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# **Cancer Pain & its management**

**A Guide for Patients, Families and Caregivers**

An Educational Initiative by National Cancer Centre Singapore

# Cancer Pain & Its Management

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# Introduction

Not all people with cancer have pain. But if you do, this patient education booklet is developed to help you understand more about cancer pain and how it can be managed. It also covers the use of pain medications and other non-drug options for pain relief.

We hope that this booklet will provide you with relevant information and coping techniques, as well as answer some of the questions you may have. However, information within this booklet only serves as a guide. We hope that you will be able to use it as a basis to discuss with your doctor about available treatment choices, as well as the best option for you.

If you have any questions about the information covered in this booklet, or if there is any information that you are seeking which is not covered here, please do not hesitate to contact the Cancer Helpline at tel: 6225 5655 or email: [cancerhelpline@nccs.com.sg](mailto:cancerhelpline@nccs.com.sg).

## Why do I have pain?



Cancer and its treatment can cause pain in a number of ways:

- **Direct effect of cancer** damaging or affecting tissues or nerves in the body
- **Medical tests** used to diagnose cancer and determine the effects of cancer treatment (e.g. bone marrow test, biopsy)
- **Side effects from cancer treatments** like surgery, chemotherapy or radiation therapy. Certain types of chemotherapy, for instance, can cause side effects such as pain and numbness in the fingers and toes, which may go away after your treatment completes.

You may also have pain unrelated to your cancer. Examples of non cancer conditions that may cause pain include migraine or arthritis.

Pain can affect people physically and emotionally. You may be thinking that your cancer has worsened or spread. However, the amount of pain may not reflect the degree of cancer growth or spread. A small tumour pressing on the nerves can cause very bad pain, and a large tumour elsewhere may not cause any pain at all.

Regardless of the cause, it is important to remember that **all pain can be treated**. Some people feel that having cancer means they should live with the pain, and do not want to tell others about it. However, it is your right to have your pain controlled, and you do not need to suffer from it. Most kinds of pain can be safely and effectively prevented or relieved with drug and non-drug therapies.

### **What can I do?**

The first step to good pain control is to tell your doctor early that you have pain. Try to provide your doctor with as much information as you can about your pain, and follow the treatment plan as suggested by the doctor. You should also discuss with your doctor or specialist nurse regarding any worries you may have regarding your pain or pain medications.

# How will my pain be managed?



## Assessing the pain

Your doctor will first ask you some questions to determine the type of pain you have. Commonly asked questions include:

- Where is your pain? Does it spread anywhere?
- When did it start?
- How often does it occur?
- How does the pain feel like?
- What brings it on?
- How bad is the pain?
- What relieves or worsens the pain?
- What else occurs together with the pain? (e.g. numbness, tightness)
- In what way does the pain affect your life? (e.g. appetite, sleep, mood)

Your doctor will also consider other factors (e.g. location and stage of your cancer, your treatment preferences, effectiveness of previous treatments) when deciding on the best strategy to manage your pain. Imaging tests such as x-rays may at times be recommended to find out more about your pain.

## Rating the pain

Your doctor or nurse will ask you to rate your pain each time he/she sees you, to keep track of your pain and monitor the effectiveness of any pain relief treatment. The **number scale** is most commonly used, where you rate your pain using numbers from 0 (no pain) to 10 (the worst pain you can imagine). **Other scales** include:

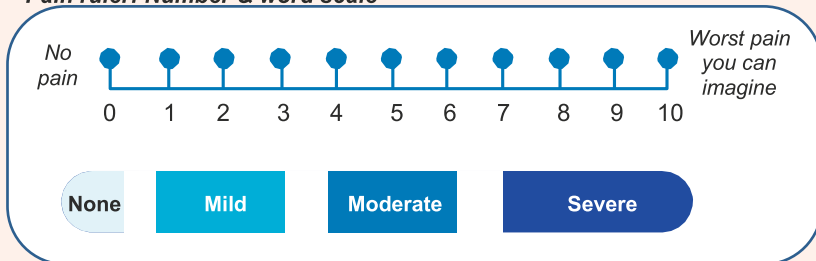
### Word scale

Pain is rated using the words "none", "mild", "moderate" or "severe".

### Visual scale

Sometimes it is easier to rate your pain visually. If so, you may be asked to rate your pain using the pain ruler or the faces scale below.

#### *Pain ruler: Number & word scale*



#### *Wong-Baker Faces Scale*



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

## Identifying the type of pain

Different types of pain need different treatment regimens.

- **Acute pain** occurs suddenly and tends to last a short time. For example, having a surgery can cause acute pain. The pain improves as the wound heals. In the meantime, pain medications can keep the pain under control.
- **Chronic pain** is a longstanding pain that usually lasts for more than 3 months. It can result from the direct effects of cancer or its treatment, but may also be unrelated to cancer in some cases. Any uncontrolled pain can develop into chronic pain, which is more difficult to manage. It is therefore important to take pain medications as prescribed, and not try to put up with the pain.
- **Breakthrough pain** is a sudden increase in pain that “breaks through” the normally felt pain level. It may occur out of the blue or in certain situations, even as you are taking regular medications for your pain. Your doctor may advise you to take “top up” doses of pain medications to manage breakthrough pain.





Pain may also be classified according to why they occur:

- **Nerve pain**, or **neuropathic pain**, occurs when there is pressure or damage to the nerves or spinal cord. It can be described as “burning”, “shooting”, or a feeling that “something is crawling under the skin”. At times, it can also be difficult to describe exactly how it feels. This type of pain may be more difficult to treat.
- **Soft tissue pain** or **visceral pain** means pain from an organ or muscle. For example, a tumour in the liver may cause abdominal pain. This type of pain is often described as sharp, cramping or aching.
- **Bone pain** occurs when cancer spreads to the bone and damages the bone tissue. This type of pain is often described as aching, dull or throbbing.
- **Referred pain** describes the pain felt in a part of the body which is different from the original site of pain. For instance, a swollen liver can cause pain in the right shoulder, as it presses on nerves that end in the shoulder.
- **Phantom pain** describes pain in a part of the body that has been removed by surgery. For instance, one may experience pain in the breast or limb that has been removed due to cancer. The exact cause of phantom pain is still unclear, but many experts believe that it could be due to mixed signals from the brain or spinal cord, as a result of adjustment to the missing body part. This type of pain usually goes away after a few months, but may last longer in some people.

Your healthcare team may also use other terms to describe your pain. Be sure to clarify with your doctor or nurse regarding any doubts that you may have.

## Treating the pain

Your doctor can relieve your pain by:

- **Treating the underlying cause(s) of the pain whenever possible.** If the tumour is causing pain directly, using anticancer treatments such as chemotherapy or radiation therapy may shrink the tumour and help reduce pain. In some cases, surgery can be used to remove as much of a tumour as possible, thereby relieving pressure and pain. At times, it may only require simple interventions to effectively reduce pain, for instance clearing bowels for abdominal pain caused by constipation.
- **Using pain medications or other methods for pain relief.** Pain medications (see next section for common pain medications) can help to lessen the sensation of pain. Other methods, such as injecting medications around a specific nerve or a bundle of nerves (nerve block), or procedures to strengthen painful bones, may also be helpful depending on your condition and the type of pain you may have.

For further management of your pain, your doctor may also refer you to other specialists, for instance a pain specialist, supportive and palliative care specialist, radiation oncologist, or interventional radiologist.



## Common pain medications

Pain medications are also called 'analgesics' or 'analgesia'. There are many types and strengths of pain medications suitable for different types of pain. Common types of pain medications include:



- **Non-opioid analgesics.**

Paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen are some examples of non-opioid analgesics. Your doctor may prescribe them to be taken on their own, or together with opioid analgesics for better control of severe pain. Although some of these medications are readily available for sale over the counter, inform your doctor if you are taking any of these on your own. This is to prevent any interactions with other medications that you may be on.

- **Opioid analgesics.** These can be prescribed for mild, moderate and severe pain, and are available in the forms of tablets/capsules, liquids, injections and skin patches. Examples of opioids include codeine, tramadol, morphine, fentanyl, and oxycodone. You will read more about morphine later in this booklet.
- **Other drugs for pain control.** Your doctor may prescribe other drugs (called adjuvant analgesics), to take alongside opioid or non-opioid analgesics for better pain control. These may include medicines that are originally developed for other conditions. For instance, certain anti-depressants (e.g. amitriptyline, nortriptyline) and anti-seizure medicines (e.g. gabapentin, pregabalin) can help to treat nerve-related pain. Steroids can help to treat pain that is caused by swelling, and local anaesthetic drugs such as lidocaine patch may relieve pain in specific parts of the body.

## Morphine

Morphine is an effective medication which is used for pain management for many years. When taken as prescribed by your doctor, it is a safe drug to use and has a low risk of addiction.

Morphine comes in two preparations: oral and injection. Depending on your pain and condition, your doctor will decide on the preparation and dosage that is most suitable for you.

*Oral* morphine has two forms. The first is a **liquid** short-acting form that lasts about 4 hours after taking it. Once satisfactory pain relief is achieved, the liquid form will usually be converted to the **slow-release tablet**, which lasts 12 hours and is taken twice daily. The liquid form may still be used for episodes of breakthrough pain.



### What are the side effects of morphine?

It is normal for patients to worry about medication side effects. It is however important to remind yourself that not all patients experience the side effects listed here, and even if you do, all side effects can be effectively managed.

**Constipation.** Many patients will experience this but it can be prevented and treated by using laxatives regularly. While on morphine, patients should take note of their bowel movements, and inform the doctor if there are any changes in their bowel habits.

**Nausea.** Some patients may feel nauseous or even vomit when they start taking morphine. This can be prevented or treated by anti-nausea medicines, and this side effect generally wears off within a few days.

**Drowsiness.** This can occur when starting morphine especially if the patient is taking other drugs that cause sleepiness. However, as the body adjusts to the morphine it usually wears off within a few days.

Other less common side effects include dry mouth, difficulty passing urine and blurred vision.

## Frequently asked questions about morphine

### **“Will I get addicted once I start taking it?”**

Many studies have shown that patients with cancer pain do not become addicted to morphine. Even patients on high doses of morphine for long periods can be weaned off the medication if their pain is relieved by other means, such as a nerve block. Only people who take morphine for pleasure become addicted to its effects.

### **“If I take it now, will it lose its effect later on when my pain is worse?”**

The dosage of your analgesia needs to be adjusted according to the severity of your pain. If there is more pain, the dosage of morphine can be increased. If morphine is not effective, alternative pain medications can be used.

### **“I am already feeling very uncomfortable. Will the side effects make me feel worse?”**

All strong opioids can cause side effects such as drowsiness, nausea or vomiting. However, most of these will go away after a few days as your body gets adjusted to the medicine. There are also other medicines available to prevent or manage the side effects if needed.

### **“My relative was given morphine just before he died. Does this mean I am going to die soon?”**

No. It is used in relation to the severity of pain, and not the stage of illness. It is commonly used in people with moderate to severe pain at any stage of the illness, for instance after a major surgery.

### **“Will Morphine harm my organs or shorten my lifespan?”**

No. There is no evidence that morphine shortens lifespan if it is appropriately used under medical supervision. Morphine also does not worsen the function of any organs.

# Guiding you to better pain control

Your responsibilities to good pain control include:

- **Taking the pain medications as prescribed.** Some people try to take as little as possible, but it is important to follow the medication instructions exactly to get the most benefits. If the pain medication is stopped and pain remains uncontrolled over a long period of time, nerve changes may occur and make the pain more difficult to control in future.
- **Continuing with the medication, even if your pain does not seem to improve immediately.** Some medications (e.g. medications for treating nerve pain) may take a longer time (days to weeks) to work. While waiting for the medication to take effect, you should continue to take the additional painkillers as prescribed by your doctor. Discuss with your doctor if you feel that the medications are not working for you.
- **Informing your doctor or nurse if you develop new pains or symptoms, or feel worse after taking the medication.** This allows your healthcare team to adjust your medication regimen as necessary, to ensure your comfort. Examples of situations that you or your caregiver will need to alert your doctor include: extreme drowsiness, unusually vivid dreams or hallucinations, shaking, jerking or muscle twitching, and feeling confused or agitated.
- **Taking note of your pain levels and how well the medication is working for you.** You may want to record the details of your pain in a diary (see “Pain diary” at the back of this booklet), including the timings that your pain occurs, how it feels like, its location and severity, medication taken and its effectiveness. Informing your doctor or nurse of the above allows them to adjust your analgesia regimen more effectively.
- **Working in partnership with your healthcare team.** Besides using painkillers, your doctor may also refer you to our psychologists, counsellors and therapists, who can help you find other ways to manage your pain and provide strategies in managing everyday life. It is important for you to work together with them, to achieve optimal pain control.

## What else can I do to relieve my pain?

While it is important to take your pain medications as prescribed by your doctor, many people also find other non-drug therapies helpful for pain relief, as well as lessen anxiety and emotional stress caused by pain and cancer.



**Massage.** Gentle massage of the feet, hands, forehead or near the site of your pain may help to relieve pain, tension and stress.

**Hot or cold pads.** Using heat or cold may be effective in decreasing discomfort and pain. Always discuss with your doctor first before using any hot or cold pads, especially if you are receiving radiation therapy or chemotherapy. You may try gel packs from pharmacy stores, or moist towels. Be careful not to apply extreme temperatures directly to your skin.

**Acupuncture.** This is a traditional Chinese medicinal technique of inserting very thin needles at specific points of your body. Some studies have found it to be effective in relieving cancer pain. Before you go for it, be sure to check with your doctor if it is safe for you, especially if you are receiving chemotherapy.

**Distraction.** Some people find it easier to cope with their pain if they focus their attention on other things. This may be anything you like, from listening to music, taking a short walk, watching television, to taking a warm bath or doing knitting.

**Imagery.** Forming peaceful and relaxing images in your mind with your eyes closed can help take your mind off your pain, as well as reduce anxiety and difficulties sleeping. It can be the scene of a beautiful sunrise, or something that has made you happy previously. You may also imagine a light coming to take your pain away. You will feel yourself getting calmer as you go through the imagery.

**Meditation.** This may be done in any position that you find comfortable. Meditation exercises involve focusing your attention on specific things, for instance repeating a calming word or phrase, or your own breathing. Many people find it useful for relaxation and helping with the negative emotions associated with pain. If you are distracted by other thoughts, try to slowly shift your attention back to the matter of your focus.

**Breathing exercises.** This may help you relax and relieve tension, anxiety and pain. Slowly breathe in through your nose while you count to three, then release your breath through your mouth as you count to three again in your mind. You may repeat for a few cycles, while sitting or lying down in a comfortable position.

**Attending support groups.** Talking to someone else with similar condition can be helpful in relieving some of the stress and anxiety that may be making your pain worse. You may also get to know about what is effective for others or even share about your experiences to help others.





# Where can I get more information?

## USEFUL CONTACTS

### **Division of Supportive and Palliative Care**

National Cancer Centre Singapore  
30 Hospital Boulevard  
Singapore 168583

Tel: (65) 6306 5810

Fax: (65) 6683 6174

Website: [www.nccs.com.sg](http://www.nccs.com.sg)

### **Cancer Education and Information Services**

National Cancer Centre Singapore  
30 Hospital Boulevard  
Singapore 168583

Tel: (65) 6225 5655

Email:  
[cancerhelpline@nccs.com.sg](mailto:cancerhelpline@nccs.com.sg)

### **Singapore Hospice Council**

535 Kallang Bahru  
#03-09 GB Point,  
Singapore 339351

Tel: (65) 6538 2231

Email: [info@singaporehospice.org.sg](mailto:info@singaporehospice.org.sg)

Website: [www.singaporehospice.org.sg](http://www.singaporehospice.org.sg)

## ADDITIONAL RESOURCES

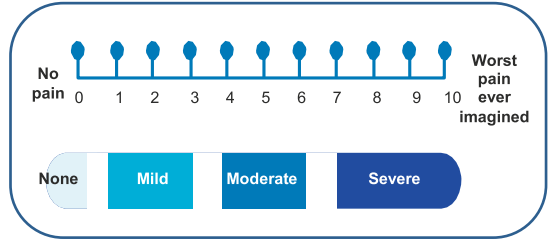
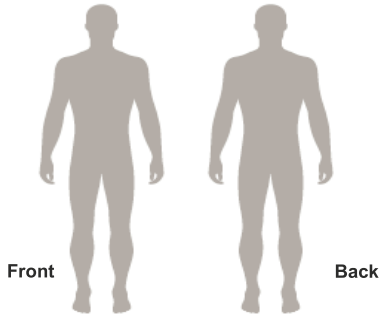
**American Cancer Society**  
[www.cancer.org](http://www.cancer.org)

**National Cancer Institute**  
[www.cancer.gov](http://www.cancer.gov)

**Cancer.Net**  
[www.cancer.net](http://www.cancer.net)

## My Pain Diary

A pain diary records how your pain is like throughout the day. It helps you and your doctor or nurse understand what makes your pain better or worse. It also helps to monitor your response to medicines or other therapies, therefore helping your healthcare team to make effective changes to your pain management plans.



Put an X on the part(s) of your body that you feel pain, and indicate when the pain(s) first started.

Date & Time	Site	Describe the pain (e.g. sharp, burning, aching, throbbing)	Pain score at first	What was done to relieve the pain? (e.g. rest, medicine)	Pain score after	How long did the pain last for?	Notes











For more information on cancer, please call the

**Cancer Helpline at Tel: 6225 5655  
or email [cancerhelpline@nccs.com.sg](mailto:cancerhelpline@nccs.com.sg)**

MONDAYS TO FRIDAYS : 8.30am to 5.30pm

SATURDAYS, SUNDAYS : CLOSED (Please leave a message.)  
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