Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.

Welcome to Yale Cancer Answers with your host, Doctor Anees Chagpar.

Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it's a conversation about wound healing and cancer with Doctor Henry Hsia.

I'm a plastic surgeon and I run the wound program here. And what that entails is that I see patients with wounds that are challenging for any reason. Whether it’s wound after surgery, that is from cancer treatment or other causes like pressure sores, diabetic foot ulcers and and the...

So Henry, maybe we can start off by you telling us a little bit more about yourself and what it is exactly that you do.

I'm a plastic surgeon and I run the wound program here. And what that entails is that I see patients with wounds that are challenging for any reason. Whether it’s wound after surgery, that is from cancer treatment or other causes like pressure sores, diabetic foot ulcers and and the...
one can be located anywhere in the body and it could be in any age or you know population of folks. I as a plastic surgeon I’m very comfortable seeing a wound in anywhere on the body for any reason as well as in any you know age group of you know from one day old babies up to 101 year old patients. So let’s talk a little bit about wounds, specifically in the kind of group of cancer patients. When we think about surgery, it’s it’s frequently a modality used to treat cancer patients. Our wounds, particularly more difficult in cancer patients, are there are things about cancer that make wounds more difficult to heal. It can because you know, and this is what I tell every patient that comes to see me in the clinic. And that is that, you know, taking care of a wound is a lot more like a gardening project than it is a home repair project. And you’re not just trying to seal a hole in the wall, you’re trying to get something to grow. And just as gardeners have no easy way to make a plant grow right,
they can’t just force them to bloom
or bear fruit when we want them to.

We, really.

Aren’t able to force a wound
to heal on a body,

whether it’s from surgery or
for some other reason.

And you know, in the case of cancer,
you know, as you might imagine,
there are a lot of other things going on.

You know the the tumor itself
is competing with the body for
nutrients and resources that
are important that your body
needs to get a wound to heal.

And then there are various treatments
like you know whether it’s medications
like chemotherapy or radiation that
you know can actively inhibit the
body’s ability to heal the wound.

And so how do you manage that?
I mean, when you think about the
fact that cancer, as you say,
can compete for resources, right?
It can compete for a blood supply.
It can compete for nutrients
which your body needs to heal.
And yet the cancer if there’s
cancer in that same vicinity,
it can actively inhibit wound healing so.

Are there tips and tricks that you
use that are in your armamentarium that help these wounds to heal?
Well, I would say that I don't typically take the approach that I learned during my surgical training right where you you you, you know.
I guess you know you try to tackle a problem head on, if there is a tumor, you take it out.
If if there is a a stab wound, you try to stop the bleeding instead.
I try to kind of like the way a gardener you know, Gardner can't make a plant grow just by directly pulling on it.
Right, you try to understand the circumstances that that plant or garden is in and and see what you can do to modify it or or to tweak it.
And so I try a very similar approach and so with patients you know the very first time they meet me.
One of the first things I do is I I try to understand the circumstances that I know, in an efficient manner, to go through a whole series of questions about you.
Know whether they have comorbidities like diabetes or smoking.
That might also be problematic for healing.
Whether they’re eating adequately to start with right, and also to understand her social situation, you know I’ve found that patients who live on their own can find it particularly challenging to get a wound to heal because they they have to do everything themselves. They don’t have any support to get rest and and then with in the case of cancer patients, I try to pay attention to what kind of therapies are getting or what they’re anticipating are they’re going to are? Have they gotten radiation? Are they gonna need it in the future, and how soon? And and in that sense I try to work collaboratively with. You know, all the other caregivers to try to, you know, hopefully help you know, help the patient here in terms of the healing and and and trying to balance on one hand right? Obviously the priority is to get the cancer treated, but to do it in a way so that it will set them up in the best way to recover and and heal in an optimal fashion.
So you mentioned several things there that I think we can dive into a little bit more. One is nutrition and we know that for some cancer patients that can be really difficult, especially for patients who may have cancers in the oropharynx or in the stomach region. Nutrition is really difficult.

What advice do you have for these patients? I mean it many patients, I'm sure ask you well doc, you know what should I be eating? Should I be taking more supplements? Should I be eating more protein? What do you think about supplemental drinks like ensure? Though I drink, I'll try to meet the patient where they are right, you know.

And just as with kids right? Even though they're you know with children, you want them to get a well balanced diet. But especially in this day and age.
Certainly I'm this way as a parent. I don’t force my children, you know, to eat like if they don’t like spinach, I don’t force them to eat spinach, but I try to find another way for them to get the same vitamins that they might get, and spinach and similar with patients. I tried to do my best to understand our situation. If something like Ensure works and helping them to get more protein than I certainly encourage that. If they don’t like Ensure if they know they like Carnation instant breakfast, then great. If they don’t like any of those things and I really try to let them understand what you know. Their priorities are so you know protein. As you mentioned protein and that is very important. I try to let have the patient understand that protein provides still building blocks that the body uses to heal a wound and so whatever foods that can provide that. Protein, whether it’s meat or beans or cheese or nuts, you know, or something like? Ensure I tell them. The important thing is to get the protein.
How they get it matters less to me than the fact that they’re getting it, and I take it try to take the same path with all the other.

The vitamins and calories I asked them to, you know, not just to you know to eat only potato chips, right? Obviously?

But to try to be as balanced as I can, but they they need to get into something you know, I know. Especially in cancer, right?

You know a lot of times appetite is suppressed, right?

And so if that’s a real issue, I try to work with the other caregivers or find some way to stimulate that appetite.

Sometimes just a matter of finding the right foods, right?

So I work, I work with the family to see what can be done to somehow make you know the nutrition as as you know, something that’s not like a feels like a prison sentence to the patient, but something that they you really want to have.

Dietitians can likely help in that process as well, right?

Yes, exactly, yes. So you know, we try to work with the,
you know, smile centers, dietitians and try to communicate with them to, you know, you know. Usually they’re already well plugged in by the time the patients kind of see me. They’re usually well plugged into the Smile Support network, but right? I make sure I just confirmed that they already spoke to a dietitian and you know, are you know, working towards that goal of whatever calorie goal or or protein goal that that dietitian has given them, you know. The other thing that you mentioned, which is prevalent for many cancer survivors is is smoking and. And that’s because smoking really leads to a number of cancers, but at the same time smoking can be really bad in terms of wound healing. So can you talk to us a little bit more about the effect that smoking has on wound healing and kind of what you do about that? I mean, is it possible to get people? To quit smoking and if they quit, does that really impact their wound healing? If they’ve been smoking for 20 years or? You know, is the cat kind of already out of the bag and it really doesn’t make any difference if they quit now.
Well, yeah, unlike tumor pathology, smoking does have an immediate effect on healing and you don’t need a whole lot in terms of the exposure to slow healing. I like to tell patients that in in like for certain other types of like cosmetic procedures like facelifts, many plastic surgeons. We’re very hesitant to operate on someone who even smokes at like 1 puff of a cigarette. You know every six months, because even that small amount of exposure, at least empirically, we find that leads to a higher rate of healing problems after a cosmetic surgery and and also can affect the scarring outcomes. You know, in terms of the appearance, right? Which is so important. So I take that knowledge and in terms of my counseling cancer patients that quitting smoking now right will immediately improve their ability to heal. I’ve certainly seen that with my own patients and and I actually consider myself relatively fortunate compared to, say, our primary care colleagues, who you know who will be. Oftentimes, you know, preaching the same message that you know that
quitting smoking is good for your health. But in my instance, all the patients are coming to me with a concrete problem, right? They have this wound that isn’t healing, so it’s not an abstract problem that some of my other colleagues may be working with. For me, I have a concrete problem that is very concrete and tangible to the patients, and so even if they know the patients say that they’ve been smoking for 20 years, they find it very hard to quit. I don’t try to judge them for not quitting. I’m just giving them information and you’d be surprised. He said, how often actually more often than I would have predicted that many patients actually quit, or at least in the time that they’re following with me to just long enough to get their wound to heal? What about other social habits? You know, alcohol can increase your risk of a number of cancers. Does that have an impact on wound healing?
There’s not a whole lot of science in terms of the direct impact of alcohol in terms of the biology of healing. I think it’s more just in terms of the impact on judgment, right? Someone who’s had a few drinks probably may not make the best decisions in terms of doing things like elevating a leg, right? That which is very important for healing. And so I, I, I personally don’t tell patients that they can’t drink at all. Right, but I tell them, you know, use common sense, right? You certainly don’t want to be getting drunk every night, and that keeps you from, you know, filling all the good habits you need in order to make sure you recover. Whether it’s getting a wound to heel or getting, you know better from your cancer diagnosis. And one final thing that is a risk factor for cancers is exposure to sunlight and tanning salons. We know that that increases the risk of Melanoma. Is there an impact of radiation in that way of sunlight getting out in the sun, going to tanning salons on wound healing?
0:12:57.49 --> 0:12:58.91 I think it’s right.
0:12:58.91 --> 0:13:01.571 It’s not as clear cut in terms
0:13:01.571 --> 0:13:04.265 of whether sunlight has a direct,
0:13:04.27 --> 0:13:06.23 harmful or beneficial effect, right?
0:13:06.23 --> 0:13:07.694 As you know, you know sunlike
0:13:07.694 --> 0:13:08.804 does kill bacteria, right?
0:13:08.804 --> 0:13:12.256 So exposing a wound to sunlight can help
0:13:12.256 --> 0:13:14.668 with decreasing bacterial overgrowth,
0:13:14.67 --> 0:13:16.625 which can become problematic in
0:13:16.625 --> 0:13:19.022 in in a wound, on the other hand,
0:13:19.022 --> 0:13:21.366 though, leaving it open to the sun
0:13:21.37 --> 0:13:23.05 can also cause the wind to dry out,
0:13:23.05 --> 0:13:25.689 which is not good for healing either.
0:13:25.69 --> 0:13:27.699 And in this case I again compare
0:13:27.699 --> 0:13:28.56 wounds to plants.
0:13:28.56 --> 0:13:30.486 To where that, just like plants,
0:13:30.49 --> 0:13:33.157 wounds need some moisture they don’t like.
0:13:33.16 --> 0:13:33.787 Too much moisture,
0:13:33.787 --> 0:13:34.832 just like plants don’t like
0:13:34.832 --> 0:13:35.78 to be overwatered,
0:13:35.78 --> 0:13:36.848 but they do need some moisture,
0:13:36.85 --> 0:13:38.726 so keeping it covered and not getting
0:13:38.726 --> 0:13:41.078 exposed to sun well keep it from drying out.
0:13:41.08 --> 0:13:42.784 I think where a sun where it’s much
0:13:42.784 --> 0:13:44.543 more clear in terms of what the effect
0:13:44.543 --> 0:13:46.378 of sunlight has is on the healed wound.
0:13:46.38 --> 0:13:47.66 So like on scars, right?
0:13:47.66 --> 0:13:51.82 So sunlight does tend to make scars much
0:13:51.82 --> 0:13:54.24 more prominent after the wound has healed,
0:13:54.24 --> 0:13:56.192 and so I do recommend in patients who
0:13:56.192 --> 0:13:58.06 have who have successfully healed.
It wants to really be mindful of how much direct sun exposure that area is getting because. By minimizing some exposure, make it easier for that scar to fade overtime and be less bothersome. Also, just and definitely avoiding sunburn, because sunburn can really make a scar much more likely to get chapped and break down again in the future. Yeah, so use that sunscreen. But for right now we’re going to take a short break for a medical minute, but please stay tuned to learn more about wound healing and cancer with my guest Doctor Henry Hsia. Funding for Yale Cancer Answers comes from Smilow Cancer Hospital. Hosting a Smilow shares cancer survivors series. June 22nd and 29th. Register at Yale Cancer Center or e-mail cancer answers at yale dot edu. Genetic testing can be useful for people with certain types of cancer that seem to run in their families. Genetic counseling is a process that includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options.
Only about 5 to 10% of all cancers are inherited, and genetic testing is not recommended for everyone. Individuals who have a personal and or family history that includes cancer at unusually early ages, multiple relatives, on the same side of the family with the same cancer, more than one diagnosis of cancer in the same individual, rare cancers or family history of a known altered cancer predisposing gene could be candidates for genetic testing. Resources for genetic counseling and testing are available at federally designated comprehensive cancer centers such as Yale Cancer Center and Smilow Cancer Hospital. More information is available at yalecancercenter.org. Welcome back to Yale Cancer Answers. I’m doctor Anees Chagpar and I’m joined tonight by my guest Doctor Henry Hsia. We’re talking about wound healing and cancer, and Henry right before the break we were talking about a number of things that you kind of think
about in terms of helping cancer patients get their wounds to heal, and one of the things that you mentioned was sleep, and that’s something that I think a lot of patients might not really think about in terms of wound healing. Can you tell us a little bit more about that? Well, you know, I admit there isn’t a whole lot of study specific to wound research about the impact of sleep, but I you know, there’s certainly definitely evidence that if you don’t get enough rest right and that impacts your overall body’s Physiology, then that definitely has a negative impact on your body’s ability to heal. I often see the the wound as sort of the. Canary in the coal mine about a potential issue, right? If a wound is not healing, then there’s a sense that there’s something not quite right with the balance of the body in terms of either amount of rest, it’s getting or or some other aspect of it. So I definitely, you know, tell patients not to push themselves, right? I mean, you know, it’s kind of like common sense after
you’re recovering from cancer surgery.
But you know many, many patients, right?
You know, understandably,
take this, you know.
View they, they want to get back to normal.
Life as quickly as possible,
which I certainly sympathize with,
and I certainly don’t like whenever
I feel limited for whatever reason.
But I try to get them to understand that
you know that they need to pay themselves,
right?
And that includes making sure
they get plenty of rest.
Plenty of sleep,
you know,
if they really want to get
back to where they were before
and the other thing that you mentioned
was having those social support,
you know making sure that that people were
around to to help you out with things.
Can you talk a little bit about that?
And also about.
Living conditions you had mentioned
that sometimes that really plays a role
in terms of the resources around you
to help you to take care of a wound.
Whether those are people,
resources or physical resources in
terms of your living environment.
Yes, actually, I’m glad you brought that up nice because that is an area where there hasn’t been a lot of research done and and that’s something that I’ve been working with.

My fellow clinicians at the Wound clinic. To trying to better understand, establish the impact of the patients social situation you’re living circumstance on their ability to heal, and it’s particularly true for patients who completely live on their own and have you know no outside contacts whatsoever you know people who are checking in on them other than maybe perhaps the visiting nurses and so and then, that’s where I feel fortunate that you know with, you know.

Being part of the Smilo network that that there are these resources that you know, many of our patients can turn to. Whether it’s in terms of free care or other support mechanisms that could help them, you know, heal better, you know, provide whatever they might need in order talk a little bit about, you know when I’m thinking about the population who get Brett Cancer.
I was about to say breast cancer because that’s my area of expertise. At any cancer, the thing is that it doesn’t discriminate. It can affect very wealthy people. It can affect very poor people. It can affect the person living in a mansion in Greenwich. It can affect somebody who is homeless in New Haven. So talk to us about how you tailor your recommendations to people in different circumstances, because clearly that would make a difference. In terms of how they’re able to follow through on the recommendations that you have in terms of wound healing, I know you’re absolutely right and nice, and I meant that’s one of the greatest challenges we face in our wound program. You know, because many of the dressings that we prefer that you know are that might help optimize that. That balance between moisture and not, but without too much moisture right there, there are specialized dressings that are very. Good at doing that, but they’re much more expensive, and while they are covered by insurance, you know sometimes right.
As you mentioned there, you know someone’s homeless a lot of times. They probably don’t have that insurance and even with the folks who do have insurance, there’s a limit to what will be covered by in terms of supplies. And so that could be very difficult to tackle.

And so what we know. Again, I guess sort of similar. Approaching like in terms of what I mentioned with nutrition and other aspects you know, try not to do a one size fits all approach, but instead trying to meet the patient where they are so and it you know with.

If a patient is having difficult, you know that certain dressing, then I’m willing to work with a different type of dressing that you know may be cheaper and might be more comfortable.

Maybe they just need to change it a little more frequently or have a little more attention in order to have the same effect. In the worst case scenario,
like in someone who actually has no resources whatsoever, they’re homeless. They don’t have home, they can’t get any supplies. Then we do have them come to our wound clinic for their. Wound changes I met. It’s something that can be challenging from a logistics standpoint because we are very busy, but we’ll, you know, fortunately have a very dedicated wound nursing staff and they will set up wound nurse visits to, at least in the short term, to make sure they get that care while you know we work with the hospital to figure out a good social support system so that they can get that care at home or wherever they happen to be staying. In terms of specialized things for wounds, some of the things that you might have patients ask you about, and certainly things that are popular in the lay media are things like hyperbaric oxygen. Can you talk a little bit about that and it’s value,
or or lack thereof in terms of wound healing?

Well so you know full disclaimer. Our wound program doesn’t have a hyperbaric chamber in our New Haven clinic, and that’s, you know more for these logistical and space reasons. Which is, you know, too long and boring to go into, but we do have chambers at our sister wound clinics in Greenwich, Bridgeport, Lawrence Memorial and the literature does support, does say that it has an adjunct role in specific. So, for instance, diabetic foot wounds. Wounds that are due to radiation, or if there’s osteomyelitis involved, so at least literature is fairly strong in supporting those and so when I have patients who are, you know, fit those circumstances and and if they you know geographically, if it’s convenient for them to go to one of our sister programs. And I will refer them down there to be evaluated to see if they will be eligible for that, but I mean it is a controversial. Area because of certainly you know,
not every wound response to hyperbaric oxygen, no matter how well they seem to fit the criteria and I mean, I've been able to get wounds heal without hyperbaric oxygen that might otherwise fulfill that and I think we're hyperbaric auction is helpful. Is that it?

I think it can help speed up the process in certain patients, but it is challenging to figure out exactly who will respond to that. What about certain types of complementary or alternative therapies? That's often something that many patients are really interested in. Whether it's you know, a potion or a save, or whether it's a cocktail of vitamins and supplements, tell us a little bit more about the science behind any of those and wound healing. Well, I guess you can say in in general. In broad terms, there isn’t a whole lot of science among many of these treatments that are at least touted right that are. You know, kind of the equivalent of milk miracle grow for for your wound, right?
And so the way I talk to patients about it just says, you know, they’re in gardening, right? I guess I do lean heavily just as in gardening. You know there is no substitute for the basics in terms of making sure your garden can thrive, right? Doesn’t matter what special fertilizer you use you’re not going to get your garden to thrive unless you have the basics in terms of sunlight. The right soil, you know the right amount of water, the right environment, right? I say the same thing. You know I do Council caution and if it’s something like some kind of you know, as you mentioned, a potion because many things that like supplements that are, you know, touted as natural right? And and by implication of supposedly beneficial or good for you, I do mention that you know there are many natural substances that actually can inhibit healing, just like the way steroids as drugs, which are, you know. Come in natural forms as well as
synthetic forms that they can slow healing. So too can many of these so called natural additives and substances. In many of these treatments that are available out there, I try not to be a pro. You know I try not to completely prohibit things, right? I tell patients that you know, if they know what’s in it, let me know first before they try something and I’ll do my best to look at. And if there’s something you know, if there’s nothing in there that’s obviously harmful, right? If it’s just a, you know several different vitamins. And and and things that I don’t where I don’t see a clear red flag that might be harmful in terms of healing. Then I generally let you know I work. I work with the patients too, you know, especially makes them feel better. But yeah, I do. I do tend to counsel caution. I tell them to be very careful and be very, you know, a very careful about what they hear about and ads out there.
And then there’s the whole issue of a cancer treatment. So you know, we’ve been talking a lot about wounds and and people, generally speaking. Think about wounds after surgery, but many patients require other treatments such as chemotherapy or radiation, which if you already have a wound that’s not healing, might inhibit that wound from healing even further. So can you talk a little bit about how you kind of do this dance between getting a wound to heal before giving a therapy that might inhibit wound healing versus delaying? Really important cancer treatment? Because you’ve got a wound that’s not healing. Yeah, so I think this is where communication with your fellow providers is extremely important. So I try to again I don’t try to be the oncologist right? I’m not treating anything cancer itself, so I don’t consider myself an expert in that. And so I do my best to communicate directly, to educate myself in terms of you know how severe is this tumor if you know?
Obviously that’s always a priority.

So if it’s something that needs to be treated right away, then.

Then the wound healing considerations become secondary.

But if if there is something about the biology of tumor that allows a delay, then of course then I’ll do my best to try to set up all the circumstances you know in terms of nutrition, counseling the patient to, or sometimes I will, you know, try to do a direct revision and closure of the wound.

If it feels that we can get that healed in a short enough period of time to allow that patient. Get that therapy sooner rather than later.

Doctor Henry Hsia is an associate professor of surgery and plastic surgery at the Yale School of Medicine.

If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at yalecancercenter.org. We hope you’ll join us next week to learn more about the fight.
against cancer here on Connecticut

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