Australian Government
Cancer Australia
National Centre for
Gynaecological Cancers

NATIONAL CENTRE FOR

GYNAECOLOGICAL CANCERS

Managing pain

Understanding cancer pain

Having cancer does not always mean having pain. Pain is hardly ever a symptom of early cancer. Even people with advanced cancer do not always have pain. Pain may also be caused by cancer treatment or by conditions unrelated to the cancer.

There are many ways to manage pain, and cancer pain can usually be controlled. Ask those caring for you to help you control your pain as much as possible.

Pain can have physical and emotional symptoms. It may cause discomfort, distress or agony. It may be steady or throbbing. It may be stabbing, aching or pinching. Whichever way you feel pain, only you can describe it or define it because you are the only one who can feel it.

Cancer pain may be acute or chronic:

- Acute pain is severe and lasts a fairly short time. It is usually a signal that the body is being injured in some way, and the pain generally disappears when the injury heals.
- Chronic pain may range from mild to severe and lasts longer.
- Pain can have a big impact on your life, preventing you from doing the things you want to do. Controlling the pain allows you to return to many of the activities you enjoy.

Common causes of cancer pain are:

- a tumour causing pressure on organs, nerves or bone
- poor circulation because the cancer has blocked blood vessels
- blockage of an organ or tube in the body
- infection or swelling and redness (inflammation)
- side effects from chemotherapy, radiotherapy or surgery
- muscle stiffness from tension or inactivity
- a bone fracture
- weight loss and poor posture causing back pain.

In this factsheet:

Understanding cancer pain 1
Describing pain 2
Treating pain 2
Anticancer interventions 3
Pain medications 3
When pain won't go away 7
Relieving pain without medication 8
Sources 8

Fatigue and pain

Fatigue can make it harder for you to deal with pain. When you are tired, you may not be able to cope with the pain as well as when you are rested. Lack of sleep can increase your pain. Ask your doctor or nurse for help if you are not sleeping well.

Emotions and pain

People often have an emotional reaction to pain. You may feel worried, depressed or easily discouraged when you are in pain. Some people feel hopeless or helpless. Others feel alone or embarrassed, inadequate, irritable, angry, frightened or frantic.

Anxiety, depression and emotional distress can make the pain worse. Of course, people with cancer can feel anxious or depressed even when they are not in pain.

Your doctor or nurse may be able to help you find a counsellor who is specially trained to help people with long-term illnesses. The social work department at your local hospital is another source of information about people who can help you deal with anxiety and depression.

Another option is to ask your doctor about medication. Sometimes medication such as antidepressants can relieve pain as well as depression.

Describing pain

You need to be able to describe pain to those who are trained to help you. Some people find pain hard to explain. Try to use words that will help others understand what you are feeling.

Your doctor and others who are caring for you need to know:

- In which parts of your body do you feel your pain?
- How bad is it?
- What does it feel like? Is it dull, throbbing, steady, shooting, stabbing or burning?
- When did it begin?
- Is your pain constant? If not, how many times a day, or a week, does it occur?
- How long does it last each time?
- Does it prevent you from doing your daily activities? Which ones?
- How does the pain make you feel?
- What relieves your pain?
- What makes it worse?
- What pain relief have you tried? What helped? What did not help? Did you have any side effects?
- What have you done in the past to relieve other kinds of pain?

Keeping track

Keeping a record or a diary about your pain and what you try for pain relief can be helpful. The record helps you and those caring for you understand more about your pain, the effects it has on you, and what works best to ease your pain.

How bad is it?

Understanding how bad your pain is helps your doctor decide how to treat it. You can rate how much pain you are feeling by using a pain scale. Try to assign a number from 0 to 10 to your pain level. The higher the number, the worse the pain. Some people find it easier to use a word scale; that is, a rating of none, mild, moderate or severe pain. Let those who are treating you know what pain scale you are using.

Treating pain

When treating cancer pain, the doctor will usually try to treat the cause of the pain first. Surgery, chemotherapy, hormone therapy or radiotherapy may be used to shrink the cancer (see Anticancer interventions, below).

Pain relief can still be used when the cause of the pain is not known.

Tips for managing pain:

- Don't wait for pain to get out of control before doing something about it.
- Learn what works best for you. For instance, you might use a relaxation method at the same time you take medication for the pain. There is no one best way to relieve pain, but something can usually be found to help every patient.

- Know yourself and what you can do. Often when people are rested and alert they can use a pain relief method that needs more energy. When tired, they may need to use a method that needs less effort. For example, try focusing on something other than the pain (distraction) when you are rested, and use hot or cold packs when you are tired.
- Be open-minded and keep trying. Some things that sound as if they could not possibly work might be helpful.
- Try each method more than once. If it doesn't work the first time, try it a few more times before you give up. What doesn't work one day may work the next.

Pain medicine

Pain medicine is a medical specialty that focuses on difficult pain management problems.

It recognises that severe pain needs a team to evaluate the physical, emotional and social aspects of pain. Pain medicine offers a wide range of specialised methods of pain control.

Cancer patients with unusually difficult and severe pain problems are frequently referred from palliative medicine specialists to pain specialists, but often these two specialties work together. Early referral to a pain medicine specialist can help you access to non-medication methods of pain control that are also used for severe non-cancer pain (such as spinal cord or subcutaneous nerve stimulation).

If your pain is not well controlled by your health care team ask your GP or palliative care doctor to refer you to a pain medicine specialist.

For more information about palliative care, which works to relieve symptoms and distress caused by your cancer, see our factsheet on Palliative care.

Anticancer interventions

Radiotherapy, radiofrequency ablation, and surgery may be used for pain relief rather than as treatment for primary cancer. Certain chemotherapy drugs may also be used to manage cancer-related pain.

Radiotherapy

Local or whole-body radiation therapy may increase the effectiveness of pain medication and other noninvasive therapies by directly affecting the cause of the pain (for example, by reducing tumour size). A single injection of a radioactive agent may relieve pain when cancer spreads extensively to the bones. Radiotherapy also helps reduce pain-related interference with walking and other functions in patients who have cancer that has spread to the bones. It is possible for pain to come back after radiotherapy, though more studies about this need to be done.

Radiofrequency ablation

Radiofrequency ablation uses a needle electrode to heat tumours and destroy them. This minimally invasive procedure may provide significant pain relief in patients who have cancer that has spread to the bones.

Surgery

Surgery may be used to remove part or all of a tumour to reduce pain directly, relieve symptoms of obstruction or compression, and improve outcome, even increasing long-term survival.

Pain medications

Medications that relieve pain are called analgesics. Analgesics do not affect the cause of the pain, but they can stop you from feeling it as much. Most pain medications are taken by mouth, usually as a tablet or capsule.

Tips for using pain medications:

- Take your medication with a glass of water or other drink, unless your doctor tells you otherwise. Do not take your medication with alcohol.
- If you have trouble swallowing tablets, ask your doctor or nurse about liquid pain medication. Pain medication can also be given by injection, by using a skin patch, or in suppository form (a pellet for inserting into the lower bowel or rectum).
- Stay on top of the pain: prevent pain from starting or getting worse by taking your medication regularly.

Doing this may mean you can use lower doses of a pain reliever than if you wait until the pain gets bad. Don't be afraid to admit that you have pain.

- Give the medications time to work. Different pain medications take different lengths of time to work. This can range from a few minutes to several hours, or perhaps even days or weeks, before you get the best relief.
- Follow the directions on the label. If you are in some pain all the time, your pain medication should be taken regularly.
- Check with your doctor, nurse or pharmacist if the labelled dose does not help your pain: You may be able to control your pain with a mild pain reliever if you take it regularly instead of once in a while.
- Tell your doctor or nurse if you are having side effects. Side effects such as nausea or drowsiness often get better after the first day or two of taking the medication, or they can be managed with medication adjustments.
- Stop taking the medication if you notice a rash, wheezing or shortness of breath. Let your doctor know straight away.
- All strong pain medications may cause constipation and you may need to take regular laxatives if you are on strong pain relief.
- If you want to stop taking a medication because of side effects, talk to your doctor or nurse first.

Breakthrough pain

You may get pain between your doses of medication. This is called breakthrough pain.

This may be because the amount of medication you are taking is not enough or because the pain is worse at times – for example, after activity.

If the pain relief is wearing off before the next dose is due, tell your doctor or nurse. Ask if you may take the medication in larger doses to keep the pain under control.

Procedural pain

Many diagnostic and treatment procedures are painful. Pain related to procedures may be treated before it occurs. Local anaesthetics and short-acting medications can be used to manage procedure-related pain, if enough time is allowed for the drug to work. Anti-anxiety drugs, sedatives, imagery or relaxation are also useful in managing procedure-related pain and anxiety.

Procedures are easier to tolerate when you know what to expect. Having a relative or friend stay with you during the procedure may help.

Care with other medications

When you are taking medication for pain, ask your doctor, nurse or pharmacist about taking any other medications.

- Many cold pills and over-the-counter (non-prescription) medications can be taken along with analgesics with no harmful effects. However, some cold medications contain pain relievers and if you take them you may need a lower dose of your pain medication.
- Many medications for colds, menstrual pain, headaches and joint or muscle aches contain a mixture of drugs, including aspirin. Cancer patients are usually told to avoid aspirin, especially if they've recently had chemotherapy, because it increases the risk of bleeding into the stomach or intestines.
- Over-the-counter medications for allergies may make you feel drowsy. Some pain medication can also cause sleepiness. Taking them together can make it dangerous to drive or to operate machinery.

Medications for mild pain

Medications used to control mild pain (e.g. a pain score of 1 to 3 out of 10) include:

- paracetamol
- non-steroidal anti-inflammatory drugs (NSAIDs).

These medications are excellent at relieving bone and muscle pain, or pain in the skin or the lining of the mouth, and some other types of pain. They are usually the first choice in

mild pain and can be used with other pain medications for moderate to severe pain.

Paracetamol

You should take no more than eight pain relievers containing paracetamol a day (not more than 4 grams per day) unless your doctor says it's OK.

The limit for children depends on how much they weigh, so you should check with the doctor, nurse or pharmacist.

Remember that some combination pain relievers, such as Panadeine Forte, contain paracetamol, so these count towards your total intake.

Non-steroidal anti-inflammatory drugs

Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, naproxen and diclofenac, vary in dose, frequency of dose and side effects.

Side effects include indigestion or stomach ulcers. They can also increase your risk of bleeding in the stomach or intestines so it is very important to ask your doctor or nurse before taking them. This is especially important if you are on chemotherapy or other medications (such as warfarin) that also increase your risk of bleeding, or if you have had stomach ulcers before.

You may be given other medications, which are like NSAIDs, but may be less likely to cause indigestion and bleeding.

Medications for strong pain: Opioids

Medications used for stronger pain are called opioids.

Some opioids, such as codeine, aren't as strong and are used for less severe pain (e.g. a pain score of 4 to 6 out of 10).

Strong opioids, such as morphine, hydromorphone, oxycodone, fentanyl and methadone, are safe and effective for moderate to severe pain. The dose of opioid needs to be worked out for each person to match their pain level.

Fentanyl can be given via a patch, which is very convenient and only needs to be changed every third day. This is used mainly for severe stable pain.

A new option, buprenorphine, can be given through a skin patch which only needs to be changed every seven days. This is used mainly for moderate to severe stable pain.

Trade and generic names for common opioids

Morphine

Liquid immediate release – Ordine

Tablet immediate release – Anamorph, Severedol

Slow release – MS Contin, Kapanol, MS Mono

Oxycodone

Liquid immediate release – Oxynorm

Capsule immediate release – Oxynorm

Tablet immediate release – Endone

Suppository immediate release – Proladone

Slow release – Oxycontin

Hydromorphone

Tablet immediate release – Dilaudid

Liquid immediate release – Dilaudid

Methadone

Tablet – Physeptone

Tramadol

Capsule immediate release – Tramal, Zydol

Capsule slow release – Tramal SR, Zydol SR

Fentanyl

Skin patch slow release – Durogesic

Lozenge immediate release – Actiq

Buprenorphone

Skin patch slow release – Norspan

Lozenge – Temgesic

Common questions about opioids

Will I become addicted to opioids?

No. People taking morphine or other opioids for cancer pain do not become addicted unless they have had addiction problems in the past. Fears of addiction sometimes prevent people from taking medicine for pain. The same fears also prompt family members to encourage loved ones to "hold off" between doses. But people in pain get the most relief when they take their medicines and treatments on a regular schedule.

Are the side effects worse than the pain?

Opioids often make people drowsy and sick in the stomach when they first start taking them, but this should last for only one or two days. Tell your doctor or nurse if it lasts longer.

Strong opioids such as morphine also cause constipation and most people taking these drugs regularly need a laxative. Drinking plenty of water, eating a high-fibre diet and getting some exercise also help prevent constipation.

Other possible side effects include itchiness, a dry mouth, problems with breathing, gradual overdose, and problems with sexual function. In rare cases a patient may become confused while on morphine. If these side effects happen to you, tell your doctor or nurse so they can do something about it.

Will I have to have injections?

Probably not – strong pain relievers are usually given by mouth in either liquid or tablet form. If you are vomiting, opioids can be given by a painless injection under the skin (subcutaneously).

Opioids can be injected into a vein for short-term pain relief, such as after surgery. This is called intravenous opioid treatment.

In some situations, patients may use a computer-controlled system to deliver effective and safe doses whenever they need pain relief. This is called Patient Controlled Analgesia (PCA).

Will I get used to the opioid so that it won't work if my pain gets worse?

Firstly, your pain may not get worse. Cancer treatment may make your pain better and you may need less pain medication or even none. If your pain does get worse, the dose of opioid can be increased to keep the pain under control. There is no benefit to saving the pain control for a later time.

What if I get breakthrough pain between my regular doses of opioid?

You can take extra (breakthrough), or top-up, doses of a short-acting opioid. These doses start working fairly quickly (in 30 to 40 minutes) and are taken as well as your regular doses. It is helpful to write down how many extra doses you are taking to keep a record of how many you need. You may find your pain increases with some activities, and taking an extra dose of medication beforehand may allow you to enjoy that activity more.

Can I stop taking the opioids at any time?

If your pain gets better, morphine and other opioids should be reduced gradually then stopped. It is important not to stop taking these pain medicines suddenly because this can cause flu-like symptoms.

Can I drive when I am on opioids?

Doctors have a legal responsibility to advise patients not to drive if they are a risk to others. During the first days of opioid treatment, you might be less alert and driving is unwise at this time. Once the dose is stabilised, you can consider driving, keeping in mind the following points:

- Don't drive in the dark, when conditions are bad, for long distances or if you feel drowsy.
- Don't drink alcohol and drive.
- Check if you are able to drive safely by driving first on a quiet road.

Questions from carers

What if they ask for more pain-killer?

Only the patient can feel how much pain they are in. If you have been using a pain scale together, this can help you both communicate the need for extra doses.

Do I need to keep opioids locked up like they do in hospital?

As with all medications, it is necessary to keep opioids away from children, perhaps in a high cupboard. If a member of your household or a visitor has a drug dependence problem, it is safest to keep the opioids in a secure place.

Can someone on opioids sign legal documents?

If a patient becomes drowsy or very anxious in the first few days of opioid treatment, it makes sense to delay important decisions until things are stabilised. If there is any doubt, ask your GP to examine the patient and determine whether he or she is fit to sign, otherwise documents can be contested later.

If they become unconscious, should I stop the opioids?

If the patient becomes unconscious unexpectedly, call your doctor or nurse straight away. Unconscious patients in pain become restless, especially if a regular dose of opioid is missed, leading to withdrawal symptoms. Ask your nurse or doctor about other ways of giving opioids if the patient can no longer swallow.

Call your doctor or nurse if:

- the patient becomes suddenly drowsy
- the patient's bowels have not been open for 4 days or more
- the patient is vomiting and cannot take the pain relief
- the pain is severe despite analgesia and breakthrough doses.

Other medications

The following drugs might be prescribed along with the opioids to help you get the best pain relief. They work on particular kinds of pain. Some of these drugs take a few days or weeks to work, so opioids are used to keep the pain at bay in the meantime. The dose of the opioid drug may then be able to be lowered, reducing side effects without losing control of the pain.

There are great differences in how patients respond to these drugs. Side effects are common and should be reported to the doctor.

- Antidepressants, such as amitriptyline or doxepin, are useful for burning nerve pain.
- Anti-convulsants, such as carbamazepine, valproate, gabapentin or pregabalin, are helpful for burning or shock-like nerve pain.
- Anti-anxiety drugs, such as lorazepam or diazepam, may be used to treat muscle spasms that often go along with severe pain.
- Steroids, such as prednisone or dexamethasone, are useful for headaches caused by cancer in the brain, or pain from nerves or the liver.
- Bisphosphonate tablets or drips, such as pamidronate or clodronate, may help prevent bone damage from cancer and help control bone pain. However, bisphosphonates may themselves cause severe and sometimes disabling pain in the bones, joints, and/or muscles. This pain may develop after these drugs are used for days, months, or years. The use of bisphosphonates is also linked to the risk of bisphosphonate-associated osteonecrosis. Talk to your doctor for more information.
- Local anaesthetics (drugs that cause numbness) can be helpful for nerve pain.

These drugs can be given by mouth or drips. In very severe nerve pain an infusion under the skin using a butterfly needle and a small pump may be needed. Drugs used for this technique include opioids, ketamine, lignocaine and midazolam.

When pain won't go away

If medications don't relieve your pain, your doctor may suggest you go to a pain medicine specialist to discuss other options, including the following:

Epidural or spinal medication

Sometimes, to control cancer pain, morphine needs to be used in high doses that give side effects. Delivering the morphine directly onto the nerves in the spine can give good pain relief with fewer side effects. This may be done with an implanted pump that sits under the skin, connected to a tube placed close to the nerves. This is called an epidural or spinal catheter. Sometimes other drugs are added to improve pain control. This form of treatment requires close supervision, but can be very helpful.

Nerve blocks

When certain substances are injected into or around a nerve, that nerve is no longer able to transmit pain. This is called a nerve block. Sometimes nerves to part of the gut or the pancreas can be blocked to give good pain relief, especially in pancreatic cancer. This is called a plexus block.

Surgery

In rare cases, surgery on the brain or spinal cord (neurosurgery) can help pain.

Relieving pain without medication

For some people, pain can be relieved without using medication.

You may need the help of health professionals to learn to do these techniques yourself. Friends or family members can help with some of them. These techniques can also work well when used with your pain medication.

- Relaxation relieves pain or keeps it from getting worse by reducing tension in the muscles. It can help you fall asleep, give you more energy, reduce your anxiety, and make other pain relief methods work better. For example, some people find that a pain medication or a cold pack works faster and better when they relax at the same time.
- Imagery involves thinking of a pleasant scene, for instance a beach or mountain, to take your mind off the pain.
- Hot or cold packs may be applied to areas of pain with good relief.
- Massage is very relaxing and may relieve muscle spasms and contractions.
- Distraction involves focusing attention on something other than the pain. Listening to music may be helpful.
- Acupuncture involves inserting thin needles at points in specific parts of the body to control pain sensations.
- Physiotherapists can help you get your body moving and working the way it used to. They can also show you the best ways to sit and lie to relieve pressure on parts of the body and improve circulation and reduce swelling.
- Emotional support can help relieve anxiety or depression.
- TENS (transcutaneous electric nerve stimulation) involves applying a mild electric current to the skin where the pain occurs. The current produces a pleasant sensation and relieves some types of pain.

Sources

We thank the following organisations for allowing their information to be used for this factsheet:

Cancer Council New South Wales
www.cancercouncil.com.au

National Cancer Institute (USA)
www.cancer.gov

NATIONAL CENTRE FOR GYNAECOLOGICAL CANCERS
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