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.

Doctor Hsia is an associate professor of surgery and plastic surgery at the Yale School of Medicine where Doctor Chagpar is a professor of surgical oncology.
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 might not be healing on its own, and the reasons for the wound can be any sort of 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 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 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 medications like chemotherapy or radiation that 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

What help these wounds to heal?

Well, I would say that I you know,

I don’t typically take the approach that

I learned during my surgical training

right where you you you, you know you.

I guess you know you try to

tackle a problem head on,

you know if there is a tumor,

you take it out.

If if there is a a stab wound, you try to,

you know, stop the bleeding instead.

I 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 you know to somehow 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 try to, in an efficient manner, but go through a whole series of questions about you. Know whether they have comorbidities like diabetes or smoking.
Whether they’re eating adequately to start with, 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 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, what their you know? What kind of therapies are getting are or what they’re anticipating.
00:05:02.301 –> 00:05:03.586 are they’re going to are?
NOTE Confidence: 0.86610952625
00:05:03.590 –> 00:05:04.602 Have they gotten radiation?
NOTE Confidence: 0.86610952625
00:05:04.602 –> 00:05:06.700 Are they gonna need it in the future,
NOTE Confidence: 0.86610952625
00:05:06.700 –> 00:05:07.405 and how soon?
NOTE Confidence: 0.86610952625
00:05:07.405 –> 00:05:09.508 And and in that sense I I try
NOTE Confidence: 0.86610952625
00:05:09.508 –> 00:05:11.096 to work collaboratively with.
NOTE Confidence: 0.86610952625
00:05:11.100 –> 00:05:13.638 You know, all the other caregivers to try to,
NOTE Confidence: 0.86610952625
00:05:13.640 –> 00:05:15.656 you know, hopefully help you know,
NOTE Confidence: 0.86610952625
00:05:15.660 –> 00:05:17.417 help the patient here in terms of
NOTE Confidence: 0.86610952625
00:05:17.417 –> 00:05:19.201 the healing and and and and trying
NOTE Confidence: 0.86610952625
00:05:19.201 –> 00:05:20.671 to balance on one hand right?
NOTE Confidence: 0.86610952625
00:05:20.680 –> 00:05:22.570 Obviously the priority is to get
NOTE Confidence: 0.86610952625
00:05:22.570 –> 00:05:23.515 the cancer treated,
NOTE Confidence: 0.86610952625
00:05:23.520 –> 00:05:25.470 but to do it in a way so that it
NOTE Confidence: 0.86610952625
00:05:25.532 –> 00:05:27.890 will set them up in the best way to
NOTE Confidence: 0.86610952625
00:05:27.890 –> 00:05:30.344 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. So 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. We’re getting enough. Nutrition is really difficult. So 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?

Should I be eating more?

Protein, you know?

What do you think about

supplemental drinks like ensure?

I mean are those?

tell us a bit more about how you might

optimize people’s nutrition and.

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,
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, but I try to find another way for them to get the same vitamins that they might get, and so similar with patients. I tried to do my best to understand our situation. You know, if something like Ensure works and helping them to get more protein than I certainly encourage that.
If they don’t like any of those things and I, I really try to let them understand what you know. Their priorities are so 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 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
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
know they 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,
00:08:33.110 –> 00:08:34.158 you know, smile centers,

00:08:34.158 –> 00:08:35.468 dietitians and try to communicate

00:08:35.468 –> 00:08:37.058 with them to, you know, you know.

00:08:37.058 –> 00:08:38.480 Usually they’re already well plugged in

00:08:38.522 –> 00:08:40.124 by the time the patients kind of see me.

00:08:40.130 –> 00:08:41.770 They’re usually well plugged into

00:08:41.770 –> 00:08:43.622 the Smile Support network, but right?

00:08:43.622 –> 00:08:45.484 I make sure I just confirmed that

00:08:45.484 –> 00:08:47.270 they already spoken to a dietitian

00:08:47.270 –> 00:08:49.275 and you know, are you know,

00:08:49.275 –> 00:08:51.525 working towards that goal of whatever

00:08:51.525 –> 00:08:53.652 calorie goal or or protein goal

00:08:53.652 –> 00:08:55.720 that that dietitian has given them,

00:08:56.490 –> 00:08:59.194 you know. The other thing that you mentioned,

00:08:59.200 –> 00:09:02.260 which is prevalent for many cancer
survivors 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, 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 cosmetic surgery 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 I actually consider myself relatively fortunate compared to, say, our primary care colleagues, who you know, 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 you know that where some of my other colleagues may be working with. For me, I have a. This concrete problem that is very concrete and tangible to the patients, and so even if they you know the patients say that they’ve been smoking for 20 years, they find it very hard to quit.
I don’t try to, you know, make it sound. I’m judging them for not quitting. I’m just giving them information and you’d be surprised. And 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 so 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? So 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 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 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?
I think it’s right. It’s not as clear cut in terms of whether sunlight has a direct, harmful or beneficial effect, right? As you know, sunlike does kill bacteria, right? So exposing a wound to sunlight can help with decreasing bacterial overgrowth, which can become problematic in a wound, on the other hand, though, leaving it open to the sun can also cause the wind to dry out, which is not good for healing either. And in this case I again compare wounds to plants.
To where that, just like plants, wounds need some moisture they don’t like. Too much moisture, just like plants don’t like to be overwatered, but they do need some moisture, so keeping it covered and not getting exposed to sun will keep it from drying out. I think where a sun where it’s much more clear in terms of what the effect of sunlight has is on the healed wound. So like on scars, right? So sunlight does tend to make scars much more prominent after the wound has healed, and so I do recommend in patients who 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.
00:14:27.719 –> 00:14:29.273 with my guest Doctor Henry Hsia.
NOTE Confidence: 0.796172951

00:14:29.690 –> 00:14:31.725 Funding for Yale Cancer Answers
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00:14:31.725 –> 00:14:33.760 comes from Smilow Cancer Hospital.
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00:14:33.760 –> 00:14:35.644 Hosting a Smilow shares cancer survivors series.
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00:14:35.644 –> 00:14:37.057 June 22nd and 29th.
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00:14:37.060 –> 00:14:42.371 Register at Yale Cancer Center or e-mail cancer answers at yale dot edu.
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00:14:42.371 –> 00:14:46.526 Genetic testing can be useful for people with certain types of cancer that seem to run in their families.
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00:14:46.530 –> 00:14:48.420 Genetic counseling is a process includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options.
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00:14:50.270 –> 00:14:52.139 that seem to run in their families.
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00:14:52.140 –> 00:14:54.045 Genetic counseling is a process includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options.
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00:14:54.045 –> 00:14:55.950 that includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options.
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00:14:56.015 –> 00:14:57.607 personal and family history, a risk assessment, and a discussion of genetic testing options.
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00:14:57.610 –> 00:15:02.070 and a discussion of genetic testing options.
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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.
about in terms of helping cancer patients get their wounds to heal, and one of the things that you mentioned was sleep, you know if you don’t get enough rest right that impacts the impact of sleep, but I you know, there’s certainly definitely evidence that you know if you don’t get enough rest right and that impacts.
00:16:39.670 –> 00:16:41.388 your overall body’s Physiology,
NOTE Confidence: 0.81664697173913
00:16:41.388 –> 00:16:43.362 then that definitely has a negative
NOTE Confidence: 0.81664697173913
00:16:43.362 –> 00:16:45.518 impact on your body’s ability to heal.
NOTE Confidence: 0.81664697173913
00:16:45.520 –> 00:16:49.530 I often see the the wound as sort of the.
NOTE Confidence: 0.81664697173913
00:16:49.530 –> 00:16:51.810 Canary in the coal mine about
NOTE Confidence: 0.81664697173913
00:16:51.810 –> 00:16:53.234 a potential issue, right?
NOTE Confidence: 0.81664697173913
00:16:53.234 –> 00:16:54.938 If a wound is not healing,
NOTE Confidence: 0.81664697173913
00:16:54.940 –> 00:16:57.131 then then there’s that’s a sense that
NOTE Confidence: 0.81664697173913
00:16:57.131 –> 00:16:58.628 there’s something not quite right
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00:16:58.628 –> 00:17:00.371 with the the balance of the body
NOTE Confidence: 0.81664697173913
00:17:00.371 –> 00:17:02.326 in terms of either amount of rest,
NOTE Confidence: 0.81664697173913
00:17:02.330 –> 00:17:04.346 it’s getting or or some other aspect of it.
NOTE Confidence: 0.81664697173913
00:17:04.350 –> 00:17:07.350 So I definitely, you know,
NOTE Confidence: 0.81664697173913
00:17:07.350 –> 00:17:09.452 tell patients not to push themselves, right?
NOTE Confidence: 0.81664697173913
00:17:09.452 –> 00:17:10.020 I mean, you know,
NOTE Confidence: 0.81664697173913
00:17:10.020 –> 00:17:12.008 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 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 that’s something that I’ve been working with. My fellow clinicians at the Wound clinic. To try 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 no outside contacts whatsoever you know people who are checking in on.
00:18:42.641 –> 00:18:44.507 them other than maybe perhaps the
NOTE Confidence: 0.815235158392857
00:18:44.507 –> 00:18:46.558 visiting nurses and so and then,
NOTE Confidence: 0.815235158392857
00:18:46.558 –> 00:18:48.580 that’s where I I feel fortunate
NOTE Confidence: 0.815235158392857
00:18:48.654 –> 00:18:50.966 that you know with, you know.
NOTE Confidence: 0.815235158392857
00:18:50.966 –> 00:18:54.514 Being part of the Smilo network that that
NOTE Confidence: 0.815235158392857
00:18:54.514 –> 00:18:57.090 there are these resources that you know,
NOTE Confidence: 0.815235158392857
00:18:57.090 –> 00:18:58.420 many of our patients can turn to.
NOTE Confidence: 0.815235158392857
00:18:58.420 –> 00:19:02.060 Whether it’s in terms of free care
NOTE Confidence: 0.815235158392857
00:19:02.060 –> 00:19:04.393 or other support mechanisms that
NOTE Confidence: 0.815235158392857
00:19:04.393 –> 00:19:06.546 that could help them, you know,
NOTE Confidence: 0.815235158392857
00:19:06.546 –> 00:19:07.398 heal better, you know,
NOTE Confidence: 0.815235158392857
00:19:07.400 –> 00:19:08.954 provide whatever they might need in order
NOTE Confidence: 0.815235158392857
00:19:08.954 –> 00:19:10.607 to feel like they have that support.
NOTE Confidence: 0.924554942
00:19:10.850 –> 00:19:12.740 Talk a little bit about,
NOTE Confidence: 0.924554942
00:19:12.740 –> 00:19:15.785 you know when I’m thinking about the
NOTE Confidence: 0.924554942
00:19:15.785 –> 00:19:18.518 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, very difficult to tackle. And so what we you 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 because of an insurance limiting. You know that certain dressing,
then I’m willing to work with a different type of dressing that you know may you know it will be cheaper and might be more comfortable,
but hopefully we’ll accomplish the same thing.
Maybe they just need to change but hopefully we’ll accomplish the same thing.
Maybe they just need to change 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 we’ll, you know, we fortunately have a very dedicated wound nursing staff and they will set up wound nurse visits to,
You know, 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 its 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,

sister wound clinics in Greenwich,

Bridgeport, Lawrence Memorial and

the literature does support,

you know, does say that it has an adjunct role in in specific.

Circumstances.
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

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, you know 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 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 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 on the gardening analogy, 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
00:25:39.234 –> 00:25:41.010 synthetic forms that they can slow healing.

00:25:41.010 –> 00:25:44.542 So too can many of these so called natural additives and substances.

00:25:44.542 –> 00:25:46.246 In many of these.

00:25:46.250 –> 00:25:49.018 Treatments that are available out there, so I again,

00:25:49.020 –> 00:25:51.636 I tell patients that you know I ask him to communicate with me, to share with me.

00:25:51.640 –> 00:25:53.038 so I again,

00:25:53.038 –> 00:25:57.907 I you know I try not to be a pro. You know if they know what’s in it, let me know first before they try

00:25:57.910 –> 00:26:00.208 You know I try not to completely prohibit things, right?

00:26:00.208 –> 00:26:01.192 I tell patients that you know. If you know I asked him to to

00:26:01.192 –> 00:26:03.160 I communicate with me, to share with me.

00:26:03.160 –> 00:26:05.216 You know, if they know what’s in it,

00:26:05.216 –> 00:26:06.512 You know, if they know what’s in it, let me know first before they try

00:26:06.512 –> 00:26:07.696 You know, if they know what’s in it,

00:26:07.700 –> 00:26:09.989 let me know first before they try

00:26:09.989 –> 00:26:12.536 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 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 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...
00:27:14.374 –> 00:27:18.029 giving a therapy that might inhibit
NOTE Confidence: 0.885380893
00:27:18.029 –> 00:27:20.685 wound healing versus delaying?
NOTE Confidence: 0.885380893
00:27:20.690 –> 00:27:22.474 Really important cancer treatment?
NOTE Confidence: 0.885380893
00:27:22.474 –> 00:27:24.704 Because you’ve got a wound
NOTE Confidence: 0.885380893
00:27:24.704 –> 00:27:26.010 that’s not healing.
NOTE Confidence: 0.795334154266667
00:27:26.840 –> 00:27:28.688 Yeah, so I think this is where
NOTE Confidence: 0.795334154266667
00:27:28.688 –> 00:27:29.930 communication with your fellow
NOTE Confidence: 0.795334154266667
00:27:29.930 –> 00:27:31.498 providers is extremely important.
NOTE Confidence: 0.795334154266667
00:27:31.500 –> 00:27:34.092 So I I try to again I I don’t
NOTE Confidence: 0.795334154266667
00:27:34.092 –> 00:27:36.836 try to be the oncologist right?
NOTE Confidence: 0.795334154266667
00:27:36.840 –> 00:27:38.436 I’m not treating anything cancer itself,
NOTE Confidence: 0.795334154266667
00:27:38.440 –> 00:27:40.987 so I don’t consider myself an expert in that.
NOTE Confidence: 0.795334154266667
00:27:40.990 –> 00:27:43.587 And so I I do my best
NOTE Confidence: 0.795334154266667
00:27:43.587 –> 00:27:44.700 to communicate directly,
NOTE Confidence: 0.795334154266667
00:27:44.700 –> 00:27:48.192 to educate myself in terms of you know how,
NOTE Confidence: 0.795334154266667
00:27:48.200 –> 00:27:51.904 how severe is this tumor if you know?
00:27:51.910 –> 00:27:53.290 Obviously that’s always a priority.

00:27:53.290 –> 00:27:54.586 So if it’s something that needs

00:27:54.586 –> 00:27:57.560 to be treated right away, then.

00:27:57.560 –> 00:27:59.420 Then the wound healing

00:27:59.420 –> 00:28:00.815 considerations become secondary.

00:28:00.820 –> 00:28:03.100 But if if there is something about the

00:28:03.100 –> 00:28:05.904 biology of tumor that allows a delay,

00:28:05.904 –> 00:28:08.666 then then of course then then I’ll

00:28:08.666 –> 00:28:10.994 do my best to try to set up all the

00:28:10.994 –> 00:28:13.255 circumstances you know in terms of nutrition,

00:28:13.260 –> 00:28:15.156 you know. Counseling the patient to,

00:28:15.160 –> 00:28:17.160 or sometimes you know I’m a plastic surgeon,

00:28:17.160 –> 00:28:19.818 so sometimes I will, you know,

00:28:19.820 –> 00:28:22.662 try to do a direct revision and

If it feels that you know we
NOTE Confidence: 0.795334154266667
can get that healed in a.
NOTE Confidence: 0.795334154266667
Fast enough,
NOTE Confidence: 0.795334154266667
short enough period of time
NOTE Confidence: 0.795334154266667
to allow that patient.
NOTE Confidence: 0.795334154266667
Get that therapy sooner rather than later.
NOTE Confidence: 0.898748795555556
Doctor Henry Hsia is an associate
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and past editions of the program
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are available in audio and written
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form at yalecancercenter.org.
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We hope you’ll join us next week
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to learn more about the fight
against cancer here on Connecticut
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