

Cancer pain

Common questions

This information sheet answers some common questions about cancer pain. Many people find that knowing about their illness can help them manage it. It is not a substitute for talking to your doctors or nurses. Please use it as a guide to questions you want to ask.

Does everyone with cancer have pain?

No. Some people with cancer have no pain at all.

Around one in two people who are treated for cancer have pain after their treatment. People who have advanced cancer (cancer which spreads through the body from its original site) are likely to experience pain from their cancer. About nine in ten people with advanced cancer have pain.

Will I get cancer pain?

Your doctor may be able to tell you if you are likely to experience pain, for example if you might have pain after a treatment. However, doctors can't always predict whether a person will have pain from their cancer, or whether their pain will be mild or more severe.

Remember that you can still have headaches, stomach aches and other aches and pains that are not related to your cancer. Tell your doctor about any pain that worries you.

Why does cancer cause pain?

Pain happens when nerves detect damage to the body and send a message to the brain, causing the sensation of pain to occur. Pain is useful when it helps you avoid doing something risky, like putting your hand in very hot water. With cancer and other illnesses, it can alert you to the fact that there is a problem, like a tumour growing.

Pain in cancer can happen for different reasons:

- a tumour can press on a nerve or affect the way an organ works
- surgery and radiotherapy can cause pain when normal tissue is damaged
- nerves can 'carry' pain around the body, so pain can sometimes be felt in a place well away from the thing that is causing it. This is called 'referred' pain.

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How does it feel?

'Pain hurts.' Each of us knows when we feel pain, although it can be hard to describe to someone else. It can be sharp or dull, mild or strong, short-term or long-term. When it is not relieved, pain can cause tension and fatigue.

Pain can be acute or chronic. Acute pain is usually sharp and often has an obvious cause, like an injury. If the injury can be fixed, so usually can the pain. Chronic pain lasts for a longer time and can be more challenging to treat.

Tell your nurses and doctors how you feel your pain. This will help them find the right treatment for your pain.

How do I describe how my pain feels?

If you're having difficulty describing your pain, try these ideas:

- Rate your pain on a scale of 1 to 10. If your pain is mild—similar to a minor headache that you know will go away soon—you might rate it 1 or 2. At the other end of the scale, at 9 or 10, is very severe pain—for example, like how you imagine torture might feel.
- Use descriptive words like burning, shooting, throbbing, stabbing, dull, constant, aching.
- Try timing your pain: make a note of when it starts and when it eases.
- Where is it in your body? Draw a human figure and mark on the diagram the point/s where you feel pain.
- Ask how your pain affects you: What makes it worse? Has it changed since it began? Does it affect your sleeping or eating? Does it make you feel depressed or irritable? Do you feel sick, tired, weak or dizzy with the pain? Does medication relieve all or some of the pain?

Always tell your doctor if your pain changes suddenly or becomes more severe.

How is cancer pain treated?

There are different ways to treat cancer pain. Treatment which is aimed at relieving pain (rather than curing a disease) is called 'palliation' or 'palliative treatment'.

- The main treatments for pain are painkillers like paracetamol and aspirin, codeine, morphine and other opiates. They can be taken:
 1. orally, as tablets and capsules, etc. (for absorption through the stomach)
 2. orally, as lozenges (for absorption through the mouth)
 3. by injection, into a vein or under the skin
 4. 'transdermally', through a skin patch
 5. rectally, through a suppository or needleless injection (for people who can't take oral medications)
 6. by infusion, through a catheter near the spine. This is for people who expect to have pain over a long time.
- Non-steroidal anti-inflammatories, anti-depressants and steroids are also sometimes used to relieve pain.
- Surgery can relieve some pain, for example by bypassing a blockage caused by a tumour, by making a tumour smaller, or by draining away fluids that are causing pressure.
- Radiotherapy can ease pain by reducing the size of a tumour, especially tumours that grow in the bones.
- Nerves that are triggering pain can be blocked. This can be done with anaesthetic, chemicals, freezing or heat.
- Transcutaneous electrical nerve stimulation (TENS) can stimulate nerves so that the body releases natural painkillers, called endorphins. This can help some kinds of cancer pain
- Hormones can reduce swelling caused by some cancers.

Your doctors and nurses will try different approaches until they find the right one for your pain. During your illness, you may try several different approaches. What works for you at one stage may need to be changed at another stage.

What about side effects?

Morphine and similar drugs can cause constipation and nausea. These can be treated with other medications and sometimes diet changes. Talk to your nurse or doctor about constipation when you start having opiates, and see what you can do to prevent it.

Opiates can also make you sleepy in the first few days you take them.

A small number of people taking morphine have hallucinations. This means thinking that you see (or sometimes hear) something that isn't real. Hallucinations can be strange and frightening. Tell your doctor if this happens. They will be able to prescribe other methods of pain control.

The main side effects of palliative radiotherapy are tiredness, nausea and poor appetite over the course of the radiotherapy. The area of skin where you have your radiotherapy can become irritated and feel like it is sunburnt.

Let your doctor know if you have any side effects.

What is the best way to manage cancer pain?

Your doctor or a specialist cancer pain nurse will carefully assess your pain. Tell them as much as you can about your pain. This will help them to work out the best way to treat it.

Continuous pain needs continuous pain relief. This means your pain needs to be monitored by your medical team. It is important that you take your medications as prescribed and keep your doctor informed about pain and other symptoms.

Does treatment for pain always work?

Cancer pain can be treated. Pain can be completely relieved, or controlled to a point which is acceptable to the person who has pain. The World Health Organization estimates that the right drug in the right dose given at the right time can relieve 80–90% of cancer pain.

Do I need to reserve treatments in case my cancer gets worse?

No. The same type of painkiller—for example, morphine—can be used for people with early-stage cancer and later-stage cancer. The doctors work out which is the best painkiller, and in which dose, for each person needing pain relief.

I am reluctant to ask for more pain relief even though I am in pain

If you have pain, you need pain relief. Your doctor will give you the pain relief that will work on your pain. Be honest with yourself and the medical staff at all times: if it hurts, it can be helped.

There is no advantage to being 'stoic' or brave in the face of pain; your medical team and your friends and family would prefer that your pain be controlled.

You may be concerned that increasing pain means your cancer is getting worse. This may not be the case. If your cancer is getting worse, try talking about your fears with friends, family members or your doctor or nurses. Trying to bear increasing pain without mentioning to others will cause you a lot of unnecessary distress.

I feel bad about having cancer and I think this makes my pain worse

Fear, anxiety, depression and tiredness can all make your pain worse. Most people with cancer go through times when they feel hopeless, sad or scared. There are different things you can do to help these feelings. Talking about them with a counsellor, friend or someone else who you trust can be useful. Contact the Cancer Council Helpline on 13 11 20 for free and confidential information, if you need to.

Other symptoms that can add to pain not being relieved are fatigue, insomnia and shortness of breath. Shortness of breath can also make you feel fearful. It is important to discuss this with your doctor and nurses.

Social problems, such as changes in your finances, can add to unrelieved pain. Social workers can help, or call the Cancer Council Helpline on 13 11 20.

Are there non-medical therapies for cancer pain?

Non-medical therapies can be used with medical treatments. They could reduce the amount of medical pain relief you need. Some may help you feel calmer.

- Acupuncture may help with some cancer pain. This is an area where more research is needed. If you would like to try acupuncture, see an acupuncturist at a specialist pain clinic. Ask your doctor for a referral.
- Hypnotherapy may help with some pain, but is unlikely to work with all cancer pain. Talk to your doctor about hypnotherapy if you wish.
- Relaxation techniques like meditation, visualisation, massage and music therapy can help to relieve feelings of anxiety that can worsen your cancer pain. Your hospital may run relaxation programs, or contact the Cancer Council Helpline.
- Other members of your treatment team, such as physiotherapists and occupational therapists, can help with pain. They can advise you on how to position yourself to reduce your pain, and with equipment that also may help.
- Other non-medical measures for mild or moderate pain include hot water bottles and ice packs (try both to see which works best) and warm baths. If a part of your body is especially painful, try different positions, to find one that causes the least pain.
- Try doing things that keep your mind off your pain: talk with friends, watch TV or listen to music or the radio. If you have a special interest, pursue it when you can.

Can I become addicted to opiates prescribed for cancer pain?

Don't be afraid to take opiates for cancer pain, if that is what your doctor recommends. For a lot of people with cancer pain, opiates are the simplest and best solution. Like most medications, they have side effects, but these can be managed.

It is normal to develop symptoms of tolerance and withdrawal when you need to take opiates for a longer period. This means the amount you take may have to be increased every so often, for as long as you need to take opiates. Opiates can cause symptoms of withdrawal if they are stopped suddenly. You should not experience these symptoms: when you don't need to take opiates any more, your doctor will gradually reduce the dose, so your body can adjust.

Because you will be having these medications in a controlled way, at a dose that is right for your pain, you will not experience the cravings and sicknesses that affect addicts.

My family says I shouldn't be taking opiates

Sometimes, families have different opinions from the medical staff and the person with cancer about that person's treatment. If this happens, explain to your family that you are doing what you believe is in your best interests. Your doctor or the nursing staff may need to also talk to your family about why they have recommended a particular treatment for you.

For more information contact the Cancer Council Helpline on 13 11 20 (cost of a local call). This is a confidential service staffed by cancer nurses. Information is available in languages other than English.