

Gastroparesis Institute of USC

Causes and Symptoms of Gastroparesis

Common Causes of Gastroparesis

Damage to the vagus nerve is the leading cause of gastroparesis. This nerve stretches from the brain stem to the colon and controls many functions in the body, including the esophagus, stomach, and intestines. Damage to stomach muscles also can result in gastroparesis. The most common causes of gastroparesis are:

Idiopathic.

Diagnosing gastroparesis can be challenging. Delayed gastric emptying without apparent cause or underlying abnormality is the most common form of gastroparesis and accounts for 35.6% of cases. On rare occasions, gastroparesis develops after a person recovers from the flu or other viral illness.

Diabetes, either Type 1 or Type 2.

High blood glucose levels and their metabolic effects can damage the vagus nerve over time and interfere with normal function, making diabetes another common cause of gastroparesis (29%). In turn, the inconsistent stomach emptying and poor absorption associated with gastroparesis make blood sugar levels harder to control.

Postsurgical complications.

Occasionally, surgical procedures, especially those involving the esophagus, stomach, or upper part of the small intestine, can injure the vagus nerve and lead to gastroparesis (13%). Symptoms may appear immediately or years after the surgery.

Enterra Therapy is not indicated for gastroparetic symptoms due to post surgical complications.

Other Causes.

A variety of other medical conditions can cause gastroparesis, such as Parkinson's disease (7.5%), vascular disease (4.8%), and pseudo-obstructions (4.1%).

There are various other causes for gastroparesis (6%). Sometimes medications slow stomach emptying and result in symptoms that mimic gastroparesis.

When to Seek Treatment

Many people experience occasional nausea and vomiting from other conditions. There are, however, significant warning signs that indicate the possible presence of gastroparesis, including:

Nausea and/or vomiting occurring several times a day

Nausea and/or vomiting episodes occurring for longer than 12 months

Weight loss over the past year due to nausea and/or vomiting

Excessive weight gain over the past year due to improper nutrition resulting from chronic nausea and/or vomiting

Supplemental nutrition needed because of nausea and/or vomiting

Repeated hospitalizations due to nausea and/or vomiting

Inadequate relief of symptoms from medications for nausea and/or vomiting

Diminished quality of life due to chronic nausea and/or vomiting

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