



## Don't let pain interfere

with getting back  
into your routine.

People can be funny about pain: some may dwell on it excessively while others may try to be heroic and “just put up with it.” Neither is a healthy response to pain. Taking control of pain is the proper approach.

When pain is not treated, you may become depressed, angry, tired, worried, and lonely. When pain is managed, however, you can sleep and eat better; enjoy activities, family, and friends; resume work; enjoy sexual intimacy; prevent depression; and generally have a stronger sense of well-being. Fortunately, these days, pain can be treated with great effectiveness, so you don't have to accept it as a normal part of having had cancer.

### What Causes Pain in People Who Have Had Cancer?

**The treatment:** Various cancer treatments, such as surgery or radiation, may themselves cause pain – sometimes for a period of time after the treatments.

**The ordinary things:** Just like anyone else, people who have had cancer can get headaches, toothaches, muscle strain, joint pain, etc. – and none has anything to do with either the illness or the treatment.

### Important Points About Treatment of Cancer Pain

- **Pain can almost always be relieved:** There are many different medicines and methods available to control pain. You should expect your doctor to seek all the resources necessary to make you as free of pain as possible. If you are in pain and your doctor has exhausted the options, however, ask to see a pain specialist.
- **Preventing pain from starting is the best way to control it:** Pain is best relieved when treated early. Some people refer to this as “staying on top of the pain.” Don't try to hold off as long as possible between doses. Pain may get worse if you wait, and it may then take longer, or require larger doses, to get relief.
- **Telling the doctor or nurse about pain is not a sign of weakness:** There is no need to be stoic or brave if you have pain – even though you are no longer in treatment. In fact, as soon as you have any pain, you should speak up. Remember, it is easier to control pain when it just starts rather than waiting until after it becomes severe.
- **People who take pain medicines rarely become addicted:** Addiction is a common fear, and that fear may prevent people from taking the medicine. As long as the medicines are prescribed by a doctor and taken as prescribed, however, even the strongest pain relievers – the opioids – rarely cause addiction.

- **Most people do not get "high" on pain medicines for cancer:** Some pain medicines can cause you to feel sleepy when you first take them, but this feeling usually goes away within a few days. Some people may get dizzy or feel confused when they take pain medicines, but changing the dose or type of medicine usually solves the problem.
- **Side effects from medicines can be managed or often prevented:** Some medicines can cause constipation, nausea and vomiting, or drowsiness, but these side effects usually go away after a few days of taking the medicine. If not, many side effects can be managed by changing the medicine, the dose, or the times when the medicine is taken.
- **Your body does not become immune to pain medicine:** Sometimes, what does happen is that your body may get used to the medicine you are taking so you may not experience the same degree of relief as you did originally. If that were to happen, the medicine can be changed or other medicines added.

## What Are the Different Types of Pain?

**Acute:** Acute pain is severe and lasts a relatively short time. People who have completed treatment for cancer do not usually have acute pain.

**Chronic:** Chronic or persistent pain may range from mild to severe and is present to some degree for long periods of time.

**Breakthrough:** People who have chronic or persistent pain that is controlled by medicine may have breakthrough pain. This occurs when moderate to severe pain "breaks through," or is felt for a short time. It may occur several times a day, even when the proper dose of medicine for the chronic pain is being taken.

## Assessing Your Pain

When you talk to your doctor, nurse or pharmacist about your pain, it will be helpful if you can describe how much pain you are feeling. Using a pain scale is helpful for this. Assign a number from 0 to 10 to your pain level, with 0 being no pain at all, and 10 being pain that is as bad as it can be.

You can also use this pain scale to describe:

- How bad your pain is at its worst.
- How bad your pain is most of the time.
- How bad your pain is at its least.

Also tell your doctor, nurse, and pharmacist:

- Where you feel the pain.
- What it feels like – sharp, dull, throbbing, steady.
- How long it lasts.
- What eases the pain and what makes it worse.
- What medicines you are taking for the pain and how much relief you are getting from them.

## Medicines Used to Relieve Pain

The type of medicine and the method by which it is given depend on a number of factors, including the type and cause of pain.

### For Mild to Moderate Pain

Non-opioids: Acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen. In many cases, non-opioids are all you need to relieve your pain, especially if you "stay on top of the pain" by taking them regularly. These medicines are stronger pain relievers than most people realize. For example, certain doses of opioids given by mouth are no more effective than two or three regular tablets of aspirin, acetaminophen, or ibuprofen.

### For Moderate to Severe Pain

Opioids (also known as narcotics): Morphine, fentanyl, hydromorphone, oxycodone, and codeine. Sometimes opioids are used along with non-opioids for moderate to severe pain.

### For Breakthrough Pain

Rapid-onset opioids: Immediate-release oral morphine. This is a short-acting opioid, which relieves breakthrough pain quickly.

### For Tingling and Burning Pain

Antidepressants: Amitriptyline, nortriptyline, and desipramine. Antidepressants are often prescribed as pain relievers for certain types of pain. Taking them does not mean you are depressed.

Anticonvulsants (antiseizure medicines): Carbamazepine and phenytoin. Despite the name, anticonvulsants are used not only for convulsions, but also to control burning and tingling pain.

### For Pain Caused by Swelling

Steroids: Prednisone, dexamethasone. They are used to lessen swelling, which often causes pain.

### How Is Pain Medicine Given?

There are many ways to get the pain relief medicine you need:

- Orally: the medicine is given in a pill or capsule form.
- Skin patch: a bandage-like patch placed on the skin, which slowly but continuously releases the medicine through the skin for two to three days. This method of delivery is less likely to cause nausea and vomiting.
- Rectally: the medicine is in a suppository which, when inserted in the rectum, dissolves and is absorbed by the body. This method of delivery is also less likely to cause nausea and vomiting.
- Injection:
  - Subcutaneous injection: using a small needle, medicine is placed just under the skin.
  - Intravenous injection: using a needle, medicine is injected directly into the vein.
  - Intrathecal and epidural injection: using a needle, medicine is placed directly into the fluid around the spinal cord (intrathecal) or into the space around the spinal cord (epidural).
- Patient-controlled analgesia pump: the medicine is in preset doses in a computerized pump that is connected to a small tube in your body. When you need pain relief, you press a button on the pump and the medicine is injected into the vein (intravenously), just under the skin (subcutaneously), or into the spinal area.

If your pain is not well-controlled with one of the long-acting oral medicines, if you are having trouble taking pills, or if you are having irritating side effects, ask your doctor about trying one of the other methods listed above.

[Learn More](#)

[For a more complete discussion of pain relief, including non-medicinal pain relieving techniques, click here.](#)

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