

### Transcript Details

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### Cancer Surgery: Insights on Diet & Exercise in Prehabilitation

#### Announcer:

You're listening to Project Oncology on ReachMD. On this episode, we'll take a look at key diet and exercise considerations for prehabilitation for cancer patients undergoing surgery with Lisa Parks. Miss Parks is an inpatient nurse practitioner of hepatobiliary surgery at the James Cancer Hospital and Solove Research Institute in the Division of Surgical Oncology at the Ohio State University Wexner Medical Center in Columbus, Ohio. Let's hear from her now.

#### Ms. Parks:

The surgical stress response induces a catabolic state which increases patient's chance of having a postoperative complication or mortality event. Preoperative nutritional intervention has been shown to reduce surgical site infections by 20 to 40 percent in various studies. Frail patients may also have sarcopenia, or reduced muscle mass, which result in poor surgical outcomes. Nurses and dietitians can educate the patient and family on the importance of eating a high protein diet and the use of protein supplementation prior to surgery. The best effect of dietary supplementation is to begin this intervention 7 to 10 days prior to surgery. If the patient is unable to take adequate nutrition orally, this may be due to the cancer itself and fading into the stomach or the small bowel, an enteral feeding tube formula can be utilized after placement of an enteral feeding tube. And again, if anatomical condition prevents utilizing the gastrointestinal tract, parenteral nutrition may be utilized normally for 7 to 14 days prior to surgery.

Poor physical fitness is a predictor of poor surgical outcome. Adults age 60 and older and healthy can even benefit from increased exercise capacity. These patients may be referred to a physical and/or occupational therapist for instruction and assistance in daily exercises. It is important to remember that these activities are cost-effective and increase aerobic capacity while being safe for the patient, time-efficient, and acceptable to the patient. For example, walking is moderate exercise. It's easy and effective with long-term results, but results may not be evident in the short-term period.

Alcohol enhances the neuroendocrine response. Alcohol consumption may affect up to 23 percent of surgical patients without them exhibiting alcohol dependence or organ dysfunction. Patients should be counseled to stop or reduce alcohol intake at least six weeks prior to surgery. Referrals may be made to alcohol treatment programs. If patients continue to drink prior to surgery, even though they have been counseled not to drink, they should inform the surgeon, and there is a very high probability of alcohol withdrawal in the immediate postoperative period.

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