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Cancer Pain

Pain is a personal experience that can be different for everyone. Your health care team can determine what type of pain you are having and what treatment options are best. Learn more about pain that may be caused by cancer and cancer treatment, and what types of medicines and treatments might help.

- [Pain in People with Cancer](#)
 - [How Pain Medicines Are Given](#)
 - [Opioids for Cancer Pain](#)
 - [Non-opioids and Other Drugs Used to Treat Cancer Pain](#)
 - [Treatments to Stop or Decrease Pain Signals](#)
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Pain in People with Cancer

Having cancer does not always mean that you will have pain. But if you do, it can and should be treated. Any type of pain, not just cancer pain, can affect all parts of a person's life. Some days it may be better or worse than others.

- [Causes of cancer pain](#)
- [Types of cancer pain](#)

Pain is your body's way of telling you that something is wrong. Only you know if and

when you have pain and how it feels. Pain can feel different at different times. It can be in one place or in several places of your body. People describe pain as:

- Sharp
- Dull
- Burning
- Throbbing
- Tingling
- Muscle tightness or stiffness

People with cancer who have pain may notice that their pain changes throughout the day, and that it may be different from day to day. It could be that some of the pain you're feeling is caused by something other than cancer.

Try to keep track of your pain and its symptoms, and share them with your cancer care team. This will help them better understand your pain so they can figure out the best plan to help manage it.

Causes of cancer pain

The most common cancer-related causes of pain are:

- Tumors (growing and pushing on normal parts of the body)
- Spinal cord compression
- Bone pain

Acute pain is usually severe, comes on quickly, and lasts a shorter time than other pain types. It's most often a sign that the body has been injured in some way. This pain, in general, goes away as the injury heals.

Chronic pain

Chronic pain can come on quickly or slowly and can be mild to severe. Chronic pain lasts for long periods of time. Pain is chronic if it lasts longer than 3 months. Chronic pain can disrupt your life and normal activities if it's not managed well.

Chronic pain doesn't go away unless the cause can be treated. But it can often be lessened or controlled by taking pain medicines on a regular schedule. Sometimes this is called taking pain medicines "around the clock."

Breakthrough pain

Breakthrough pain is an episode of pain that happens even though you are taking pain medicine on a regular schedule.

Breakthrough pain often has the same causes as chronic pain. Some people have

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How Pain Medicines Are Given

Pain medicines come in different forms and can be given in several ways. The way you take pain medicine depends on the type of pain, how bad it is, and where it is in your body.

Medicine that is inserted into the rectum and then is absorbed by the body.

Injections

Injections can be given several ways:

- Just under the skin using a short, small needle (**a subcutaneous or SC injection**)
- Deeper into a muscle (usually in the arm, leg, or buttocks) using a medium length needle (**intramuscular or IM injection**). This method is rarely used for pain medicines.
- Right into a vein through a needle, port, or catheter (**intravenous or IV injection**).
- Into the fluid around the spinal cord (**intrathecal injection**) or into the space around the spinal cord (**epidural injection**).

Pump or patient-controlled analgesia

A pump is connected to a small tube going into your body. The medicine might go into a vein, just under the skin, or into the area around the spine. When you need pain relief, you press a button on the pump to get a dose of pain medicine. (The pump carefully controls how much you can get at a time and how often, so you can't get too much.)

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Opioids for Cancer Pain

Opioids are types of medicine used to relieve moderate to severe pain. They are also called **opiates** or **narcotics** and are a type of **analgesic** (painkilling) medicine. Opioids work in the brain and other parts of the body by attaching to pain receptors to block the feeling of pain. Some people with cancer need opioids for cancer-related pain.

- [Common opioids for cancer care](#)
- [Opioid and non-opioid drug combinations](#)
- [How to use opioids safely](#)
- [Risk and signs of opioid overdose](#)
- [Opioid tolerance and addiction](#)
- [Side effects of opioids](#)

Common opioids for cancer care

Here are some of the common opioids used in cancer care. Brand names are in parentheses.

- Fentanyl (Actiq, Duragesic, Fentora, Lazanda, Subsys, and others)
- Hydrocodone
- Hydromorphone (Dilaudid)
- Methadone (Dolophine, Methadose)
- Morphine (Apokyn, Avinza, Kadian, MS-Contin, and others)
- Oxycodone (OxyContin, OxyIR, Roxicodone)
- Oxymorphone (Opana)
- Tapentadol (Nucynta)
- Tramadol (Ultram)

Extended release opioids

Opioids that are called extended release (ER), long-acting (LA), controlled release (CR), and sustained release (SR) are all **long-acting forms**. This means they release a little bit of the medicine over a longer period. They are often taken once or twice a day to treat chronic pain. A low dose of opioids might be prescribed first and then changes can be made based on how you're feeling.

Hydrocodone may be combined with acetaminophen or ibuprofen. For instance:

- Vicodin, Zydone, Norco, and Lortab have acetaminophen
- Vicoprofen and Reprexain have ibuprofen

How to get pain relief with opioids

It may take a few changes to find what works best for you. **Do not change how much or how often you take pain medicine without talking to your cancer care team first.** If changing the dose or frequency doesn't work, they may prescribe a different medicine or add a new one to what you're already taking. Talk to your cancer care team if your medicines aren't relieving your pain.

Learn more about [developing a pain control plan](#) with your cancer care team.

How to use opioids safely

Opioids can be taken safely to get pain relief. Opioids can affect each person differently and should be used carefully for people of different ages. Some opioids cannot be given to older adults, young children, or certain people being treated for other medical conditions.

Opioids should be taken as prescribed by your cancer care team and should be used very carefully for several reasons:

- Some pain medicines may affect how other medicines work.
- Pain medicines can affect people differently.
- While opioids are good at managing pain, they can be misused

Your cancer care team may prescribe opioids for increasing or severe pain and will talk to you about how to safely take opioids. Talk to your cancer care team to get answers to your questions or concerns.

If you are taking opioids, here are some important tips:

- Store your medicines in a place no one else can get to them, such as in a locked box.
- Only take opioids that your cancer care team tells you to take. Don't take more or less than you are prescribed.

- Cold or clammy skin
- Pale or bluish skin in fair-skinned people; in people with darker skin, it might turn grayish or ashen.

Symptoms of withdrawal are:

- Anxiety and depression
- Chills and sweats
- Belly cramps and diarrhea
- Trouble sleeping and staying asleep

It's important to know that not everyone who uses opioids will become addicted or misuse them. Opioids can be safely taken when used responsibly and as prescribed.

Side effects of opioids

It is normal to have side effects when taking opioids, but everyone might not have side effects. The most common side effects are:

- Sleepiness
- Constipation
- Nausea and vomiting

Some people might also have:

- Dizziness
- Itching
- Nightmares, confusion, and hallucinations
- Slow or shallow breathing
- Trouble urinating ('peeing' or emptying your bladder when going to the bathroom)

Many side effects from opioid pain medicine can be managed. Some of them such as nausea, itching, or drowsiness, might go away after a few days as your body adjusts to the medicine. If you're having any side effects, let your cancer care team know and ask for help managing them.

Drowsiness or sleepiness

You might find that you feel sleepy when you first start taking opioids. If pain has kept you from sleeping, you may sleep more for a few days after starting opioids while you "catch up" on your sleep.

You also will get less sleepy as your body gets used to the medicine. Call your cancer care team if you still feel too sleepy for your normal activities after you've been taking the medicine for a week.

But if you continue to have drowsiness, or it gets worse and it becomes more of a problem, ask your cancer care team:

- If you can take a smaller dose more often or an extended-release opioid.
- What you can do to get better pain relief, if the opioid is not relieving the pain. The pain itself may be tiring you out. In this case, better pain relief may lead to less sleepiness.
- For a small decrease in the opioid dose. If the drowsiness is very bad, you might be taking more medicine than you need.
- About changing to a different medicine.
- If you can take a mild stimulant such as caffeine during the day.

Sometimes it may be unsafe for you to drive a car, or even to walk up and down stairs alone. **Don't do anything that requires you to be alert until you know how the medicine affects you.**

Constipation

Opioids cause constipation in most people, but it can often be prevented or controlled. Opioids slow the movement of stool through the bowels, which allows more time for water to be absorbed by the body. This makes the stool harder.

When you start taking opioids, your doctor might suggest taking a laxative, stool softener, or other treatment to help keep your stool soft and your bowels moving. See [Constipation](#)² for more information.

Nausea and vomiting

Nausea and vomiting caused by opioids usually go away after a few days of taking the medicine. See [Nausea and vomiting](#)³ for more information.

Some people think they're allergic to the opioid if they have nausea after they take one or more doses. Nausea and vomiting alone don't usually mean you're having an allergic reaction.

But if you have a rash or itching along with nausea and vomiting, you might be having

an allergic reaction. If this happens, stop taking the medicine and call your doctor right away. **If you have swelling in your throat, hives (itchy welts on the skin), or trouble breathing, get help right away.**

Hyperlinks

1. www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines
2. www.cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/constipation.html
3. www.cancer.org/cancer/managing-cancer/side-effects/eating-problems/nausea-and-vomiting.html

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Non-opioids and Other Drugs Used to Treat Cancer Pain

You also need to be careful about taking other medicines that include acetaminophen.

See the section on **Precautions about aspirin, acetaminophen, and ibuprofen in other medicines.**

Your doctor may not want you to take acetaminophen if you're getting chemotherapy because it can hide a fever. Your doctor needs to know if you have a fever because it could mean you have an [infection](#)¹, which needs to be treated quickly.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Nonsteroidal anti-inflammatory drugs (NSAIDs) are used to help treat pain and inflammation, either alone or with other medicines. Before you take any NSAIDs or other non-opioids, ask your cancer care team if it's safe for you to take it with your other

Some opioids also contain aspirin or acetaminophen in the same pill. A few also contain ibuprofen. It can be dangerous if you take medicines without knowing what's in them. Check labels if you are taking acetaminophen, aspirin or NSAIDS.

Other medicines used to help treat cancer pain

Many other medicines can be used with (or instead of) opioids and non-opioids to help relieve cancer pain. These medicines can help relieve pain or increase the effect of the pain medicine. Others lessen the side effects of pain medicines. These medicines are often started at low doses and increased over time.

The prescription medicines in the list below are not really pain medicines but might be used with other medicines or therapies to help you get the best pain relief with as few side effects as possible.

- **Antidepressants** treat tingling or burning pain from damaged nerves (peripheral neuropathy)
- **Anti-anxiety drugs** treat muscle spasms that may be with severe pain.
- **Anti-convulsant** help control tingling or burning from nerve pain caused by the cancer or cancer treatment.
- **Stimulants and amphetamines** increase the pain-relieving action of opioids and reduce the drowsiness they cause.
- **Steroids** help relieve bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation.

Psychoactive substances are another option to help with pain. These affect how the brain works and cause changes in mood, awareness, thoughts, feelings, or behavior. Examples of psychoactive substances include caffeine and [cannabis \(marijuana\)](#)³. For people with cancer, cannabis is being studied for its [possible benefits](#)⁴ in helping to manage cancer pain. But cannabis has [risks](#)⁵ and can be harmful in certain situations, forms, and doses.

Be sure to talk to your cancer care team about these medicines, how they work, and their possible side effects.

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/side-effects/infections.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine/marijuana-and-cancer.html
4. www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine/marijuana-and-cancer/benefits-of-cannabis.html
5. www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine/marijuana-and-cancer/cannabis-risks.html

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Treatments to Stop or Decrease Pain

Nerve stimulation

There are different types of nerve stimulation therapies for treating certain types of cancer-related pain. Studies are being done to figure out the best ways to use nerve stimulation for cancer pain.

Types of nerve stimulation

Transcutaneous electrical nerve stimulation (TENS): Low-voltage electric

1. www.cancer.org/cancer/managing-cancer/palliative-care.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/hormone-therapy.html
4. www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html

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Non-medical Ways to Manage Pain

A few non-medical methods may be used to ease cancer pain along with pain medicines. This is sometimes called **complementary or integrative therapy**. Some people find they can take a lower dose of pain medicine when they also use non-medical treatments. But it's important to talk with your cancer care team to know if these could be good options for you.

- [Acupuncture, acupressure, and reflexology](#)
- [Biofeedback](#)

- [Cold or heat packs](#)
- [Distraction](#)
- [Emotional support and counseling](#)
- [Hypnosis](#)
- [Imagery or virtual reality imagery](#)
- [Massage](#)
- [Relaxation](#)
- [Yoga](#)
- [Learn more](#)

Try using a non-medical method along with your regular pain medicines. For instance, you might use a relaxation technique (to decrease tension, reduce anxiety, and manage pain) at the same time you take medicine.

- When you are rested and alert, you can use a method that demands more attention and energy. When tired, you may need to use a method that requires less effort. For example, try distraction when you're rested and alert; use hot or cold packs when you're tired.
- Try different methods to learn which ones work best for you. Keep a record of what makes you feel better and what doesn't help.

Acupuncture, acupressure, and reflexology

Acupuncture may be used to control cancer pain. Very thin needles are put into the skin at certain points and at various depths and angles. Each point is thought to control the feeling of pain in a different part of the body.

Acupressure and **reflexology** involve applying pressure on the body to certain areas over or near your pain.

- Acupressure – The whole body
- Reflexology – The feet, hands, ears, and face

Precaution: If you are getting chemotherapy, talk to your cancer care team before starting acupuncture.

Biofeedback

Biofeedback uses special machines that give instant feedback on certain body functions such as heart rate and blood pressure. Biofeedback is sometimes used to help people learn to relax and cope with pain.

Cold or heat packs

Heat in the form of gel packs, electric heating pads, or hot baths might help relax sore muscles. Heat may decrease joint stiffness and help you relax.

Cold in the form of gel packs or ice bags that are sealed in plastic and stay soft and flexible even when frozen. Cold packs work to decrease swelling in places on your body where you are hurting. It can help reduce the feeling of pain by partly numbing the painful area.

You can also switch back and forth between heat and cold for added relief in some cases.

Distraction

Distraction means focusing on something other than the pain. People often use this

Imagery or virtual reality imagery

Imagery is using your imagination to create mental pictures or situations. It is thought that imagery may decrease pain through a combination of relaxation and distraction. Watching relaxing virtual reality imagery or pictures through goggles that are connected to a computer might help to relieve pain.

Massage

Massage therapy is touch and movement using a slow, steady, circular motion, over or near the area of pain with just a bare hand or with any substance that feels good, such as powder, warm oil, or hand lotion.

Relaxation

[Relaxation](#)² helps relieve pain and/or keeps it from getting worse by relaxing your muscles. It can help you fall asleep, give you more energy, make you less tired, reduce anxiety, and help other pain-relief methods work better.

Yoga

Yoga helps you focus on breathing, physical posture, and meditation. There are many forms of yoga used to provide comfort.

Learn more

To learn more about _____

A Meditation to Help Ease Pain

Help focus your mind away from pain through breathing exercises, calm music, and positive messages. Listen to messages to help ease pain and give you strength.

[Watch on Vimeo](#) ⁶

Hyperlinks

1. www.cancer.org/support-programs-and-services.html
2. www.cancer.org/cancer/survivorship/coping/practice-mindfulness-and-relaxation.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine.html
4. www.cancer.org/cancer/understanding-cancer/cancer-information-on-the-internet.html
5. nccih.nih.gov/
6. vimeo.com/920115013/a41f0c3a20

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Developing a Pain Control Plan

Only you know how much pain you are having. Telling your cancer care team when you're in pain and describing it the best way you can is very important. This will help them come up with the best plan to control your pain.

- [What you can expect from your cancer care team and pain control plan](#)
- [Pain assessment](#)
- [Keep a record of your pain](#)
- [Use a pain rating scale](#)
- [Pain management](#)
- [Palliative care as an option](#)
- [Making the most of your pain control plan](#)

Pain is different for every person with cancer. A plan to control pain needs to consider the person's diagnosis, type and stage of cancer, other health problems, medicines being taken, personal response to pain, and other personal choices.

Pain can also be an early warning sign of the side effects of your cancer treatment or

some other problem. Call your cancer care team to talk about how best to treat your pain.

What you can expect from your cancer care team and pain control plan

Your cancer care team will follow a set of steps to develop a pain control plan that works best for you. You should expect your doctor and cancer care team to develop a good pain control plan that works for you by:

- Respecting your description of pain.
- Taking a careful history of your pain (called a **pain assessment**) when you report it and at every appointment.
- Doing a physical exam or other tests to help figure out where the pain is and what might be causing it.
- Setting goals with you to manage your pain.
- Treating your pain based on the most recent research (called **pain management**).
- Checking in with you about how the pain control plan is working and making changes as needed.

Pain assessment

The first step is for your cancer care team to talk with you about any pain you may be having. This is a pain assessment. Describe your pain to your cancer care team giving them as much detail as possible.

The cancer care team will ask you questions and use certain tools to help you describe your pain. They will want to know the type of pain you are having, where it is, how bad it is, and how it may be affecting your activities and life. Talk to your family and friends about your pain. They can help you describe it to your cancer care team.

Keep a record of your pain

It might be helpful to keep a diary or other record to keep track of details about your pain and what works to ease it. You can share this record with those caring for you. This will help them figure out what method of pain control works best for you. Your records can include:

- Words to describe the pain (like sharp, dull, throbbing, gnawing, burning, shooting, steady)
- Anything that seems to make the pain better or worse
- Any activity that you can't do because of the pain
- The name, dose, and time you take your pain medicines
- The times you use [other pain-relief methods](#)¹ (such as relaxation techniques, distraction, or imagery)

- How bad your pain is at its worst
- What your pain is like most of the time
- How bad your pain is at its best
- How your pain changes with different pain treatments

Some pain rating scales use faces instead of numbers, and these may help you better describe how bad your pain is. Ask your cancer care team if they have another pain rating tool to use if you don't think numbers are the best way to describe it.

Describing your pain

Give your cancer care team, family, and friends details about your pain:

- Where you feel pain
- What it feels like (for instance, sharp, dull, throbbing, gnawing, burning, shooting, steady)
- How strong the pain is (using the 0 to 10 scale)
- How long it lasts
- What makes the pain better
- What makes the pain worse
- How the pain affects your daily life
- What medicines you're taking for the pain and how much relief you get from them

Your cancer care team may also need to know other details, like:

- All the medicines you're taking now, including vitamins, minerals, herbs, supplements, and non-prescription medicines (medicines you can get off the shelf or over the counter)
- The pain medicines you've taken in the past, including what has and has not worked for you
- Any known allergies to medicines, foods, dyes, or additives

Pain management

Your cancer care team will work with you to find ways to manage your pain.

Choosing the best pain medicine should include what medicines work best for the type

of pain you have, how bad your pain is, what side effects you might get, how active you are, and what other medicines and treatments you are getting.

Here are some questions you might want to ask about the pain medicines your cancer care team suggests.

- What kind of pain medicine is this?
- How do I take it?
- Do I need a prescription for this medicine? Can it be refilled, or do I need to call you for a refill?
- What are the different names for this medicine?
- How much should I take? (What's the dose?)
- Do I take it on a schedule or only when I need it? If only when I need it, how often can I take it?
- If my pain is not relieved, can I take more? If so, how much?
- Should I call you before I increase the dose?
- What if I forget to take it or take it too late?
- Should I take the pain medicine with food?
- How much liquid should I drink with the medicine?
- How long does it take for the medicine to start working?
- Is it safe to drink alcohol or drive after I've taken this pain medicine? What should my limits be while taking it?
- What other medicines can I take with the pain medicine?
- What medicines should I stop taking or not take while I'm taking the pain medicine?
- What are the side effects that might happen from the medicine? How can I prevent them? What should I do if I have them?
- Are there other safety concerns about this medicine?

Palliative care as an option

Most people with cancer can be helped by services from a [palliative care](#)³ team. One of the goals of palliative care is to manage pain and other symptoms. The specialists that are part of a palliative care team can help to develop a pain control plan that works for you.

A palliative care team has some of the same people as on a cancer care team, but often has others. The team might include doctors, nurses, mental health specialists, social workers, chaplains, pharmacists, and dietitians.

Making the most of your pain control plan

There are things you can do to help make sure your pain control plan works well:

- Take pain medicine when it's time to take it even if you're not having pain. Taking pain medicine on a regular schedule (around the clock) helps control chronic pain.
- Do not skip doses of your scheduled medicine. The more pain you have, the harder it is to control.
- Use your short-acting breakthrough pain medicine as instructed. Don't wait for the pain to get worse – if you do, it can be harder to control.
- Be sure only one doctor prescribes your pain medicine. If another doctor changes your medicine, the two doctors need to discuss your treatment with each other.
- Don't run out of pain medicine. Remember that written prescriptions are needed for almost all pain medicines. They can't be called in and drugstores don't always have them in stock. It can take a few days to get the medicine, so give yourself time for delays. Sometimes you may need to pick up a prescription from the doctor because certain prescriptions have to be taken in person to the pharmacy.
- Keep pain medicines safely away from children, pets, and others who might take them.
- Never take someone else's medicine. Medicines that helped a friend or relative may not be right for you.
- Do not use old pain medicine or medicine left over from other problems. Drugs that worked for you in the past may not be right for you now.

Hyperlinks

https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

National Cancer Institute (NCI). *Cancer Pain (PDQ®) – Patient Version*. 2023.
Accessed November 20, 2023 at <https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hp-pdq>

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Written by