

Overcoming Cancer Pain

A guide for people with cancer, their families and friends



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Note to reader

Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor's or health professional's advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Cancer Council NSW

Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs.

This booklet is funded through the generosity of the people of NSW.

To make a donation to help defeat cancer, visit Cancer Council's website at www.cancercouncil.com.au or phone 1300 780 113.



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Introduction

People with cancer don't always have pain, but some people may have pain due to the cancer, its treatment, or other conditions that are unrelated to the cancer.

There are many ways to manage pain. Ask your health care team to help you control your pain and discomfort.

We hope this booklet and DVD (found at the back) will give you useful information to understand pain and manage it with different treatments. However, it is not intended for this information to take the place of good communication between you and the health professionals caring for you. You need to talk to your doctor, nurse or pharmacist about pain relief. If they use unfamiliar medical terms, check if the glossary on page 48 has an explanation.

If you find this booklet and DVD helpful, pass them on to your family and friends, who may also find them useful.

If you're reading this booklet for someone who doesn't understand English, let them know that the Cancer Council Helpline can arrange telephone support in different languages (see page 44).



How this booklet and DVD were developed

The information in *Overcoming Cancer Pain* was prepared by specialists working in oncology, pain management and palliative care. It is based on the Cancer Pain Education project sponsored by the Friends of the Mater Foundation and reflects clinical practice guidelines for pain management of cancer. People affected by cancer also contributed to these resources.

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Key questions

Q: What is pain?

A: Pain is not just a sensation that hurts. It is “an unpleasant sensory and emotional experience associated with actual or possible tissue damage, or described in terms of such damage”. People experience pain in individual ways. The way pain is felt and how it affects people is influenced by physical, emotional and environmental factors. These act directly or indirectly on the body’s nervous system (the brain, spinal cord and nerves). Doctors assess these different factors to help treat the pain.

You may have pain occasionally or often. It may be steady or throbbing, or stabbing, aching or pinching. Pain can cause discomfort, distress or agony. If left untreated, it can also result in anxiety or depression. However you feel pain, only you can describe or define it because it is a personal experience.

Q: What is cancer pain?

A: Cancer pain is a broad term for different kinds of pain that people may experience when they have cancer. Not all people with cancer have pain, and those who do experience it may not be in pain all the time.

The way different people experience cancer pain depends on the type and stage of cancer that they have, their cancer treatment, other health issues, their attitudes and beliefs about pain, and the significance of the pain to them.

Pain can have a huge impact on your life, preventing you from doing the things you want to do or normally do. Controlling the pain may allow you to return to many of the activities you enjoy.

Q: What types of pain are there?

A: There are many types of pain. Pain can be described or categorised depending on what parts of the body are affected (see next page) or in terms of how long-lasting the pain experience is (see below).

Acute pain – Severe pain that lasts a short time only, possibly for days or weeks. It usually occurs because the body is hurt or strained in some way. The pain generally disappears when the body has healed.

Chronic pain – Ranges from mild to severe pain and can last for many months, usually at least three. Chronic pain may be due to an ongoing problem, but it can occur even after any tissue damage has healed.

Breakthrough pain – A flare-up of severe pain that can occur despite people taking pain medication. It may happen because their dose of medication is not high enough or because the pain is worse at different times of the day or after certain activities. Doctors can prescribe extra doses or a different medication for it. See page 30 for more information.

Nerve pain – Caused by pressure on nerves or the spinal cord, or damage to nerves. It is also called neuropathic pain. People often describe it as burning or tingling, or the sensation of ‘pins and needles’.

Bone pain – Caused by the spread of cancer into the bones, which damages bone tissue in one or more areas. People often describe it as aching, dull or throbbing.

Soft tissue pain – Caused by damage to or pressure on an organ or muscle. It may be hard to describe exactly where the pain is, but it tends to be sharp, aching or throbbing.

Referred pain – Pain is felt away from the site of the problem (e.g. a swollen liver can cause pain in the right shoulder). This is different to localised pain, which occurs directly where there’s a problem (e.g. pain in the back due to a tumour pressing on nerves in that area).

Phantom pain – A strange sensation of pain in a body part that is no longer there, such as breast pain after the breast has been removed. This type of pain is very real to those who experience it. It can usually be controlled with special pain-killers used for nerve pain.

Q: What are some causes of pain?

A: Cancer patients have pain for a variety of reasons and they may feel it in more than one area of their body. It may be

caused by the cancer itself or it can result from treatment. Pain is more common in people with advanced cancer (also called metastatic or secondary cancer). Some reasons for pain occurring include:

- a tumour pressing on organs, nerves or bone
- a bone fracture if the cancer has spread
- side effects from chemotherapy, radiotherapy or surgery
- poor circulation from the cancer blocking blood vessels
- blockage of an organ or tube in the body
- infection or swelling and redness (inflammation)
- muscle stiffness from tension or inactivity
- poor posture causing back pain.

“ I had some numbness and pain in my hands from one of the chemotherapy drugs. Doing hand stretches and exercises, and soaking my hands in warm water, helped. The doctors stopped that drug so the numbness wouldn't become permanent. ” *Ann*

Q: What affects pain?

A: As well as the cause of the pain itself, your emotions, your environment and your fatigue levels can affect how you feel and react to pain. It's important for your health care team to have an understanding of the way any physical, emotional and environmental factors are impacting on you, so they may ask you about these.

Fatigue – Fatigue and tiredness can make it harder for you to cope with pain. Lack of sleep can increase your pain. Ask your doctor or nurse for help if you are not sleeping well.

Emotions – People often have an emotional reaction to pain. You may feel worried, depressed or easily discouraged when you're in pain. Some people feel hopeless or helpless. Others feel isolated, embarrassed, inadequate, irritable, angry, frightened or frantic. Ongoing pain can cause anxiety and depression, and having these emotions can make the pain even worse. This does not mean that pain is all in the mind, but it is important to look at the emotional causes and effects of pain as much as the physical ones.

Environment – Things and people in your environment – at home, at work and elsewhere – can have a positive or negative impact on your pain. For example, worrying about a child who is ill or not doing well at school can increase your pain because your state of anxiety is directly related to pain.

Q: How can cancer pain be treated?

A: There are many ways to treat both acute and chronic cancer pain. Treatment depends on the cause of the pain, but relief is still available even if the cause of the pain is unknown.

Treatments include the different methods used to treat cancer, such as surgery or chemotherapy (see page 19); medications and other medical treatments specifically for pain (see pages 24–37); and a range of non-medication

methods, including physiotherapy, relaxation or massage (see pages 38–40).

Many people find a combination of treatments helps, but everyone is different, so it might take time to find the right pain relief for you. If you're having treatment in hospital – such as chemotherapy or radiotherapy – it can take a few weeks for you to feel the effects, so you will usually be given a form of strong pain medication as well.

It is important to persist in finding the best options for you – for example, it might be beneficial to try relaxation exercises just after you have taken some medication.

Different things may work at different times. When you're tired, you might need some relief that doesn't take much effort, such as a hot pack. When you're rested, you might have more energy to do some meditation.

Sometimes it's not possible to completely control all pain. You may still feel some discomfort. However, your health professionals can help make you as comfortable as possible.

Try different pain relief methods more than once. If it doesn't work the first time, try it a few more times before you give up. If you're taking medication that doesn't seem to work or has stopped working, talk to your doctor – don't change the dose yourself.



Q: When can I use pain relief?

A: You can use different types of pain relief whenever you feel pain. It's important not to let your pain get out of control before doing something about it. The sooner and more effectively the pain is treated the less likely it is to continue to be a long-term problem. If pain lasts longer than five days without much relief, see your doctor for advice.

Many people try to avoid taking pain medication, thinking it is better to hold out for as long as possible. However, this usually makes the situation worse. Once prescribed, it is better to take medication as recommended rather than just at the time you feel the pain. Your doctor can talk about dosages and how often to take pain relief.

Q: Is palliative care the same as pain management?

A: To palliate means to relieve, but pain management is just one aspect of palliative care.

The palliative care team works to improve your quality of life by easing symptoms of cancer without trying to cure the disease. They help to relieve pain, as well as other symptoms caused by cancer, such as nausea, constipation or breathlessness. They also focus on your emotional, practical and spiritual needs to aid your comfort, reduce your stress and help you maintain your independence for as long as possible. The palliative care team includes

doctors, nurses, physiotherapists, occupational therapists and social workers.

Your hospital doctor or nurse can put you in touch with a palliative care team for treatment in hospital, and your GP can refer you to a community palliative care team for treatment at home. Referral to a palliative care team is not just for end-of-life care. You can use the palliative care team just when it's needed. This can be for months or years.

For more information, call the Cancer Council Helpline on 13 11 20 for a free copy of the booklet *Understanding Palliative Care*.



Linda's story

My husband, Steve, was diagnosed with cancer of unknown primary. It started off with a sore back. Then he had trouble walking and the pain was unbearable. The doctors said the cancer was inoperable and untreatable, but they gave my husband chemotherapy and radiation to relieve his pain and to reduce the size of the secondary tumour on his spine.

I nursed Steve at home but took him to hospital for chemo.

I gave him injections to help control his pain. We also had a palliative care nurse visit every day. He was excellent and became like a friend. But when he went on holidays, I had a lot of difficulties with the nurse that replaced him.

However, I also couldn't have faulted the nursing staff at the palliative care unit. They helped ease Steve's other symptoms, such as constipation, as well as giving me respite.

Q: Who helps manage my pain?

A: Different health professionals work together in a team to help manage your pain. This is called a multidisciplinary approach. Your health care team may include:

general practitioner (GP)	takes care of your general health and coordinates specialist treatment
medical oncologist	prescribes and coordinates the course of chemotherapy
radiation oncologist	prescribes and coordinates the course of radiotherapy
surgeon	surgically removes tumours
palliative care physician	assesses any physical, emotional, social and spiritual needs and coordinates care to address these
palliative care team	helps you and your family with any needs that you have, including support at home
pain medicine specialist	a doctor who specialises in treating all types of pain, particularly if it is difficult to control or severe
nurses	administer medication and provide support and help during all stages of your treatment

“ Now my local GP is responsible for my pain management and he consults the specialist if there are problems – this makes things easier for me. ” *Patient*

pharmacist	dispenses medications and can give advice about drugs, dosage and side effects
physiotherapist, occupational therapist	help you with physical and practical problems
psychologist	assesses psychological factors that increase your pain and provides specialised psychological methods of pain control
counsellor, social worker, pastoral care worker	help you with emotional and spiritual issues and can advise on support services

If your pain is not well controlled by your health care team, ask your GP or palliative care physician to refer you to a pain medicine specialist. These specialists often work in a pain clinic.





Key points

- Not all people with cancer have cancer pain. It is more common in people with advanced cancer.
- There are many types and causes of pain, which are felt in different areas of the body and with different sensations. Pain can be relieved in a variety of ways.
- Acute pain is severe but usually resolves within a few weeks or months, depending on its cause. Chronic pain is often constant and usually lasts for more than three months.
- Cancer pain has many causes including the after-effects of surgery, a tumour pressing on a nerve or organ, side effects of chemotherapy or radiotherapy, or bone pain from the spread of cancer.
- Pain can be treated by conventional cancer treatments and medications. Complementary therapies may also be beneficial.
- Pain relief can be used whenever you experience any level of pain. You don't need to wait until the pain is severe before taking medication.
- Pain relief is also an important part of palliative care.
- A multidisciplinary team usually works together to help you manage any cancer pain. This team will probably be made up of various health professionals, including nurses, specialists and allied health practitioners such as a physiotherapist and psychologist.



Describing pain and discomfort

Describing your pain or discomfort will help your health care team understand what you are feeling, work out the cause, and plan the most appropriate pain management for you. Some people find it hard to explain their pain or why they are feeling uncomfortable, but answering these questions may help you express this.

- In which parts of your body do you feel your pain?
- How bad is the pain? (See next page.)
- How does it compare to other pain you have felt in the past?
- What does it feel like? For example, is it dull, throbbing, steady, shooting, stabbing or burning?
- Are there any pins and needles or tingling? Is there pain in areas where it feels numb or not quite normal?
- Does your pain spread from one area to another (radiate)?
- When did the pain or discomfort begin?
- Is your pain constant? If not, how often does it occur?
- How long does the pain last each time it occurs?
- Which of your daily activities does it prevent you from doing? (E.g. getting out of bed, getting dressed, bending down, walking, sitting for long periods, exercising, carrying things, driving.)
- What activities do you think you could do or would like to do if the pain wasn't there?
- How does the pain make you feel emotionally?
- What relieves the pain and what makes it worse?
- What pain-killers have you tried? What helped or didn't help?
- Did you have any side effects from the medication?
- What have you done in the past to relieve other types of pain?
- Is there anything you are worried about with respect to the pain?

“ My pain is like a being that has got a hold of me. It’s got its own personality and I’m at its mercy. It’s cold, burning and prickling, with elements of pins and needles. It’s not pleasant. ” *Kate*

How bad is the pain?

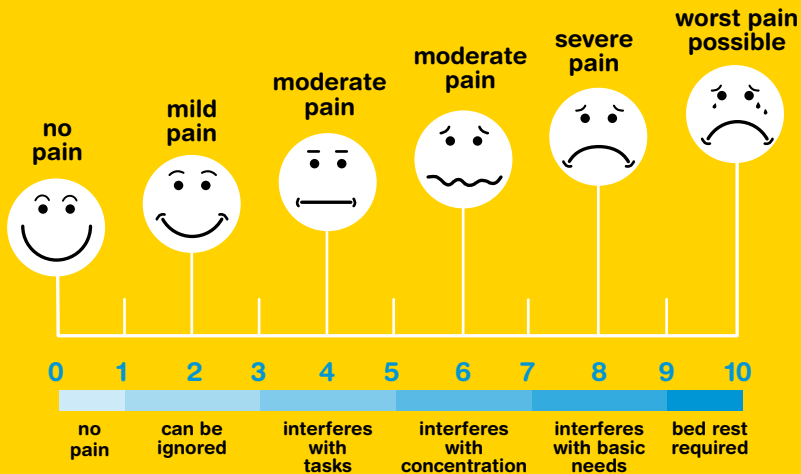
Some people find that rating their pain using a scale can help them describe their pain. There are different kinds of scales:

word scale – this rates the pain from none or mild through to moderate and severe

facial scale – this is the use of facial expressions to show how the pain makes you feel

number scale – this is from 1–10, with the higher the number, the worse the pain

activity tolerance scale – this has statements about how the pain affects your activities



Keeping a pain diary

Keeping a record of your pain, what you have tried for relief and its effectiveness can be helpful for you and those caring for you to understand more about your pain and how it can be managed. You might like to write details in a table like the one below, jot details in a notebook, or use Cancer Council's *Cancer Care Diary*, available for free from the Helpline on 13 11 20.

This example is for someone on regular 30-mg doses of morphine. The patient is also taking 10-mg doses of morphine, as needed, for breakthrough pain and records this in their diary.

Day	Time	Pain level	Pain relief (dose)	Pain level one hour later	Comments e.g. bowel action or side effects
Mon	8am	4	10 mg	2	Slight nausea, took anti-nausea tablet.
	2pm	2	nil		Bowels opened.
Tue	7pm	2			Pain control good all day, bowels open.
Wed	2pm	5	10 mg	2	
Thu	6pm	5	10 mg	3	Bowels not open 2 days, took 2 coloxyl with senna.
Fri	8am	3			Bowels opened.
Sat	4am	6	10 mg	2 (7am)	Got hot water bottle and went back to sleep.
Sun	3pm	7	10 mg	3	Mowed lawn in morning.



Key points

- It is useful to be able to describe your pain to your health care team so that they can understand the type of pain you have and what treatments are likely to be the most effective for you.
- Try to describe your pain in relation to other pain you have experienced in the past and think about the activities you can't do because of the pain. Use the list of questions in this chapter to explain your symptoms.
- The pain scale is another method to estimate how severe the pain is and how it affects you. It can be helpful if you need to describe your pain quickly to your carer or a health professional.
- A pain diary is a useful tool for keeping a record of your pain. This can be helpful for you and your health care team to see any patterns about your pain, including what triggers it, what relieves it and what doses of medication are effective.
- In a pain diary, record the date and time, the level of pain felt, any pain medication you took, and other notes, such as how long it took the pain to ease and whether there might have been a reason for the increased pain. Show this to your health care team regularly.



Cancer treatments for pain relief

Depending on the cancer you have and the location and nature of your pain, the treatments below may be used specifically for pain management. These treatments try to remove the cause of the pain. Call the Cancer Council Helpline for more information, including free booklets about chemotherapy and radiotherapy.

Surgery – Surgery relieves discomfort caused by tumours that obstruct organs, press on nerves or cause bleeding. Examples are unblocking the bile duct to relieve jaundice, which occurs in pancreatic cancer, or removing a painful bowel obstruction, which can occur in ovarian or bowel cancer.

Chemotherapy – Chemotherapy is the use of drugs to kill cancer cells or slow their growth. In some cases, it can't cure the cancer but can shrink tumours that are causing pain. An example is a tumour on the spine that cannot be operated on.

Radiotherapy – Radiotherapy injures cancer cells, causing tumours to shrink and reducing discomfort. For example, it is used to relieve bone pain caused by the spread of cancer, and headaches caused by increased pressure in the brain due to cancer.

Hormone therapy – Cancers that grow in response to chemical messengers (hormones) in the body can often be slowed down by taking drugs that stop the body producing those hormones. The drugs may also shrink tumours that are causing discomfort, reduce inflammation and relieve symptoms of advanced cancer, such as bone pain. Corticosteroids are a type of hormone that lessen swelling around a brain tumour.



Using pain medications

Medications that relieve pain are called analgesics. They do not affect the cause of the pain, but they can reduce pain. The medication that is best for you depends on the type of pain you have and how severe it is.

Having your medication regularly is the best way to prevent pain from starting or getting worse. Some people call this ‘staying on top of the pain’. It may mean you can use lower doses of medication or a milder pain reliever than if you wait until the pain gets bad. It’s okay to admit that you have pain.

Different pain medications take different amounts of time to work. For some medication, it is only a few minutes. For others, it is several hours. Some medication even needs to be taken for several days or weeks before you get the best relief, so it is important to keep taking it, even if you think it’s not working.

Pain relief from different pain medications varies greatly from person to person. It also depends on how much medication you take (the dose) and how often you take it (the frequency).

The dose of pain medication should be enough to control the pain until the next scheduled dose. If the pain relief is wearing off before the next dose is due, tell your doctor or nurse. Check if you need to take larger doses to keep the pain under control.

Ask your doctor or nurse for written information about your pain medications: what they are for, when and how to take them, their possible side effects and what you can do about them.

Ways medications are given

Pain medications are given in various ways, depending on the type of medication and the form that it comes in.

Form	Description
tablet or capsule	This is the most common form of pain medication. Take medication with water or another drink, unless the doctor tells you otherwise. Don't take with alcohol.
liquid medicine	This is placed under the tongue and is easily swallowed without water. It may be available if you have trouble swallowing tablets.
lozenges	These are placed under the tongue, then sucked or held in the mouth to dissolve.
injection	A needle is briefly inserted into a vein (intravenously), into a muscle (intramuscularly), or under the skin (subcutaneously) to give the medication. You may be able to do your own subcutaneous injections but the other types must be done by a doctor or nurse.
skin patch	This gradually releases pain medication into the body.
subcutaneous infusion	Medication is slowly injected under the skin using a needle and pump for many hours or days.
intravenous infusion	Medication is slowly injected into a vein using a needle and pump over many hours or days.
intrathecal injection	This is an injection into the spinal canal. It is most commonly used to numb the spine (spinal anaesthesia) and for some types of chemotherapy.
suppository	A pellet to place in the lower bowel or rectum. It may suit you if you have nausea or trouble swallowing.

Safety information about medications

Prescription and non-prescription medications

Mild pain-killers are available from chemists and supermarkets without a prescription. These are known as over-the-counter or non-prescription medications. Stronger medications need a prescription, which means a doctor authorises you to have them. Only a pharmacist can give (dispense) them to you. If you're in hospital, medications are prescribed by a doctor and organised by the pharmacists and nurses there.

Storing medications

All medications need to be stored carefully and kept out of reach of children. Keep medications in their original packaging so you and other people always know what they're for.

tips

- If you're worried about forgetting to take medications, write a note for yourself, set an alarm or program a reminder on your phone rather than leaving out pills or putting them in a pill box.
- Regularly check the expiry dates of medications. If they are near or past their expiry, see your doctor for a new prescription.
- Take old medications to the pharmacy to dispose of them safely.
- If you want independent information about your medications, call the National Prescribing Service Medicines Line on **1300 633 424**.
- If you suspect you've had a reaction to any kind of medicine, call the Consumer Adverse Medications Event Line on **1300 134 237**.

Care with other medications

When you are taking pain medications, ask your doctor, nurse or pharmacist about taking any other medications, including vitamin supplements and herbal medicines, at the same time. This is because different medications can sometimes change the way other medications work. They may react with each other, stop them from working properly or cause side effects.

- Many pills for colds and flu, and other over-the-counter medications, can be taken with analgesics without any harmful effects. However, some over-the-counter medications already contain pain relievers, so a lower dose of the pain medication may be needed.
- Medications for colds, menstrual (period) pain, headaches and joint or muscle aches often contain a mixture of drugs, including aspirin. People receiving chemotherapy should avoid aspirin because it increases the risk of internal bleeding. Any minor cuts you may get are likely to bleed a lot and not stop bleeding (clot) very quickly.
- Over-the-counter medications for allergies may cause drowsiness, as can some pain medications. Taking them together can make it dangerous to drive or to operate machinery.
- Check whether it is safe to take any complementary medicines such as nutritional supplements and herbal medicines with your pain medications.



Treating mild pain

Medications used to control mild pain include paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs). These are excellent at relieving bone and muscle pain, pain in the skin or lining of the mouth, and some other types of pain. They can be used with other pain medications for moderate to severe pain.

Paracetamol

You should not take more than 4 g of paracetamol a day unless your doctor says it's okay. This equals eight 500-mg tablets. The limit for children depends on their age and weight, so check with the doctor, nurse or pharmacist. Some combination pain relievers, such as Panadeine® Forte, contain paracetamol and count towards your total intake. If taken within the recommended dose, paracetamol is unlikely to cause side effects.

Non-steroidal anti-inflammatory drugs

NSAIDs, such as ibuprofen, naproxen and diclofenac, vary in dose and side effects. They can cause indigestion or stomach ulcers in some people. They can also increase the risk of bleeding in the stomach or intestines.

Talk to your doctor or nurse before taking NSAIDs, especially if you've had stomach ulcers, get reflux, are having chemotherapy or are taking other medications (such as warfarin) that increase your risk of bleeding. You will probably be given other medication that is less likely to cause indigestion and bleeding, such as celecoxib (another type of NSAID) or paracetamol.



Treating moderate or severe pain

Opioids

Medications used for pain that is hard to ignore or feels very severe are known as opioids. Sometimes they are called narcotic medications. They are always prescribed by a doctor and there are many different types.

Some opioids, such as codeine, are used for moderate pain. This might be indicated by a pain score of 4–6 out of 10.

Strong opioids, such as morphine, oxycodone, hydromorphone, methadone and fentanyl, are safe and effective for moderate to severe pain (a pain score of 6–10). The dose of opioid is worked out for each person to match their pain level. You may start at a low dose and build up gradually to find the right dose.

Fentanyl is used mainly for severe stable pain. It is available as a patch that is stuck to the skin and slowly released into the body. It only needs to be changed every third day, which is very convenient. Fentanyl lozenges are also now available for breakthrough pain so that no injections are needed and pain relief is rapid.

Targin® is a combination of the opioid oxycodone and another drug, naloxone. Naloxone reduces constipation, which is a common side effect of opioids.

Buprenorphine can be given as a skin patch that needs to be changed every seven days. It is used mainly for moderate to severe stable pain.

Generic and trade names for common opioids

Medications have a generic name – which identifies the chemical compounds in the drug – and a trade name, which is the manufacturer’s version of the drug. A medication often has more than one trade name, as different companies produce it.

Generic name	Trade name	Form
morphine	Ordine®	liquid immediate release
	Anamorph®	tablet immediate release
	Sevredol®	tablet immediate release
	MS Contin®	tablet slow release
	Kapanol®	capsule slow release
	MS Mono®	capsule slow release
oxycodone	OxyNorm®	liquid/capsule immediate release
	Endone®	tablet immediate release
	Proladone®	suppository immediate release
	OxyContin®	tablet slow release
	Targin®	capsule slow release
hydromorphone	Dilaudid®	liquid/tablet immediate release, tablet slow release
	Jurnista®	tablet slow release
methadone	Physeptone®	tablet
tramadol	Tramal/Tramal SR®	capsule immediate/slow release
	Zydol/Zydol SR™	capsule immediate/slow release
fentanyl	Durogesic®	skin patch slow release
	Actiq®	lozenge immediate release
buprenorphine	Norspan®	skin patch slow release
	Temgesic®	lozenge

Side effects

It can take a few days to adjust to taking strong pain medications.

Opioids can affect people in the following different ways:

- **Drowsiness** – Feeling sleepy is typical but usually only lasts for a few days until the pain relief dose is stable. Tell your doctor or nurse if it lasts longer.
- **Tiredness** – Your body may feel physically tired, so you may need to ask family or friends to help you with household tasks or your other responsibilities. Rest is important, but it's also beneficial to do some light exercise or activity, such as stretches or walking in the garden or to the letterbox. This helps you maintain a level of independence and can give you some energy.
- **Feeling sick** – This passes when you get used to the dosage and can be relieved with other medication.
- **Constipation** – Most people taking opioid medications need a laxative. Drinking plenty of water, eating a high-fibre diet and getting some exercise also help reduce constipation.
- **Itchy skin** – Some people find dusting cornflour over their skin helps relieve the itchiness.
- **Dry mouth** – Chewing gum or drinking a lot of fluids helps.
- **Confusion** – This is rare so tell your doctor if it occurs.

Similar side effects can occur when you stop taking opioids too. These are called withdrawal symptoms or a withdrawal response. To reduce the chance of side effects, your doctor will reduce your dose gradually to allow your body to adjust to the change in medication. It is important not to reduce your dose or stop taking opioids without talking to your doctor first.

Common questions about opioids

Most people have questions about taking opioid medications. Your pain specialist or nurse can also discuss any concerns you have.

Q: Will I become addicted to opioids?

A: No – people taking morphine or other opioids to relieve pain do not become addicted. However, after some time, the body gets used to opioids and if they are stopped suddenly, you may get withdrawal symptoms (see previous page). This is normal and is not the same as an addiction. For people who have had addiction problems before, there may be a risk of addiction to opioids if they are later used for relief of cancer pain.

Taking opioids for pain relief is different to an addiction where someone takes drugs to satisfy physical or emotional needs despite them causing harm.

Using opioids regularly for pain relief is practical and not considered an addiction. Your doctor will continue to monitor your dosage with the aim of maintaining effective pain relief while avoiding side effects as much as possible.

Q: Will I have to have injections?

A: Not necessarily. Strong pain relievers are usually given by mouth in either liquid or tablet form. If you're vomiting, opioids can be given via the rectum as a suppository, by a small injection under the skin (subcutaneously), using a skin patch or in lozenge form.

Opioids can be injected into a vein for short-term pain relief, such as after surgery. This is called intravenous opioid treatment and it is given in hospital.

Patient-controlled analgesic system

In some situations, patients may use a computer-controlled system to deliver effective and safe doses into the vein whenever they need pain relief. This is called patient-controlled analgesia (PCA), which is used in hospital.

It is not possible to overdose using this system, as the machine will not deliver further doses until it is safe to do so.



Q: Will the opioids still work if I get used to them?

A: Sometimes people who have needed opioids for a long time may become tolerant to their original dose. Their doctor will need to increase the dose by a small amount to keep their pain under control. If your pain gets worse, your dose of opioids may also be increased. There is no benefit in saving the pain control until the pain is severe.

However, cancer treatment may make your pain better and you may end up needing less pain medication or even none. If your pain levels decrease or you no longer need opioids, your dose will also be reduced gradually to avoid side effects that may occur if you were to stop medication suddenly.

Q: What if I get breakthrough pain?

A: You might get a flare-up of pain even though you're taking regular doses of medication. It may last only a few seconds or for several minutes or hours. It can occur if you've been more active than usual or you've strained yourself (e.g. by coughing or standing up for a long time). Sometimes there seems to be no reason for the extra pain.

You need to talk to your health care team who will advise you on how to cope with breakthrough pain. Usually you can take extra, or top-up, doses of a short-acting (immediate-release) opioid, which will be prescribed in addition to your regular medication. Doses work fairly quickly (in 30–40 minutes).

It is helpful to record how many extra doses you need so your doctor can monitor your overall pain management. If you find your pain increases with some activities, taking an extra dose of a medication beforehand will allow you to enjoy that activity more.



Slow-release opioids must not be taken for breakthrough pain.

“ I have an intrathecal pump, which is filled every 10 days by a community nurse. I also take breakthrough medication, but some days I don't need any. You can never tell. The pain is mysterious. ” *Kate*

Q: Can I stop medication at any time?

A: If your pain gets better, morphine and other opioids should be reduced slowly before stopping them completely. It is important not to stop taking opioids suddenly because this can cause side effects, such as flu-like symptoms or nausea. You should only reduce your dose or stop taking opioids in consultation with your health care team.

Q: Can I drive while using opioids?

A: Doctors have a legal responsibility to advise patients not to drive if they are a risk to others. During the first days of treatment, you might be less alert so driving is unwise. Once the dose is stabilised, you may want to consider driving. Seek your doctor's advice and keep the following in mind:

- Check if you're able to drive safely by doing a test run on a quiet road. Go with another driver, if possible.
- Don't drive if you're tired, have been drinking alcohol, are taking other medication that makes you drowsy, or if road conditions are bad. Avoid driving long distances or at night.
- If you have a car accident while under the influence of a drug, your insurance company may not pay out a claim. All cases are assessed individually.

Questions from carers

Q: What if the person with cancer asks for more pain medication?

A: Only the patient can feel how much pain they are in. If you have been using a pain scale together, this can help you both communicate about the need for extra doses. The patient may be experiencing breakthrough pain and may need a top-up dose. If this occurs regularly, they should see their doctor again for advice on managing it.

If you're still worried the patient is taking or wanting too much medication, talk with their doctor about the maximum dose they can safely have and other ways to help manage the pain.

Q: Should I keep opioids locked up like they do in hospital?

A: As with all medications, it is necessary to keep opioids away from children, perhaps in a high cupboard. If a member of your household or a visitor has a drug-dependence problem, it is safest to keep the opioids in a secure place. All medications should remain in their original packaging with dosage details and other information.

Q: Can someone taking opioids sign legal documents?

A: When someone signs a legal document, they must be 'mentally competent' to do so. This means they must be

aware of what they are doing and fully understand the result of signing the document. If a patient becomes drowsy in the first few days of opioid treatment, it makes sense to delay important decisions until things are stabilised. If there is any doubt, ask your GP to examine the patient and determine whether he or she is fit to sign legal documents, otherwise documents can be contested later.

Q: If the patient is unconscious, should I stop medication?

A: If the patient becomes unconscious unexpectedly, call your doctor or nurse immediately. Unconscious patients in pain become restless, especially if a regular dose of opioid is missed, as this can lead to withdrawal symptoms.

Q: When else should I call the patient's medical team?

A: Call a doctor or nurse for advice if:

- the patient suddenly becomes drowsy or confused
- the patient hasn't had a bowel motion for four days or more
- the patient is vomiting and cannot take the pain relief
- the pain is severe despite top-up doses
- the patient is having difficulty taking the medication or getting the prescriptions filled.

If you have other questions or concerns, or would like a free copy of *Caring for Someone with Cancer*, you can call the Cancer Council Helpline on 13 11 20. For support in your caring role, call Carers NSW on 1800 242 636.

Non-opioid medications

The following drugs work on certain kinds of pain and might be prescribed with opioids to help you get the best pain relief. They are usually given by mouth or vein. Some of the drugs take a few days to work, so opioids are used to control the pain in the meantime. Later it may be possible to lower the dose of the opioids, reducing their side effects but not losing control of the pain.

Type of drug	Examples	Type of pain
antidepressant	amitriptyline, doxepin, nortriptyline	burning nerve pain
anti-convulsion	carbamazepine, valproate, gabapentin, pregabalin	burning or shock-like nerve pain
anti-anxiety	lorazepam, diazepam	muscle spasms with severe pain
steroid	prednisone, dexamethasone	headaches caused by cancer in the brain, or pain from nerves or the liver
bisphosphonate	pamidronate, clodronate	may help prevent bone damage from cancer and help control bone pain
local anaesthetic*	lignocaine	severe nerve pain
NMDA blocker*	ketamine	severe nerve pain

* requires careful monitoring



Key points

- Surgery, chemotherapy, radiotherapy and hormone therapy are used to relieve pain, usually by removing or shrinking the tumour, or by stopping its growth. For other types of pain, or while these treatments are taking effect, medications are usually given.
 - Pain-killers can be mild, such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs), or strong, such as opioids. Other medications, such as antidepressants or steroids, may also be given with opioids to make them work more effectively. Medications can be given as tablets, liquid or lozenges, skin patches, injections or suppositories.
 - Opioids often cause side effects such as drowsiness, constipation or itchy skin.
- Tell your doctor or nurse about side effects so they can help you manage them.
- If you still feel pain when taking opioids, let your doctor know how often it occurs and how severe it is. You may be prescribed breakthrough medication.
 - If you no longer feel pain or if you have uncomfortable side effects, don't stop taking medication without talking to your doctor.
 - If you have a serious reaction to any medications, you or your carer should call your medical team immediately.
 - Store medication carefully.



When pain won't go away

Sometimes pain can be difficult to relieve completely with medications. This may be the case both for people with cancer and for those who have responded well to cancer treatment and are in remission. In these situations, your doctor may suggest you go to a pain medicine specialist in a multidisciplinary pain clinic to discuss other options to improve your quality of life and enable you to be as active as possible.

Epidural or spinal medication

Sometimes, to control pain, morphine needs to be used in such high doses that severe side effects occur. Delivering the morphine directly onto the nerves in the spine via a catheter (tube) can give good pain relief with fewer side effects.

Sometimes other drugs are added to improve pain control. This form of treatment requires close supervision, but can be very helpful. Spinal medication can be given in a number of ways:

- **Tunnelled spinal catheter** – is a small tube put in the spinal fluid and tunnelled out to the body's surface via the skin. It is attached to an external pump, which delivers the medication.
- **Port-a-cath system** – is similar to the tunnelled catheter, but medication is delivered through an opening (port) that is attached to the tube under the skin of the chest or abdomen.
- **Implanted catheter and pump** – is placed in the fatty tissue of the abdominal area. The pump is refilled every three months with a needle through the skin into the pump's port.

Nerve block

When certain substances are injected into or around a nerve, that nerve is no longer able to send (transmit) pain messages. This is called a nerve block. Sometimes nerves to part of the gut (bowel) or the pancreas can be blocked to give pain relief, especially in pancreatic cancer. This is called a plexus block.

Other options

There are other methods of pain relief that your pain medicine specialist may suggest.

- Intensive Cognitive Behavioural Therapy (CBT) guides people to positively change the way they cope with their pain.
- Desensitisation technique for neuropathic pain (which feels like numbness, tingling or burning) involves focusing on the pain but relaxing at the same time.
- Specialised physiotherapy helps reprogram the brain, for example, for phantom limb pain after an amputation.
- Radiofrequency treatment uses heat to destroy the nerves that are causing pain. It is used for back and neck pain due to osteoarthritis (breakdown of cartilage between joints).
- Neuromodulation treatments change nerve activity through electrical pulses. These pulses cause the body to release a substance that stops feelings of pain. Treatment is used for pain relating to nerve damage, for example, after surgery, chemotherapy or radiotherapy, and for non-cancer causes.
- In rare cases, surgery on the brain or spinal cord (neurosurgery) can help relieve pain.



Non-medication options

For many people, some types of pain can be relieved without medication or hospital treatment. They may benefit from services offered by allied health professionals or complementary therapists.

Allied health care

There are many types of allied health care that support the work of doctors and nurses. Practitioners are usually part of your multidisciplinary health care team at the hospital, or your GP can refer you to private practitioners as part of an enhanced primary care (EPC) plan.

For example, physiotherapy is an important part of your care so that you learn the best ways to sit and lie to relieve pressure, improve circulation and reduce swelling. Emotional support through counselling can help with anxiety and depression, which may be contributing to pain. A dietitian can advise you on dietary changes to manage pain caused by eating or digestive problems, such as mouth ulcers, bloating or constipation.

Complementary therapies

Complementary therapies may boost your well-being and help you to cope better with pain and other side effects caused by cancer and its treatment. They may increase your sense of control, decrease stress and anxiety, and improve your mood.

There are many types of complementary therapies. See page 40 for a list of therapies that may help you manage your pain.


Some therapies, such as acupuncture or hypnotherapy, require you to have a consultation with a professional therapist. For others, such as meditation or yoga, you can use CDs or DVDs at home, but it may be useful to seek some professional guidance to learn these techniques safely and within your limits.

Friends or family may also be able to help you – for example, by giving you a gentle massage or doing relaxation with you.

Let your doctor know about any complementary therapies you are using or thinking about trying. This is important, as some therapies may not be appropriate depending on your conventional treatment and the medications you are taking. Massage and exercise therapies may also need to be modified to accommodate the changes in your body.

Cancer Council has free complementary therapies resources, available by calling the Helpline or by downloading them from www.cancercouncil.com.au:

- *Understanding Complementary Therapies*
- *Massage and Cancer*
- *Relaxation for People with Cancer (CD)*
- *Mindful Meditation for People with Cancer (CD)*.

“Distraction and keeping your sense of humour are really important. I get a funny video or go out as much as I can.”  Patient

Some complementary therapies that may reduce pain

Therapy	Description
relaxation	Relieves pain or keeps it from getting worse by reducing tension in the muscles. It can help you fall asleep, give you more energy, reduce your anxiety, and make other pain relief methods – such as medication or a cold pack – work more effectively.
meditation	Focuses on breathing techniques and quietening the mind. Mindful meditation encourages people to become more aware of their body, thoughts and surroundings. Visualisation draws on your imagination to produce pleasant thoughts to take the mind off the pain and give a more hopeful outlook.
massage	A very relaxing therapy that may increase your sense of well-being. It helps relieve muscle spasms and contractions, and joint stiffness. Aromatherapy is a type of massage using aromatic oils that are soothing and calming. This can be helpful if you are in pain.
acupuncture	Involves inserting thin needles at points in specific parts of the body to relieve various types of pain, including nerve pain.
art therapy, music therapy and journal writing	These help people emotionally by allowing them to express their feelings in different ways. The techniques also provide some distraction from the pain. You can be creative at home, or some hospitals and support groups offer professionally run programs.
TENS	In TENS a mild electric current is applied to the skin. This produces a pleasant sensation and relieves some pain. Many physiotherapists offer this treatment.



Making treatment decisions

Sometimes it is difficult to decide on the right treatment for cancer pain, but controlling your pain will benefit both you and your family.

You may feel that there is a lot of information to think about and you may be unsure what the best option is, but there is always time to consider different treatments. Even if you don't want to take up an option immediately, you may be able to down the track.

Making sure you understand enough about your illness, the causes of the pain, the suggested treatments and their side effects will help you make your own decisions. Remember that you have the right to accept or refuse any treatment.

- Discuss your pain scale with your doctor and find out what kind of impact the treatments should have on your pain.
- If you are offered a choice of treatments, you will need to weigh up their advantages and disadvantages. Consider how severe your pain is compared with treatment side effects.
- If you have a partner, you may want to talk about treatment options with them. You can also talk to friends and family.

“ If a patient has severe pain, they will need strong pain relief – opioids – to get on top of the pain quickly. Cancer treatment tackles the cause of the pain but can take time to give complete relief. CBT and mild analgesics can be used with opioids too. ” *Palliative care specialist*

Talking with doctors

When your doctors talk to you about cancer, it can be stressful and you may not remember much. You may need to see them a few times before deciding on treatment.

Before an appointment, it may help to write down your questions – see some suggested questions on page 47. Bringing your pain diary and your own answers to the questions on page 15 will also help your doctors understand how you're feeling.

If your doctors use medical terms you don't understand, it's okay to ask for a simpler explanation. You can also check a word's meaning in the glossary (see page 48).

Taking part in a clinical trial

Doctors run clinical trials to test new or modified treatments to see if they are better than current treatments. Over the years, trials have improved treatment standards and patient outcomes. Your doctor may suggest you take part in a trial to manage pain.

If you decide to join a randomised controlled trial (RCT), you will be chosen at random to receive either the best existing treatment or a promising new treatment for the type of pain you have. Being part of a trial gives you important rights. You can withdraw at any time without jeopardising your health care.

For more information about clinical trials, call the Cancer Council Helpline or see www.cancercouncil.com.au.



Seeking support

Coping with cancer and cancer pain isn't something you need to do alone. Many services are available that support people who have cancer. You may benefit from some financial, practical or emotional support.

- Financial assistance, through benefits or pensions, can help pay for the cost of prescription medicines and for travel to medical appointments.
- Cancer support groups offer mutual support and information for people with cancer and their families. It can help to talk with others who have gone through a similar experience. Call the Helpline for more information.
- Cancer Council Connect may be able to match you to a volunteer who has been through a similar cancer experience and can understand the feelings and challenges that cancer brings up.
- If you are in a lot of pain, you may need help around the house or garden. It may be hard to tell people what to do so you might prefer a relative or close friend to coordinate offers of help. Your local council may also have volunteers available.

You may find that while some people you know are supportive, others may not even know what to say to you. You may think that people don't understand the pain you're in and the emotions you're feeling. Cancer Council's booklet *Emotions and Cancer* might be helpful to read. Call 13 11 20 for a free copy.



Cancer Council Helpline 13 11 20

The Cancer Council Helpline is a telephone information service provided by Cancer Council NSW for people affected by cancer.

For the cost of a local call, you, your family, carers or friends can talk about any concerns and needs confidentially with oncology health professionals. Helpline consultants can send you written information and put you in touch with appropriate services in your area. If you need information in a language other than English, there is a telephone interpreting service available for you.

You can call the Cancer Council Helpline, Monday to Friday, 9am to 5pm.

If you have difficulty communicating over the phone, contact the National Relay Service, a government initiative to assist people who are hearing and/or speech impaired (www.relayservice.com.au). This service will help you to communicate with a Cancer Council Helpline consultant.



If calling outside business hours, you can leave a message and your call will be returned the next business day.



Useful websites

The Internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of information.

Australian

Cancer Council NSW	www.cancercouncil.com.au
Cancer Institute NSW	www.cancerinstitute.org.au
Health Insite.....	www.healthinsite.gov.au
NSW Health	www.health.nsw.gov.au
Chronic Pain Australia	www.chronicpinaustralia.org
Pain Australia.....	www.painaustralia.org.au
National Prescribing Service	www.nps.org.au
National Breast and Ovarian Cancer Centre	www.nbocc.org.au
Lions Australia Prostate Cancer	www.prostatehealth.org.au
Bowel Cancer Australia	www.bowelcanceraustralia.org
Australian Lung Foundation	www.lungfoundation.com.au

International

American Cancer Society.....	www.cancer.org
Macmillan Cancer Support	www.macmillan.org.uk
The Johns Hopkins Comprehensive Cancer Center – Center for Cancer Pain Research	www.cancerpain.jhmi.edu
Cancer-Pain.org	www.cancer-pain.org
International Association for the Study of Pain.....	www.iasp-pain.org



Cancer Council library

Following a cancer diagnosis, many people look for information about new types of treatment, the latest research findings and stories about how other people have coped.

The Cancer Council Library has more than 3,000 resources in the collection, including books, CDs, DVDs, videos and a large range of medical journals.

You can visit the library at 153 Dowling Street, Woolloomooloo (Monday to Friday, 9am to 5pm), borrow by post or ask your local librarian to organise an inter-library loan. Contact the librarian on 13 11 20 or email library@nswcc.org.au.



Related publications

You might also find the following free Cancer Council publications and audiovisual resources useful:

- *Understanding Chemotherapy*
- *Living with Advanced Cancer*
- *Understanding Radiotherapy*
- *Understanding Palliative Care*
- *Emotions and Cancer*
- *Talking to Kids About Cancer*
- *Sexuality, Intimacy and Cancer*
- *Caring for Someone with Cancer.*
- *Food and Cancer*

Call the Helpline for copies, or download them from www.cancerCouncil.com.au/cancerinformation.



Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your pain and its treatment. If your doctor gives you answers that you don't understand, it is okay to ask for clarification.

- What is causing my pain?
- Is it likely to get better or worse?
- What treatments do you recommend and why?
- How long will they take to work?
- How often should I take my medication?
- Should I take extra doses if I still get pain?
- Are there other options if the medication doesn't work?
- What are the possible side effects of the medication?
- How can the side effects be managed?
- Will I be able to drive when I'm taking this medication?
- Are there any precautions I need to take, such as not drinking alcohol?
- Will I get addicted to my pain medication?
- How much will my medication cost? Can I reduce the cost of it?
- Can you tell me about non-medication treatments?
- Are there any complementary therapies that might help?
- Will I keep seeing you about my pain relief, or will I see my GP or palliative care team?
- Who can I contact in an emergency?



Glossary

You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words on Cancer Council's website at www.cancerCouncil.com.au/words.

acute pain

Pain that is severe but lasts a short time.

advanced cancer

Cancer that has spread from the original (primary) site.

analgesic

A medication that is used to relieve pain.

breakthrough pain

A brief and often severe pain that occurs even though a person is taking pain medication regularly.

chemotherapy

The use of cytotoxic drugs to treat cancer or reduce pain by killing cancer cells or slowing their growth.

chronic pain

Pain that can range from mild to severe and lasts a long time, usually more than three months.

Cognitive Behavioural Therapy (CBT)

A therapy aiming to change a person's perception of their pain and how they respond to it.

complementary therapies

Supportive treatments that are used in conjunction with conventional treatment. They improve general health, well-being and quality of life, and help people cope with the side effects of cancer.

controlled-release morphine

An opioid medication that lasts 8–12 hours.

dose

The amount of medication taken.

epidural

An injection into the spinal column, which surrounds the spinal cord.

frequency

How often a medication is taken.

generic name

A general name given to a type of medication based on its key (active) ingredient, for example, paracetamol. This is different to the trade names or the brand names that the medication might be well known by.

hormone therapy

A treatment that blocks any hormones in the body that are causing the cancer to grow. This stops the cancer from growing any further and can help to reduce some types of cancer pain.

intramuscular injection

An injection into a muscle.

intrathecal injection

An injection into the space around the spine which is filled with spinal fluid

intravenous (IV) injection

An injection into a vein using a needle.

local anaesthetic

A medication that blocks the feeling of pain in a specific location in the body.

multidisciplinary team

A treatment team in which all members have different areas of expertise. They discuss and a patient's different needs and work out individual treatment.

nerve block

Pain medication that is injected directly into or around a nerve or into the spine to block pain.

non-steroidal anti-inflammatory drug (NSAID)

A type of mild pain relief.

opioids

The strongest pain relievers available. These include morphine, fentanyl, codeine, oxycodone and methadone.

pain medicine specialist

Medical specialist who treats difficult pain problems.

pain scale

A scale that shows how mild or severe pain is based on a range of numbers, descriptions or facial expressions.

palliative care

Multidisciplinary care of people with a life-limiting illness. It aims to improve quality of life by addressing physical, emotional, spiritual and practical needs.

patient-controlled analgesic (PCA) system

An intravenous system that allows a person to give themselves a dose of pain relief by pressing a button.

phantom pain

Pain felt in a limb or body part even though it has been surgically removed.

prescription medication

Medication that can only be given (dispensed) by a pharmacist after receiving authority from a doctor.

radiotherapy

The use of radiation, usually

x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply. Radiotherapy can relieve certain types of cancer pain.

referred pain

Pain that is felt away from the area that is causing the pain, e.g. a problem in the liver may be felt as pain in the shoulder.

side effect

Unintended effect of a drug or treatment.

subcutaneous injection

An injection put under the skin but not into a vein or muscle.

suppository

Medication that is placed in the rectum (the last part of the large bowel). This is an option if swallowing tablets is difficult.

TENS (transcutaneous electric nerve stimulation)

A technique that involves applying a mild electric current to the skin where the pain occurs.



How you can help

At Cancer Council NSW we're dedicated to defeating cancer. As well as funding more cancer research than any other charity in the state, we advocate for the highest quality of care for cancer patients and their families, and create cancer-smart communities by empowering people with knowledge about cancer, its prevention and early detection. We also offer direct financial assistance for those people in hardship as a result of having cancer. These achievements would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events like Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any donation, whether large or small, will make a meaningful contribution to our fight to defeat cancer.

Buy sun protection products from our website or retail stores: Every purchase helps you prevent cancer and contributes financially to our work.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on cancer issues and help us defeat cancer by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council does research to investigate the causes, management, outcomes and impacts of different cancer types. To register online, visit www.cancercouncil.com.au/joinastudy.

To find out more about how you or your family and friends can help, please call (02) 9334 1900 or 1300 780 113.

REGIONAL OFFICES

Central and Southern Sydney Region

153 Dowling Street
Woolloomooloo
NSW 2011
(PO Box 572
Kings Cross NSW 1340)
Ph: (02) 9334 1900
Fax: (02) 9334 1739

Central Coast Region

The Hive, Erina Fair
622-650 Terrigal Drive
Erina
NSW 2250
Ph: (02) 4336 4500
Fax: (02) 4367 5895

Far North Coast Region

101-103 Main Street
Alstonville
NSW 2477
Ph: (02) 6627 0300
Fax: (02) 6628 8659

Hunter Region

22 Lambton Road
Broadmeadow
NSW 2292
Ph: (02) 4923 0700
Fax: (02) 4961 0955

Mid North Coast Region

121 High Street
Coffs Harbour
NSW 2450
Ph: (02) 6659 8400
Fax: (02) 6652 1530

North West Region

Shop 2
218 Peel Street
Tamworth
NSW 2340
Ph: (02) 6763 0900
Fax: (02) 6766 7053

Northern Sydney Region

Level 1
117 Willoughby Road
Crows Nest
NSW 2065
Ph: (02) 9334 1600
Fax: (02) 9436 0108

South West Region

1/37 Tompson Street
Wagga Wagga
NSW 2650
Ph: (02) 6937 2600
Fax: (02) 6921 3680

Southern Region

1 Lowden Square
Wollongong
NSW 2500
Ph: (02) 4223 0200
Fax: (02) 4225 1700

Western Region

75 Kite Street
Orange
NSW 2800
Ph: (02) 6392 0800
Fax: (02) 6361 7425

Western Sydney Region

43 Hunter Street
Parramatta
NSW 2150
Ph: (02) 9354 2000
Fax: (02) 9687 1118

OVERCOMING CANCER PAIN DVD

Coping with pain can be a challenge but there are ways to manage it. The *Overcoming Cancer Pain* DVD adds to the information in this booklet. Through interviews with health professionals and people with cancer, it covers issues such as communication; the pain scale and pain diary; taking medication; dosage; side effects; and other ways to reduce pain, such as using meditation and music.

Producer/Director: Dr Melanie Lovell

Production Company: Room With A View

Narrator: Dr Paul Heinrich

Cast: Judy and Robert Hirst; Patrick Jessop; Christina Beachley; A/Prof Frances Boyle AM, Medical Oncologist; A/Prof Richard Chye, Palliative Care Physician; Prof Michael Cousins, Pain Specialist; Kerrie Andrews, Oncology Nurse; Rocky Calo, Pharmacist.

Script Reviewers: A/Prof Frances Boyle; A/Prof Richard Chye; Dr Neil Cooney; Dr Jan Maree Davis; Dr Craig Lewis; Dr Sara Rendo.



Call the Cancer Council Helpline for support and information on cancer and cancer-related issues. This is a free and confidential service. Our website also has many resources. Please visit www.cancercouncil.com.au.