

Chelsia Gillis, MSc PhD RD CNSC

Assistant Professor, School of Human Nutrition



Chelsia Gillis graduated in dietetics (BSc, RD, 2008) and completed an MSc (2013) at McGill University, studying surgical metabolism using stable isotope-labelled tracer kinetic analysis by mass spectrometry. Before she completed her PhD (2020) in Epidemiology at the University of Calgary, she worked as a Research Associate, Department of Anesthesia, McGill University Health Centre (MUHC), on clinical trials related to perioperative care. She was awarded the PhD Dissertation Award from the Canadian Nutrition Society for her work, "Surgical recovery begins before the incision." She joined the Peri Operative Program at the MUHC as the Nutrition Lead in 2020 and joined the School of Human Nutrition as an assistant professor in 2022.

Research and Scientific Expertise

Prehabilitation: Many surgeries are performed in Canada each year. Recovery from surgery is difficult because of many possible side effects and complications. These side effects lead to long hospital stays and slow recovery. It can take several months for patients to recover the strength to return to their typical daily activities. Dr. Gillis' goal is to improve patient outcomes and experiences with a new surgery program called Prehabilitation. Prehabilitation programs prepare patients for their operation with nutrition, anxiety reduction, and exercise to help patients feel mentally and physically prepared for surgery.

Enhanced Recovery After Surgery (ERAS): The ERAS clinical care pathway improves surgical outcomes but requires interdisciplinary collaboration throughout the perioperative period. Dr Gillis' work aims to illustrate what the dietitian, as a primary member of the ERAS team, can contribute to the success of an ERAS program. Additionally, her work aims to contribute to the understanding of which nutritional interventions work best and for whom do they work best.

Patient-Engaged Research: Dr. Gillis works with patients as partners to design studies and interventions that meet patient needs. Involving patients in healthcare decision-making has the potential to reduce costly mismatches between research and patient needs, improve the quality and uptake of interventions, and enhance patient satisfaction and outcomes.



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