

## Preparing to talk to your Doctor about possibly having Gastroparesis

If you think that it is possible that you have Gastroparesis there are some questions that you can ask your Primary Care Provider or Gastroenterologist as well as things you can do to prepare for your visit that can make all the difference.

### **Keep a food diary**

This can be very important when looking for what foods or activities affect your symptoms. A food diary is a very simple thing to keep... all you need is a notebook where you write down everything you eat and drink and any reactions you might have, when they started, how severe and how long the symptoms last.

An example of an entry might be-

“Monday, Feb 1- 9am: feeling slightly nauseated, ate 1 cup cheerios with ¼ cup skim milk, 1 cup of coffee with 2 tsp sugar and 1 tsp non-dairy creamer.

Monday, Feb 1- 10am: stomach hurts, nausea is increased, feels bloated (like stomach is inflated)

Monday Feb 1- 10:45am: got sick, food looks undigested”

It is very important to keep accurate records so that you can see what foods tend to cause problems and which foods do not as well as severity and duration of symptoms.

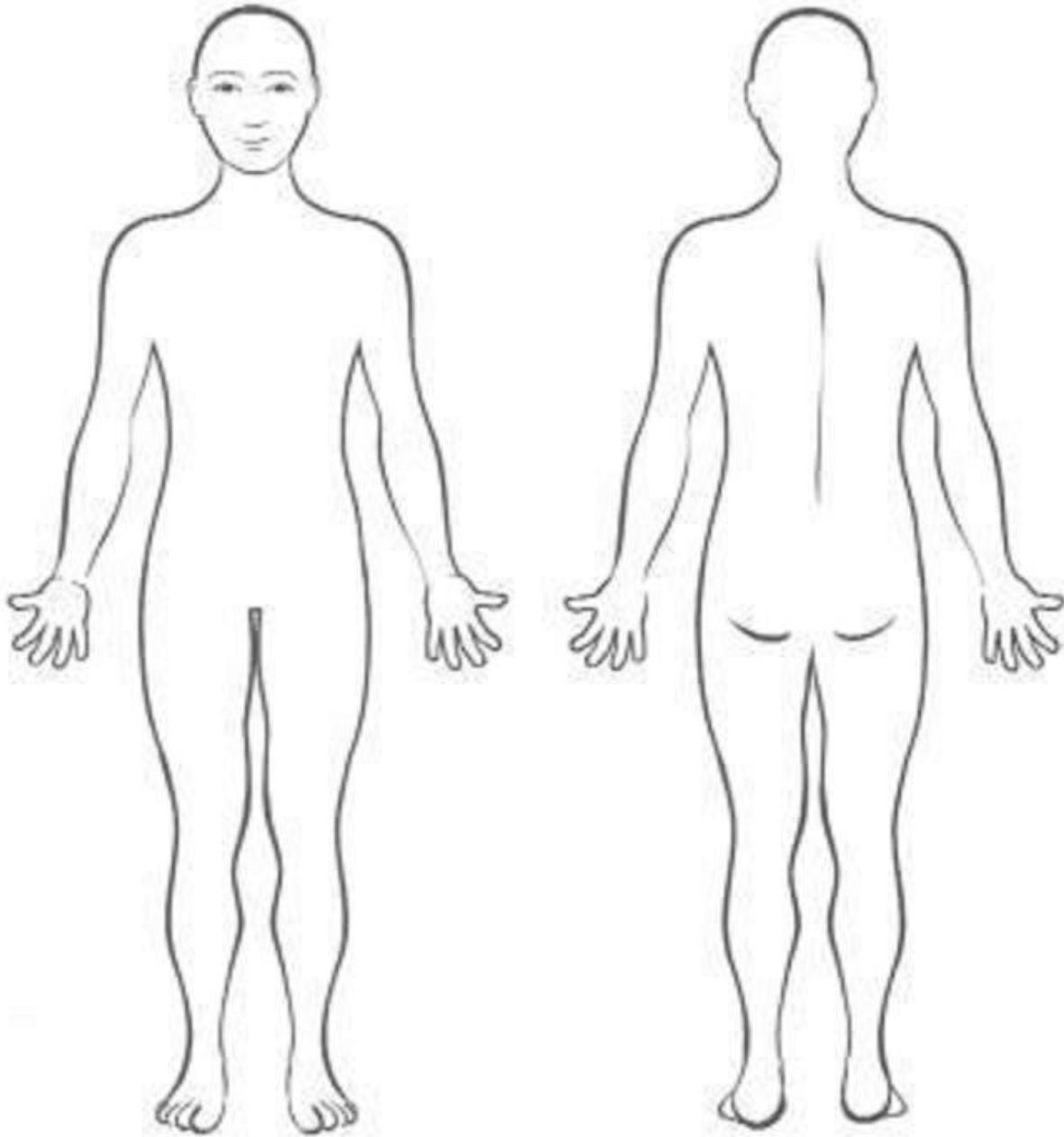
### **Make a list of all your conditions and when they were diagnosed**

Gastroparesis can be caused by many different conditions so it is important to make a list of your conditions before going to the Doctor’s office with the dates they were diagnosed (month and year) as well as any testing you might have already had done that came out as normal so that your Doctor will not repeat tests that you do not need. Doing this ahead of time will help insure that you do not forget anything and having it printed to give to your Doctor will help prevent any confusion. Simply telling your Doctor what they are might cause confusion so it is best to have it printed out so that he can have his own copy for your records.

### **Make a detailed list of your symptoms**

Have a printed detailed list of your symptoms that you can go over with your Doctor with you that you can give your Doctor for his records. List each symptom on a separate line, the severity and duration of the symptom along with when it started.

## Pain Chart



Shade in the areas that are painful, marking an x where there is sharp pain, an o where there is dull pain, B where there is bloating, C where there is cramping and G for general discomfort.

### **Use the Pain Chart**

Make a copy of the Pain chart on the previous page and bring it with you to the Doctor's office showing the areas that are affected. Your Doctor will also ask you to point them out to him on yourself and examine you, but a pain chart that pinpoints the location of any pain, bloating or other discomfort for your records will help your Doctor better understand what is going on with you.

### **Make a list of questions**

This is very important!

You need to carry in a list of printed questions with a copy for your Doctor and a copy for yourself that you can take notes on. Going to the Doctor can be very intimidating and confusing and it is not unusual to be on your way home in the car and all of a sudden remember that you forgot to ask a question that was important.

### **Ask for a Gastric Emptying Study**

Your Doctor may very well not know what Gastroparesis is and how to test for it but most Doctors, when met with a confusing case, are more than willing to order tests that the patient has researched and requested. It would help if you bring with you printed information about Gastroparesis including the common symptoms and website addresses that your Doctor can go to get more information about Gastroparesis.

Your Doctor might prefer to have you take a few other tests first, such as an EGD (upper endoscope study to see your stomach) and CT or MRI scans but these will not and cannot tell if there is Gastroparesis present.

A Gastric Emptying Study is a very simple non-invasive test where you fast for 12-18 hours then go to the testing facility where they give you a small meal of scrambled eggs or oatmeal with a radioactive isotope in it (non-iodine) then monitor how long it takes for the meal to leave your stomach with a specialized camera (much like an x-ray) over a period of 90 minutes or 4 hours. The difference in timing is because some tests have you lay on a table for 90 minutes with the camera taking pictures about every 30 seconds and the other you sit in a chair and they take a picture then they have you return at timed increments to have more pictures taken. The radioactive isotope has a very short half-life and will completely leave your system in 24 hours and poses no health threat.

It is very important to avoid high fiber and high fat foods as well as caffeine and cigarettes for 24 hours prior to testing since these are known to affect gastric emptying.