alongside the soup, and 1/2 cup of applesauce for dessert.
- Dinner (6:30 PM): 3 ounces of baked fish (e.g., cod or tilapia seasoned lightly). 1/2 cup of mashed potatoes (made with skim milk and a little light margarine). 1/2 cup of cooked carrots (very soft). 1/2 cup of canned peaches for a sweet ending (soft peach slices in juice).
- Snacks (between meals): Mid-morning, sip on one bottle of vanilla nutrition shake (e.g., Ensure®). Mid-afternoon, have one container of low-fat yogurt (plain or vanilla, 6 oz) with half a ripe banana sliced in. After dinner (around 9 PM), enjoy half a cup of low-fat pudding (such as chocolate pudding made with skim milk).

This day is just an example, but notice a few things: portions are small (about 1/2 to 1 cup per item), meals are simple and low-fat, and snacks are included to maintain intake. You'd adjust quantities based on your own hunger and tolerance (some people might need slightly more or less).

Three-Day Sample Meal Plan

Below is a sample three-day meal plan with various meal options. It shows how you can vary your diet while keeping it gastroparesis-friendly. Each day includes three small meals and several snacks. Feel free to customize with equivalent foods you prefer.

Day 1:

- Breakfast: 1 cup puffed rice cereal (e.g., Rice Krispies) with 1/2–1 cup skim or lactose-free milk, topped with slices of banana (Puffed rice is low-fiber and gets soft in milk.)
- Lunch: 1 cup chicken noodle soup (or other broth soup with soft ingredients). 1 slice of white toast or a few crackers on the side.
- Dinner: 1 cup chicken stir-fry, made with tender chicken pieces, white rice, and well-cooked zucchini and carrots, seasoned lightly with soy sauce (no thick skins or raw veggies). (If needed, eat the chicken and veggies in small pieces and chew well, or have them in soup form.)
- Snacks: Mid-morning – 1/2 cup applesauce (unsweetened) Afternoon – 2–3 saltine crackers with a thin layer of smooth almond or peanut butter Bedtime – 1 low-fat pudding cup (vanilla or chocolate) .

Day 2:

- Breakfast: 2 slices white toast, lightly spread with creamy peanut butter and a little jelly (seedless) (If bread crust is hard, trim it off.) Plus an 8 oz nutrition shake (Ensure®/Boost®) for extra protein .
- Lunch: 1 cup egg noodles (soft) tossed with 2 oz poached shrimp and a little tomato sauce (Shrimp is lean and usually easy to chew; chop it if needed. The tomato sauce should be smooth/strained.)
- Dinner: 1 bowl pureed vegetable soup (for example, a smooth carrot soup or blended butternut squash soup). Alongside, 2–3 oz very tender roasted turkey (you can use thin deli turkey warmed in the soup) .
- Snacks: Mid-morning – 1/2 cup canned peaches (soft, in juice) Afternoon – 1 cup green juice (vegetable juice without pulp, e.g., pressed cucumber/spinach juice) and a handful of pretzels Evening – 1 frozen yogurt popsicle (or fruit ice pop) .

Day 3:

- Breakfast: Scrambled egg whites (2 egg whites, plus 1 yolk for flavor if desired) with a tablespoon of low-fat cheese and some finely chopped cooked spinach mixed in Serve with 1/2 English muffin (white, toasted lightly). 1/2 cup canned pineapple chunks on the side .
- Lunch: Fruit smoothie – blend 1 cup low-fat Greek yogurt, 1/2 cup frozen berries (like strawberries, no seeds), 1/2 cup orange juice, and a bit of honey (This makes a thick drinkable meal full of protein and vitamins. Strain out berry seeds if any remain.)
- Dinner: 3 oz baked salmon (if tolerated – salmon has healthy fats, but if it bothers you, use white fish or chicken instead) with 1/2 cup mashed potatoes and 1/2 cup well-cooked zucchini (peeled and soft) or carrots.
- Snacks: Mid-morning – 1 homemade protein shake (blend 1 cup lactose-free milk with a scoop of whey protein powder and 1/2 cup ripe banana) Afternoon – 1 cup blended veggie soup (smooth) with a couple of crackers Evening – 1/2 cup Cream of Wheat

cereal made with milk, sweetened with a little honey and a teaspoon of peanut butter stirred in.

These three days offer a variety of meals while keeping within the diet guidelines. You can see we incorporate things like a smoothie meal, soups, and small portions of lean meats. Feel free to swap similar items (for example, if you don't like fish, use chicken; if you tolerate oatmeal better than Cream of Wheat, use that, etc.). The key is to maintain the small meal size and easy-to-digest nature of the foods.

A Note on Meal Planning

Everyone's tolerance is a bit different, so use these plans as inspiration. Some people might handle a thin spread of peanut butter on toast (as in Day 2 breakfast) just fine, while others might feel uncomfortable after it. Adjust the fat content according to your experience. Likewise, test small amounts of gentle fruits or veggies as you advance the diet. Keeping a log can help you remember what works for you.

Easy Gastroparesis-Friendly Recipes

Cooking with gastroparesis in mind doesn't have to be complicated. Here are a few simple recipes that are gentle on your stomach and easy to prepare. These avoid heavy spices and high-fat ingredients, focusing on mild flavors and soft textures.

Banana-Peach Smoothie

Ingredients:

- 1 ripe banana (or 1 cup canned peach slices, drained)
- 1 cup skim milk (or almond milk/soy milk)
- 1 cup vanilla yogurt (low-fat or nonfat)
- 1–2 tablespoons sugar or honey (to taste)
- 3–4 ice cubes

Instructions: Cut the banana into chunks (if using peaches, use them as is). In a blender, combine the banana/peaches, milk, and yogurt. Blend until completely smooth. Add sugar or honey for sweetness and blend again. If the mixture is too thick, add a bit more milk. Finally, add the ice cubes one at a time and blend until the smoothie is frothy and lump-free. Pour into a glass and enjoy cold.

This smoothie is packed with protein (from the milk and yogurt) and easy-to-digest carbs. It's about 300–400 calories, which makes for a great breakfast or snack when solid food isn't appealing.

Comforting Carrot Soup

Ingredients:

- 3 cups carrots, peeled and chopped (about 4 large carrots)
- 1 medium potato, peeled and diced (adds creaminess)
- 4 cups low-sodium chicken broth (or vegetable broth)
- 1/2 cup skim milk (or unsweetened almond milk) – optional
- 1 tablespoon olive oil or butter
- Salt to taste
- Pinch of ground ginger (optional – ginger may help nausea)

Instructions: In a pot, heat the olive oil or butter over medium heat. Add the chopped carrots and potato and sauté for 2–3 minutes (do not brown them). Add the broth and bring to a boil, then reduce to a simmer. Cook until the carrots and potatoes are extremely soft (about 15–20 minutes). Turn off the heat. Use an immersion blender to puree the soup until completely smooth (or carefully transfer to a blender in batches). Return the pureed soup to the pot. Stir in the 1/2 cup of skim milk to make it creamier (you can skip the milk if you prefer a clearer soup). Warm the soup gently on low heat (don't let it boil). Add a little salt if needed, and a pinch of ground ginger for flavor if you like.

This carrot soup is velvety and mild. Everything is blended, so there are no chunks to irritate your stomach. Using the same method, you can substitute other veggies like peeled zucchini or butternut squash for the carrots.

Quick Egg Drop Soup

Ingredients:

- 2 cups chicken broth (or vegetable broth)
- 2 eggs
- 1 teaspoon cornstarch (optional, for slight thickening)
- Salt to taste (broth may already be salty)
- A few drops of soy sauce (optional, for flavor – use low-sodium)
- 1/2 teaspoon grated ginger (optional, for flavor)

Instructions: In a small saucepan, bring the broth to a boil. If you want the soup a bit thicker, first dissolve the cornstarch in 2 tablespoons of water and add it to the broth before boiling. Reduce the heat to a simmer. In a bowl, beat the two eggs with a fork. While the broth is gently simmering, slowly pour the beaten eggs into the broth while stirring the broth with a fork or whisk. The egg will cook instantly and form thin ribbons in the soup. Turn off the heat. Add salt if needed and a drop or two of soy sauce for a little extra flavor. Sprinkle in the grated ginger if using (or you can use a dash of ground white pepper for a traditional touch, but only if spice doesn't bother you).

Serve this soup warm. It literally takes five minutes to make. The eggs provide protein in an easily digestible form. As a variation, you can add very soft, tiny tofu cubes or finely chopped spinach to the broth (add them before pouring the egg and ensure they're soft and well-cooked).

These recipes are simple and gentle. Feel free to adjust seasonings to your taste (for instance, adding a bit of herbs to the carrot soup or a dash of cinnamon to the smoothie). They all avoid raw garlic, onions, or hot spices, because those can irritate some people's stomachs. Over time, as you get used to the diet, you can experiment with gentle seasonings (like herbs) to add flavor without adding fat or fiber.

Tips for Managing Symptoms Through Diet

Beyond what you eat, how you eat can also make a big difference in managing gastroparesis symptoms. Here are some practical tips:

- **Eat Small, Frequent Meals:** This is one of the golden rules. Five to six small meals a day often work better than three larger ones. Smaller portions are easier for the stomach to handle and will likely cause less bloating and discomfort. Plan ahead so you have the right foods on hand, and try not to skip meals (an empty stomach can make you feel nauseated, too).
- **Eat Slowly and Chew Well:** Take your time during meals. Eating too fast can overwhelm your stomach and cause you to swallow air, leading to burping. Chew each bite thoroughly to a mashed consistency. It might help to put your fork down between bites or even set a timer to encourage slower eating. Mindful, slow eating gives your stomach a better chance to process what comes in.
- **Stay Upright After Eating:** Sit up while eating and for at least an hour after finishing. Gravity helps food move down. Lying down or slouching after a meal can increase the chance of reflux or that heavy feeling. If you can, take a gentle walk after meals – even 10-15 minutes around the house or yard can stimulate gastric emptying and relieve that “stuck” feeling.
- **Don't Drink Too Much With Meals:** It's important to stay hydrated, but gulping a big glass of water during a meal can fill you up fast. Instead, sip fluids during your meal and drink more between meals. Many people find they can eat more solid food if they separate it from their liquids a bit. However, do make sure you're drinking enough over the whole day (about 6-8 cups of non-caffeinated fluid, unless your doctor says otherwise) because dehydration can worsen nausea.
- **Try Ginger for Nausea:** Ginger is a well-known natural remedy for nausea. Some studies suggest it can also help move stomach contents along a bit faster. You could drink ginger tea, eat ginger chews, or even take ginger capsules (ask your doctor first). Just don't take very high doses. Many people find sipping warm ginger tea or ginger ale (flat) helps settle their stomachs.
- **Peppermint & Other Soothers:** Peppermint can relax the GI tract a bit. A cup of mild peppermint tea after a meal might ease bloating or discomfort. (Be cautious if you have

reflux, as peppermint can sometimes worsen that.) Other people find that chamomile tea or a heating pad on the abdomen can be soothing when feeling bloated or in pain.

- **Blood Sugar Management:** If you have diabetes, keeping your blood sugar in control is extra important because high blood sugar can further slow stomach emptying. Work with your doctor on how to time your insulin or meds with your meals. Even if you're not diabetic, try to include some protein with your carbs and avoid very sugary foods on an empty stomach – this can help prevent spikes and crashes that might make you feel worse.
- **Avoid Smoking and Alcohol:** Smoking can affect stomach muscle function (another reason to quit if you smoke). Alcohol, especially in large amounts, can slow gastric emptying and irritate your stomach lining. It's best to limit or avoid alcohol with gastroparesis. If you do want to drink occasionally, choose a small, non-carbonated, low-alcohol option and see how you tolerate it.
- **Don't Be Afraid of Liquid Nutrition:** On days when eating is hard, it's okay to lean more on liquids. Broths, smoothies, meal replacement drinks, and even ice cream shakes (if tolerated) can get you through rough patches. Just make sure you're getting some protein in there (add protein powder or yogurt to smoothies, for instance). Liquid nutrition is often better than no nutrition.
- **Meal Prep and Routine:** It might help to cook foods in batches and freeze small portions, so you have safe meals ready when you're not up to cooking. For example, make a big pot of that carrot soup and freeze it in small containers. Having a routine (like set times for meals and snacks) can also help ensure you're getting enough throughout the day.
- **Stay Positive and Flexible:** Managing gastroparesis is a learning process that involves trial and error. Some days you might do everything "right" and still feel unwell, while other days you might be able to eat something surprising without trouble. Try not to get discouraged; with time, you'll identify your personal triggers and safe foods. Many people with gastroparesis lead full lives by managing their diet and collaborating with their healthcare providers. If you have a bad day, revert to basics—perhaps liquids for a bit, resting, and taking medications if prescribed—and then try again tomorrow.

When to Seek Professional Help

Diet is a powerful tool in managing gastroparesis, but it's not always enough by itself. It's important to know when to reach out to your healthcare provider for additional help. Here are some situations where you should seek medical advice:

- **Persistent Vomiting or Inability to Eat/Drink:** If you're vomiting everything you consume or can't even keep down liquids for more than a day, call your doctor. Becoming dehydrated is dangerous. You may need IV fluids or medications to get things under control. Similarly, if you've been stuck on just liquids (Stage 1) for more than about three days with no progress, it's time to get medical help.
- **Signs of Dehydration or Malnutrition:** Dizziness, a rapid heartbeat, very dark urine or infrequent urination, and feeling very weak can be signs of dehydration or electrolyte imbalances. Likewise, if you're losing weight rapidly, feeling extremely fatigued, or

showing signs of malnutrition (like hair loss or muscle loss), contact your healthcare provider. They might intervene with IV nutrition, prescribe high-calorie supplements, or adjust your treatment. Don't wait until you're severely weakened – earlier intervention is easier to correct.

- **Continued Weight Loss:** It's common to lose a few pounds when you first start the diet due to cutting out high-calorie junk foods. But if you continue losing weight without meaning to, or you can't maintain a healthy weight, seek help. A dietitian can work with you to increase calories in tolerated forms. In more severe cases, doctors might consider temporary feeding tubes (like a jejunostomy tube that bypasses the stomach) to get nutrition in. The goal is to prevent starvation and give you energy to heal.
- **Severe or Worsening Symptoms:** If your pain is getting worse, you have frequent episodes of vomiting, or your bloating is severe even with the diet, inform your doctor. There could be complications (like a bezoar causing blockage) or your gastroparesis might need additional treatments (like medications to stimulate the stomach or treat nausea).
- **Vomiting Blood:** This is not common in gastroparesis, but forceful vomiting can sometimes cause small tears in the esophagus or stomach that bleed. If you ever see blood in your vomit (it might look red or like "coffee grounds"), go to the emergency room. This requires immediate evaluation.
- **Blood Sugar Swings (if Diabetic):** For those with diabetes, gastroparesis can make blood sugar control tricky (food might hit your system later than expected). If you notice big swings – for example, high blood sugars after eating that later crash – let your doctor know. They may adjust your insulin timing or suggest seeing an endocrinologist. Uncontrolled high blood sugars can further slow your stomach, creating a vicious cycle, so it's important to tackle this.
- **Impact on Life Quality:** If, despite following the diet and taking any prescribed meds, you find that gastroparesis is significantly impacting your life (for instance, you're afraid to eat anything and are withdrawing from social activities, or you're missing work frequently due to symptoms), talk to your gastroenterologist. There are other interventions, such as medications like prokinetics (which help the stomach contract) or anti-emetics (for nausea). In some severe cases, treatments like a gastric pacemaker or feeding tubes are considered. You may also benefit from support groups or counseling to cope with the chronic nature of the condition. The bottom line: you don't have to suffer in silence.
- **Regular Check-ups:** Make sure to keep your regular doctor appointments. Gastroparesis can change over time. Your provider will want to monitor your weight and nutrition status and adjust your plan as needed. They can also check for any deficiencies (like iron or B12) and keep an eye on any related conditions.

Remember, you're not alone in managing this. Your healthcare team (doctors, dietitians, nurses) is there to help you find the right combination of diet, medications, and other therapies. If something isn't working, or you're struggling, reach out – sometimes a small tweak in treatment can make a big difference in your daily comfort.

Conclusion

Living with gastroparesis requires adjustments – especially to your eating habits – but with knowledge and planning, you can still maintain good nutrition and quality of life. A low-fiber, low-fat gastroparesis diet is a cornerstone of managing this condition. By choosing easy-to-digest foods and eating in a “stomach-friendly” way (small portions, soft textures, and nutrient-rich liquids), you can significantly reduce symptoms like nausea, bloating, and that uncomfortable fullness.

Be patient with yourself as you make these changes. There will be some trial and error. Over time, you’ll learn which foods sit well and which to avoid, and eating will become less of a challenge. It’s also important to stay flexible – adjust your diet on days you don’t feel well, and expand it when you’re doing better. Always listen to your body’s signals.

Don’t hesitate to seek help from healthcare professionals. A dietitian can provide personalized meal ideas and ensure you’re meeting your nutritional needs. Your doctor can address symptoms that diet alone can’t control. With the right support, many people with gastroparesis find that they can manage their condition effectively – they might have to follow a special diet, but they do get back to enjoying life.

While gastroparesis is a chronic condition, it doesn’t have to control your life. With a thoughtful diet, symptom management strategies, and medical guidance when needed, you can take charge of your digestive health. Here’s to finding the balance that keeps you nourished and feeling as well as possible!

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