

Nutrition Is Therapy

Sarah Rafat is a registered dietitian at the University of Texas MD Anderson Cancer Center in Houston.

December 17, 2018 By Kurt Ullman

What you eat can have a major impact on your cancer care. Getting the proper amounts of proteins, nutrients and calories in your diet helps you heal after surgery and supports good immune function. But chemotherapy and other treatments can cause gastrointestinal side effects that interfere with good nutrition. Surgery to remove cancer in the stomach or colon may necessitate long-term changes in how you eat. A registered dietitian (RD) can address these issues to help you stay as healthy as possible.

What is a registered dietitian?

A registered dietitian has, at minimum, an undergraduate degree in nutrition science from an accredited university. Many also have advanced degrees. We must also complete a six- to 12-month internship and successfully pass a registration exam. To stay up to date, RDs have continuing education requirements that we must meet to keep our licenses.

What kinds of care do you provide for people with cancer?

You need proper nutrition to heal and maintain a healthy weight. When patients are admitted to the hospital, we assess their nutritional needs—including calorie needs, protein needs and fluid needs—and we make sure these are met during the hospital stay.

We work with surgeons and others on the care team to address nutrition issues that may arise during treatment. For example, the more intensive the surgery, the more protein and calories you will need to get through the rough patch.

How you get your nutrients can depend on the type of cancer you have and the type of treatment that is needed. If the cancer is not in your digestive system and you can still eat normally, we may only have to help you pick the kinds of food that will meet your needs and maintain your weight. Those who have surgery involving the face or neck may get their nutrition through a tube inserted through the nose. If cancer is farther down in the gastrointestinal tract, we can consult about the use and management of feeding tubes that run directly into the stomach or intestines.

Dietitians also work with people who are not hospitalized. Hospital dietitians communicate with their counterparts in outpatient clinics to provide continuity of care for the patient. Dietitians

reassess people who are discharged from the hospital with a feeding tube, and they may need to make changes in the feeding formula or infusion volume. People can also request to see a dietitian at the clinic when they have questions or concerns about nutrition.

For some patients, nutrition concerns will continue for the rest of their lives. The dietary needs of people with stomach cancer are very different from those of people with colon cancer. Nutrients are absorbed better by different sections along the digestive system, and we make sure that this is taken into account when prescribing dietary supplements.

Chemotherapy is another area where RDs are called to help. The kinds of food or supplements a patient gets can sometimes lessen side effects such as nausea, vomiting, diarrhea and constipation. Some medications may change how things taste, which can also be a challenge.

We are responsible for knowing and addressing all your nutrition needs. In addition to working with patients and their families on cancer-related diet needs, we also make sure other dietary concerns, such as food allergies, and preexisting conditions, like diabetes or heart disease, aren't ignored.

What are the challenges of your work?

The main one is helping patients and their family members and caregivers understand the changes that are going on in their body and the role of good nutrition. It's so much more than just tossing them a handout. Education about how cancer impacts your diet is essential to good outcomes. I explain the complexities of the changes patients are going through—which can be overwhelming—in a way they can understand.

What do you find to be the most inspiring or hopeful part of your work?

The best part of my job is knowing that I help patients and their families during a very trying time. At the end of the visit, I hope they feel satisfied and confident enough to ask me questions without hesitation.

We try to make people feel less overwhelmed, helping them proceed through the steps until everything falls into a smooth system that is their new normal. We help make them feel that this is a new challenge, but it is not impossible.