

Cancer Pain

This factsheet gives information on cancer pain. Not everyone with cancer will experience pain. However, pain can be common during treatments and in the advanced stages of cancer. If you have any other queries or concerns about pain, please speak to your GP or pain team or contact the National Cancer Helpline 1800 200 700.



What is pain?

Pain is usually a sign that there is something wrong, that you have an injury or illness. When there is damage to parts of your body, your nervous system sends pain messages along nerves to your brain. Some pain is helpful because we can learn from it. If you burn yourself, you know not to touch something hot again. Other pain has no benefit to us and we do not learn anything from it.

Pain is a very individual experience. What you might find painful, someone else might not. It is an unpleasant physical and emotional sensation. It can affect you physically by making movement difficult. It can also affect you emotionally by making you feel sad or angry.

What causes pain?

There are many causes of cancer pain. These include:

- **Tumour:** your tumour can press on nerves, bones and organs

- **Treatments** such as surgery, chemotherapy and radiotherapy
- **Tests** such as biopsy, bone marrow aspiration and lumbar puncture
- **Other:** infection, swelling and debility due to cancer, e.g. muscle pain

What are the types of pain?

There are different types of pain. They can be acute, chronic or breakthrough.

- **Acute pain** is usually caused by injury and only lasts a short time, e.g. pain after surgery.
- **Chronic pain** usually lasts for a longer time. It is sometimes called constant or persistent pain.
- **Breakthrough pain** is a sudden, short-lasting increase in pain. It happens together with chronic, persistent pain, which is otherwise well controlled. It can happen when you move. It can also happen by itself or near the time you take your regular painkiller.

Pain can also be described as:

- **Somatic:** This pain involves your skin, muscles, joints or bones. It is usually in one area (localised) and described as throbbing, sharp or aching. Causes include surgery or bone metastasis.
- **Visceral:** This pain involves the organs inside your chest or abdominal area. It is usually in more than one area and described as crampy, diffuse, constant, aching and deep. Causes include liver or pancreatic cancer or ascites (a build-up of fluid in your tummy area).
- **Neuropathic:** This pain is caused by injury or damage to the nerve. It is described as burning, shooting or tingling. This may happen due to the tumour pressing on nerves, a tumour entering a nerve or spinal cord, and treatments such as chemotherapy, radiotherapy and surgery.

How can I describe my pain?

Pain is a very subjective experience. This means that you are the only person that feels the pain and can describe it. It is important to describe your pain as fully as you can so that your doctor and nurse can work out the best way to treat your pain.

Some words used to describe pain include: aching, burning, constant, dull, electric shock, nagging, numbness, piercing, pins and needles, radiating, stabbing, throbbing or tingling.

It is important not to play down your pain, as this can make it harder to treat.

What about emotional pain?

Do tell your doctor if your pain is affecting your daily life. Lack of sleep, worry, financial issues, not being able to work and other emotional issues can make your pain seem worse. Your doctor needs to consider these factors when treating your pain fully.

Who can treat my pain?

Cancer pain can be very complex. As a result, there may be only one person or a number of different teams involved in your care. These may include:

- Cancer specialist (oncologist)
- Palliative care team
- Pain team
- Surgeon
- Anaesthetist

There are also others who may be involved in your care. These include physiotherapists, occupational therapists, counsellors, social workers, diversional therapists, massage therapists, pastoral care workers or chaplains.

How is my pain assessed?

Your doctor will have to do a full assessment to decide on the best treatment for your pain. This will involve a physical exam. He or she may ask questions like:

- Where is your pain?
- Is it there all the time?

- Is it relieved by anything, e.g. your position or medication?
- Does anything increase your pain, e.g. walking?
- Does it affect your daily activities?
- How would you describe your pain, using some of the words mentioned earlier?
- How bad or intense is your pain? Is it mild, moderate or severe?

They may use pain scales (see below) to help you describe your pain.

How is pain treated?

Everyone’s pain is different. The treatment for your pain may not be the same as another person’s. Remember your care will be very individual. Also, most people’s pain will be well controlled. The most common treatment for cancer pain is painkillers. These are also called analgesics and include:

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Weak/mild opioids

- Opioids
- Other drugs

Non-steroidal anti-inflammatory drugs

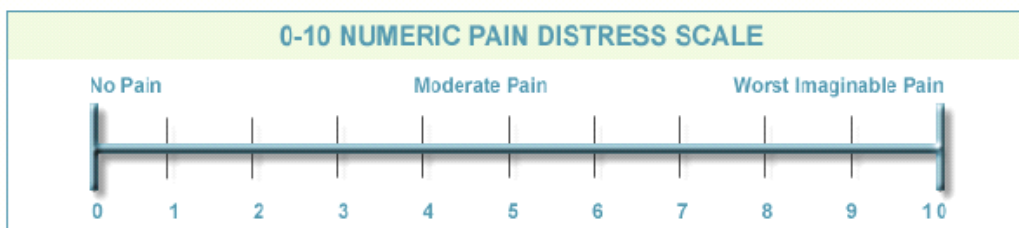
NSAIDs are used for the treatment of mild to moderate pain, especially for bone pain and surgery pain. Examples include Brufen, Difene and Celebrex. These drugs are often used with opioids to treat pain. Side-effects can include nausea, stomach ulcers, bleeding and kidney problems.

Weak/mild opioids

These drugs are used for the treatment of moderate to severe pain. Examples include Tramadol, Solpadol and codeine. They are often given with other drugs. Side-effects can include nausea, vomiting, headache, dizziness, constipation, confusion and stomach disorders.

Strong opioids

Strong opioids are used for moderate to severe pain. They are often given with other drugs. Examples include



morphine, oxycodone, hydromorphone, fentanyl and methadone.

Side-effects can include constipation, nausea, drowsiness, dry mouth, itchy skin, nightmares, confusion as well as shaking or jerking of muscles.

Constipation is a very common side-effect of opioids. Do take a laxative to help prevent constipation while you are taking opioids.

Long-acting opioids are often given in regular doses, usually twice a day. They are also available in fast-release forms. These can be used, especially if you get pain in between taking your regular dose of long-acting opioid.

Other drugs

Other drugs used to treat your pain can include:

- Antidepressants
- Anticonvulsants
- Steroids
- Benzodiazepines
- Bisphosphonates

You may find it unusual that you are taking an antidepressant for your pain. These drugs work very well in neuropathic types of pain (when nerves are injured), but it does not mean that you are depressed.

Paracetamol is also often used to treat pain. But as it can lower your temperature, it is not always used, especially if you are receiving chemotherapy.

How are the drugs given?

Most drugs are given in tablet form and are taken by mouth. But they can also be given by:

- Liquid
- Patch
- Injection into a vein or under your skin through a pump
- Sublingually – under your tongue
- Transmucosally – absorbed through the lining of your mouth
- Nasally- absorbed through the nose
- Rectally – into your back passage as a suppository
- Epidural or intrathecal – through a small tube placed in your spinal cord

You should take your medications as prescribed by your doctor. If they are not taken regularly, they may not work as well. Different drugs may not work well together. It is best to ask your doctor's advice before you take other medications for your pain, even ones bought over the counter.

Are there other ways to relieve pain?

Other treatments to relieve your pain may be used. They can reduce the size of your tumour and include:

- Chemotherapy
- Radiotherapy
- Surgery
- Nerve blocks, where local anaesthetic is injected onto or near your nerves

You also may get relief by other means, including:

- Heat and cold packs
- Massage
- Acupuncture
- Relaxation to reduce the tension in your muscles and relieve pain
- Meditation
- Yoga or reiki
- Imagery, where you think of a pleasant scene to take your mind off your pain
- Distraction, where you focus on other things rather than your pain
- Transcutaneous electric nerve stimulation (TENS), where a mild electric current is applied to the skin where the pain is

Some pain myths

I will become addicted to painkillers.

You will not become addicted to painkillers as long as you have physical pain. You need them to reduce your pain.

Strong painkillers should be kept for later or there will be nothing left to give.

There are many different painkillers and large doses can be given. There is never a case that nothing can be given.

If I have a lot of pain, it means that my cancer is growing.

The amount of pain you have does not always relate to how advanced your

cancer is. A very small tumour can be pressing on a nerve causing severe pain.

If I am put on a pump, it will shorten my life.

You can be put on a pump, also known as a syringe driver, for different reasons. These can include vomiting, if you are unable to swallow, or if you are fasting. A pump can also be given if you are very sick. This will not shorten your life as the same amount of painkillers you are taking by mouth are put in the pump.

I shouldn't take painkillers until my pain is really bad.

Pain is more difficult to control when it is not treated early. You should take your painkillers as prescribed by your doctor, or as soon as you feel the pain coming on.

If I have to take morphine, my cancer must be very bad.

Morphine is an opioid painkiller. Opioids are good to use when you have moderate to severe pain. They have been used for such a long time now that we know their side-effects and know they are safe drugs, when used correctly. The amount of pain you have does not always correspond to the amount of cancer you have.

If you are asked to take morphine, it does not mean your cancer is very advanced. Many people who are on large doses of morphine to control their pain are also leading normal lives.

Support

Pain can affect you in different ways. It can prevent you from functioning normally, by restricting movement, preventing you from working and doing your daily activities. Pain may affect your sleep, your enjoyment of life and make you feel depressed. Remember that pain can be treated, but you do need to report it to your doctor or nurse. There are many different treatments for pain available.

Further information

If you are concerned about any aspect of your pain, do contact the doctor or nurse who is managing your pain. You should let them know if you are experiencing more pain, a change in pain, or if you have any side-effects.



For more information about pain or about cancer in general, call the National Cancer Helpline Freefone

1800 200 700

(Monday–Thursday, 9am–7pm;
Friday 9am–5pm) or email
helpline@irishcancer.ie

for confidential advice from our cancer nurse specialists.

Irish Cancer Society
43/45 Northumberland Road
Dublin 4

Tel: (01) 231 0500

Fax: (01) 231 0555

Email: helpline@irishcancer.ie

Website: www.cancer.ie

Useful organisations

Cancerpain.org: www.cancerpain.org

International Association for the Study of Pain: www.iasp-pain.org

National Cancer Institute
www.cancer.gov/cancertopics/paincontrol

Cancer Research UK
www.cancerhelp.org.uk/help/default.asp?page=5883

Cancer Council Australia
www.cancer council.com.au/editorial.asp?pageid=1160

Irish Chronic Pain Association
www.chronicpainireland.org

The Irish Pain Society
www.irishpainsociety.com

The British Pain Society
www.britishpainsociety.org/

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