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Common Diets Prescribed for Cancer Patients

The major goals of nutrition care of the cancer patient are to minimize weight loss and to prevent or correct nutritional deficiencies when possible. A variety of commercial nutrition supplements are available to help increase nutrient intake. However, one of the main problems with utilizing nutrition supplements is taste fatigue. Nevertheless, supplements can be an important source of nutrients for the cancer patient. Enteral tube feeding via nasogastric or nasoenteric tubes may be indicated for the patient with a functioning gastrointestinal tract who requires more aggressive nutrition support. When tube feedings are anticipated to last more than 6 weeks, placement of a more permanent feeding tube is indicated.

Diets Commonly Prescribed

- **Chronic Radiation Enteritis**
 - Limit fat, fiber and lactose
- **Chyle Leak**
 - Very low fat diet (<20 gm)
 - MCT oil as needed for calories
- **Esophageal Strictures**
 - Soft foods
 - Emphasize liquids or highly caloric nutrition supplements
- **Gastric Resection**
 - Five or six small meals per day
 - Separate liquids from solids
 - Limit mono-carbohydrates and lactose
 - Supplement iron and vitamin B12 parenterally
- **Pancreatic Insufficiency**
 - Limit fat
 - Supplement pancreatic enzymes
 - Medium-chain triglycerides
- **Postsupraglottic Laryngectomy** (depends on swallowing ability)
 - Solid, soft foods
 - Avoid liquids
- **Short Bowel**
 - Frequent, small meals
 - Limit fat, fiber, mono-carbohydrates and lactose
 - Supplement calcium, magnesium, zinc and vitamin B12 parenterally if terminal ileum is resected