

THE PAIN TEAM

- ◆ If pain still persists even with large doses of morphine-like drugs, a dedicated pain team may be asked to assist the palliative care specialists in controlling pain.
- ◆ Morphine-like drugs may not help nerve pain, due to pressure or nerve damage, as a result of the disease or its treatment. Antidepressant drugs such as amitriptyline, and anti-epileptic drugs such as gabapentin or steroid can sometimes help nerve pain.
- ◆ Sometimes painkilling drugs are given as a continuous infusion next to the spinal cord (epidural infusion) which can be continued at home.
- ◆ Pain killer may be infused through an implanted device directly in to the spine to control pain and this may avoid the side effects encountered by taking oral pain killer (especially morphine type pain killers). This service is available for suitable patients at The Walton Centre.
- ◆ Nerve numbing pain relief procedures e.g. cordotomy, spinal neurolytic blocks etc. may be necessary to alleviate particular pain conditions. A pain specialist must carry these out and these are available at The Walton Centre.

WHERE TO GET HELP AND SUPPORT

Macmillan Cancer Relief www.macmillan.org.uk Tel. 0808 8080 000

This leaflet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Centre for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK www.thewaltoncentre.nhs.uk

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.

Copies of this leaflet are available from The Pain Relief Foundation, Clinical Sciences Centre, University Hospital Aintree, Lower Lane, Liverpool L9 7AL, UK. Registered Charity No. 1156227 Tel. 0151 529 5820, Fax. 0151 529 5821, Email: Hayley.McCullough@[painrelieffoundation.org.uk](mailto:Hayley.McCullough@painrelieffoundation.org.uk)

Other leaflets in the series:

Trigeminal Neuralgia	Phantom Limb Pain	Sciatica
Arthritis	Fibromyalgia	Complex Regional Pain Syndrome
Shingles & PHN	Low back pain	Pain in Diabetes
Headache	Central Post Stroke Pain	Opioids for chronic pain
Drugs for nerve pain	Over-the-counter medicines for pain	Chronic pain & sex

Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice.



PAIN RELIEF FOUNDATION

www.painrelieffoundation.org.uk

MANAGING CANCER PAIN

CANCER PAIN

- ◆ Pain is one of the most feared, and one of the commonest symptoms associated with cancer.
- ◆ But it is important to know that pain can be well controlled in most cases, often with simple combinations of medicines.
- ◆ This leaflet explains what can cause pain in cancer and describes various ways of dealing with pain. It also talks about the fears that many patients have about taking strong painkillers, like morphine.

WHAT CAN CAUSE PAIN IN CANCER?

- ◆ The cancer can cause pain itself because of damage to tissues, such as bone, muscle or nerves or by pressure on various sensitive parts of your body.
- ◆ Sometimes pain may be related to the treatment you have received for your cancer, such as surgery, radiotherapy or chemotherapy, or to other things, such as constipation or pressure sores.
- ◆ The kind of treatment you will be offered depends very much on what your doctor thinks is causing the pain.
- ◆ It is very important that you do not suffer in silence. The doctors and nurses may not be aware of your pain and what it feels like, so please do not be afraid to tell them.
- ◆ You may be asked to describe more about your pains. You may be examined and tests may be done in order to find out exactly what is causing the pain.

- ◆ Other symptoms, which may be associated with cancer, such as diarrhoea, breathlessness, loss of appetite and tiredness can all make the burden of pain from cancer feel worse. Fear, anxiety and depression can also make things feel much worse. Do tell your doctors and nurses how you are feeling.

TREATMENT FOR PAIN RELIEF IN CANCER

- ◆ Cancer pain can usually be well controlled. However, sometimes it may take a few days, or longer, to achieve this control.
- ◆ The first step is to aim to have a pain free night so that your sleep is not disturbed. The next step is to try to reduce the amount of pain you experience during the day when resting. Finally, the aim is to ensure that pain is well controlled when you are up and about.
- ◆ Depending on what is causing the pain, your doctor will choose a combination of painkillers to take regularly, or he may refer you to other specialists for different treatments.
- ◆ Cancer treatments are sometimes used for pain control, even if they will not cure the cancer, such as surgery, chemotherapy, radiotherapy or hormone therapy. These treatments aim to remove or shrink the tumour, or deal with some of its effects.
- ◆ If pain is not adequately controlled with regular doses of painkillers, such as anti-inflammatory drugs, e.g. ibuprofen, or those containing combinations of codeine (a weak morphine type drug) and paracetamol, your doctor may advise you to take a regular dose of a strong painkiller like morphine.
- ◆ It is important to take pain medication regularly to prevent the pain from coming on, rather than waiting until the pain is unbearable.
- ◆ Painkillers can be taken by mouth, in tablet or liquid form, as suppositories, as skin patches, which are changed every third day, or by injection or continuous infusion using a device called a syringe driver.

MORPHINE - Common worries about taking morphine

- ◆ Morphine is the oldest and best painkiller known to man. It has helped relieve suffering in millions of cases. Doctors and nurses who work both in hospitals and care for you at home are very familiar with how to use morphine safely and effectively.
- ◆ People who take morphine for cancer pain almost never become addicted, even though this is a common fear.

- ◆ Many patients are afraid that once they start taking morphine that it is the end for them. However, many patients take morphine for many years, even in large doses. Using morphine to free you from pain is an important part of your treatment and will mean you can better enjoy your time with your family and friends.
- ◆ The most common side effect of morphine is constipation. This can be prevented by taking laxatives regularly. Sometimes morphine can cause drowsiness and nausea, but this usually settles after a few days. If it persists ask your doctor or nurse for advice.
- ◆ Patients often worry that if they start taking morphine, there will be nothing stronger if the pain gets worse. Pain does not necessarily get worse and in some cases it may get better. If the pain does get worse, your doctor will reassess your situation. He may decide to increase the dose of painkiller that you are taking, or add an additional treatment. In some cases he may offer other forms of pain relief other than drugs.

PALLIATIVE CARE & THE HOSPICE MOVEMENT

- ◆ Palliative care is about the importance of managing symptoms and providing support for you and your family.
- ◆ You must let the doctors and nurses caring for you know how you feel. In some cases you may be offered help from a specialist nurse, such as a Macmillan nurse, who can give you help and support in managing any problems.
- ◆ The Hospice movement was started to help relieve the symptoms, (such as pain), in cancer and other time-limiting illnesses. Hospices offer holistic care. Patients and their families are helped to cope with the consequences of cancer, with dignity, in a calm and peaceful environment.
- ◆ Patients can be admitted for a period of assessment and treatment and then return home if they want to. Some patients choose to spend their last days or weeks in the hospice.
- ◆ Hospice care provides counselling and support to patients, relatives and carers.
- ◆ Macmillan Nurses are available for home care so the patient can remain at home if possible. They can offer help and advice to patients and carers.