

# Managing cancer pain



# About this booklet

This booklet is about cancer pain. It is for anyone who is affected by cancer who has pain. There is also information for carers, family members and friends.

The booklet explains the different ways that cancer pain can be managed. It describes different painkillers and other ways to help manage pain. It also explains what support is available to help.

There is also information about coping with cancer pain. We hope it helps with some of the questions or feelings you may have.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

This booklet is also available as an audiobook.

Visit [macmillan.org.uk/audiobooks](https://www.macmillan.org.uk/audiobooks) or call [0808 808 00 00](tel:08088080000).

## How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the [contents list](#) to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

At the [end of the booklets](#), there are details of other organisations that can help.

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Recording the pain can help you and your healthcare team check what makes it better or worse. We have included a [pain diary](#) to help you do this. You may want to photocopy the diary so you can use it more than once. You can also download a copy from [macmillan.org.uk/paindiary](https://macmillan.org.uk/paindiary)

### Quotes

In this booklet, we have included quotes from people who have experienced cancer pain, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit [macmillan.org.uk/shareyourstory](https://macmillan.org.uk/shareyourstory)

### For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on [0808 808 00 00](tel:0808808000), 7 days a week, 8am to 8pm, or visit [macmillan.org.uk](https://macmillan.org.uk)

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDFs and translations.

To order these, visit [macmillan.org.uk/otherformats](https://macmillan.org.uk/otherformats) or call [0808 808 00 00](tel:0808808000).

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# About cancer pain

Many people with cancer will have pain at some point. But for most people, pain can be managed using:

- [different medicines](#)
- [non-drug treatments](#) and [complementary therapies](#)
- [things you can do yourself](#).

Pain is very personal and everyone's experience with pain is different. Two people with the same type of cancer may have different amounts of pain.

Pain does not always get worse if the cancer develops. But pain is more common in people with advanced cancer. Advanced cancer means the cancer has spread.

We have more information in our booklet and audiobook [Coping with advanced cancer](#). Or you can visit [macmillan.org.uk/advanced-cancer](http://macmillan.org.uk/advanced-cancer)

Other physical things can affect how you feel pain. For example, pain may feel worse when you are tired.

Our home, social or work life can have a positive or negative effect on pain. For example, not being able to get out and visit friends or go to work may make pain feel worse. But being with people and doing something you enjoy may help the pain feel better.

Emotions such as anxiety and depression can [make pain feel worse](#). But people may also develop these problems if pain is not controlled.

It is important to [tell your healthcare team if you have pain](#). Different healthcare professionals may be involved in managing your pain. When pain is managed, you can keep doing things that are important to you. You may feel more in control and able to enjoy life.

Treating pain involves finding the pain relief that works best for you. Pain control is more effective when it starts as soon as possible. It should continue for as long as you need it. [Getting emotional support](#) can also help to relieve pain.

We have more information about cancer and your emotions at [macmillan.org.uk/emotions](https://www.macmillan.org.uk/emotions)

Call the Macmillan Support Line free on [0808 808 00 00](tel:0808808000), 7 days a week, 8am to 8pm.



# Types of pain

Your doctors or nurses may talk about pain in different ways. There are many types of pain. It can be described or grouped depending on:

- how long it lasts
- what makes it worse or better
- the parts of the body that are affected.

## Acute pain

Acute pain often starts suddenly and can feel 'sharp'. It usually lasts days or weeks. Acute pain usually stops when the cause of the pain has been treated, or tissue in the area has healed.

Acute pain can be caused by things such as:

- an operation
- a broken bone
- an infection.

If acute pain is not relieved, it may become chronic pain.

## Chronic pain

Chronic pain lasts for longer, usually for 3 months or more. Chronic pain is sometimes called persistent pain. It may be caused by the cancer. Or it can sometimes be due to an ongoing side effect or late effects of cancer treatments. Sometimes it can be caused by something not related to the cancer or the treatment.

People who take long-acting painkillers to manage chronic pain will often also use short-acting painkillers when they need to.

You may find the pain gets worse just before you take your next dose of long-acting painkiller. This can be because the effects of the long-acting painkillers are wearing off. Your doctors may need to increase the dose of long-acting painkillers if their effect is wearing off too soon.



## Breakthrough pain

If you are taking regular painkillers for chronic pain, you may still feel sudden pain. This is called breakthrough pain. It is common and may feel like the chronic pain, only worse. Or it can feel different.

Breakthrough pain may happen because:

- the effect of the regular long-acting painkillers has worn off
- the pain is worse at a certain time of day
- you make a sudden movement, or you cough.

Sometimes it is not clear what has caused the breakthrough pain.

Breakthrough pain can last for a short time, or sometimes for longer periods. It may be treated with a short-acting painkiller. It is best to take the painkiller before the pain gets severe. Waiting longer before taking the painkiller can increase the time it takes for the painkiller to work.

You may find that a certain activity, such as washing or having a dressing changed, causes breakthrough pain. If this happens, you can take a short-acting painkiller a short time before the activity. This will help prevent breakthrough pain.

## Bone pain

Cancer that has spread to the bones (secondary bone cancer) can cause pain. The pain can feel different for different people but it may be a dull ache that does not go away. It is often worse when you move.

Cancer that starts in the bones (primary bone cancer) can also cause pain. Primary bone cancer is less common than secondary bone cancer.

We have more information in our booklets [Understanding primary bone cancer](#) and [Understanding secondary cancer in the bone](#).

You can also visit [macmillan.org.uk/bone-cancer](http://macmillan.org.uk/bone-cancer) and [macmillan.org.uk/secondary-bone-cancer](http://macmillan.org.uk/secondary-bone-cancer)

## Soft tissue pain

Soft tissue pain is when there is damage to, or pressure on, your organs or muscles. For example, when the liver is swollen it causes pain and discomfort in the tummy (abdomen).

## Nerve pain (neuropathic pain)

Nerve pain is caused by pressure on the nerves or by nerve damage. This may be due to the cancer or cancer treatments. You may have nerve pain at some times but not others. The area may feel numb or sensitive. The pain may be:

- burning or tingling
- stabbing or shooting
- like pricking, tingling or numbness on the skin.

Your doctor can prescribe drugs and other treatments to treat nerve pain.

## Referred pain

An injury or problem in one part of the body may sometimes cause someone to feel pain in a different part of the body. This is called referred pain.

For example, someone with a swollen liver may feel pain in their right shoulder. This is because pain signals from the liver travel along the same nerves as signals from the skin of the right shoulder. The brain confuses the signals and thinks the pain is coming from a different place.

## Phantom pain

Some people may feel pain in a part of the body that has been removed. This is called phantom pain. For example, someone might feel pain after having a limb removed (amputated), or a breast removed (mastectomy).

The cause of phantom pain is not always clear. It may happen because the brain remembers the part of the body that was removed and the links to the nerve signals.

Phantom pain can cause different pain sensations that are very real to the people who experience it. It can improve with time and may eventually go away. It may be complicated to treat and is usually managed by expert doctors at a pain clinic.

# Talking about pain

It is important to tell your doctor or nurse if you have pain and how it affects you.

Some people do not want to talk about the pain they have. They may worry that the pain means the cancer has got worse. They may feel they are complaining and that they should accept having pain. Or they may be anxious about becoming addicted to painkillers.

But controlling pain is an important part of your care. If your pain is well managed, it means you can do more of the things you want to do. This can help you stay more positive and active.

You can help manage your pain by:

- being open with your healthcare team about the pain
- describing the pain, where it is and how it affects your life
- telling your healthcare team if and when the pain gets worse or better
- talking to your healthcare team about any worries you have about the pain relief options.

## Having a pain assessment

Your doctor or nurse will start by asking you different questions about the pain and how it is affecting you. This is called a pain assessment. A pain assessment will help your cancer team understand the type of pain you have. This is important to help them give you the best painkillers or treatment.

They will ask you to describe the pain. If you are keeping a [pain diary](#), they will also want to look at this. Keeping a record of the pain may show a pattern, even if you have notes for only a few days. This can be used to improve your pain control.

Your doctor will also usually examine you. If they need to check the cause of the pain, they may arrange some tests for you.

All this information helps your team, you and people caring for you to plan the best way to manage the pain. You can use our pain diary to help you describe the pain.

You can print more copies of the pain diary from [macmillan.org.uk/paindiary](http://macmillan.org.uk/paindiary)





# Keeping a pain record or diary

Keeping a record of the pain can help to show a pattern. It helps to include information such as:

- the date and time you have pain
- if it is new pain
- how long it lasts
- where it starts
- if it is in just one area of the body, or more than one
- anything you were doing that has made the pain worse
- anything that helps make the pain better.

It is helpful to also record all the pain medicines and treatments you have tried and how well they worked. It is important to record these, even if your healthcare team did not prescribe or recommend them.

This information can help you talk about the pain with your cancer team. They may give you a pain chart to use. Or you can use our [pain diary](#). It has a diagram of the body so you can mark where you feel pain. It also gives examples of words you may find helpful when describing your pain.

Keeping a record helps you to track any progress you have made, and what does or does not help.

If you want to use our diary more than once, you can photocopy it. You can also print copies from [macmillan.org.uk/paindiary](http://macmillan.org.uk/paindiary)

# Pain diary

You can fill in the diary as often as you need to. If the pain is not well controlled, you may want to fill it in every 1 to 2 hours. If the pain is better controlled, you could fill it in every 4 to 6 hours. It may help your cancer team if you fill it in at least 2 times a day. Use the [body diagrams and word list](#) to help.

You can record the following in the diary.

## When are you in pain?

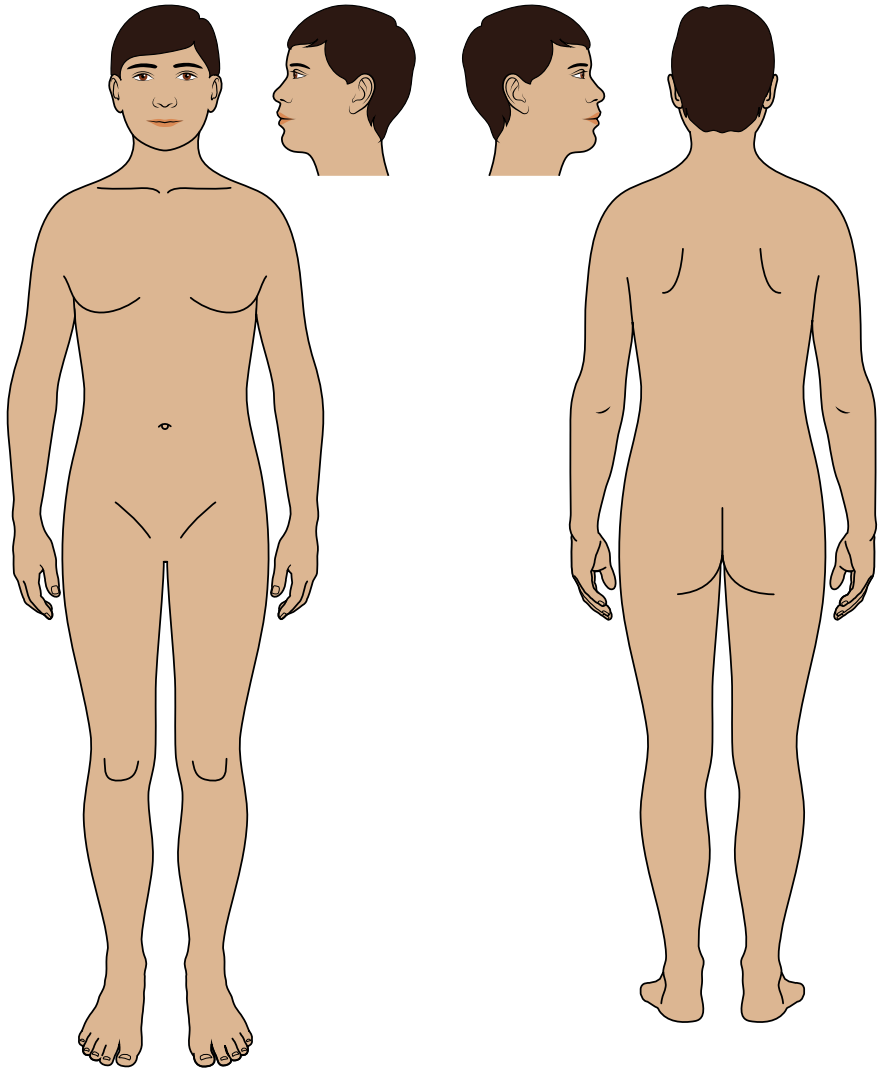
- Are you in pain all the time, or only some of the time?
- Is it better or worse at night?
- Does it keep you awake or wake you up?

## Where is the pain?

Is the pain in one part of your body or in more than one place?

You can [use the diagram](#) to mark where the pain is.

If you have more than one area of pain, label them A, B, C and so on. This means that label A on the body is where it is most painful.



## What does the pain feel like?

The following words may help when describing the pain:

- aching
- burning
- constant
- crushing
- dragging
- dull
- gnawing
- intense
- nagging
- nauseating
- numb
- prickling
- sharp
- shooting
- sore
- spreading
- stabbing
- stinging
- tender
- throbbing
- tingling
- tiring
- unbearable.

## How bad is the pain?

There are different ways of describing how bad pain is. Your cancer team may ask you to describe your pain as:

- mild
- moderate
- severe.

There are different scales that can be used to show how bad the pain is. Some people use a number scale. They will ask you to measure your pain on a scale of 0 to 10. 0 means no pain, and 10 means severe pain.

Other people may use pictures of faces to help you describe the pain. This is called a pain faces scale. There is an example of this type of scale at [wongbakerfaces.org](http://wongbakerfaces.org)

Be as clear as you can when describing how bad the pain is. This will help your doctors plan the best way to treat it.

## Does anything make the pain better or worse?

- Do you feel better or worse when you are standing, sitting or lying down?
- Does a heat pad, hot water bottle or ice pack help?
- How much do the painkillers help?
- How long do the painkillers last?
- Does doing an activity like watching TV reduce the pain?
- Has anything else helped the pain in the past?

## How does the pain affect your daily life?

- How does the pain affect what you can do?
- How does the pain affect your sleep and your mood?
- Can you sit long enough to eat a meal?
- Does the pain stop you from concentrating?
- Does it affect your social life or your sex life?

It is important your cancer team understands the problems the pain is causing you. This will help them plan the best way to manage the pain.

<b>Date and time</b>	<b>Where is the pain?</b>	<b>What is the pain like?</b>	<b>Level of pain (0 = none, 10 = severe)</b>	<b>Does the pain stop you doing any daily activities or sleeping?</b>	

<b>What medicines or treatments have you used?</b>	<b>What makes the pain better?</b>	<b>What makes the pain worse?</b>

# Who can help you treat and manage pain?

Different health and social care professionals may be involved in managing your pain. It is important that you and the people caring for you know who to contact if you have problems.

If you are at home, contact your GP. They are usually your first point of contact. If you are in hospital, the cancer team will help manage your pain. It is important to talk to the nurses and doctors caring for you. If you are having cancer treatment, you may have contact numbers for your cancer nurse or doctor. You can contact them directly if you have problems.

You may have a specialist symptom control nurse who visits you at home. Or you may go to a pain clinic. It depends on your individual situation. If you are not sure who you should contact, ask your GP.

## GP

When you are at home, your GP can talk to you about medicines or treatments to help control pain. They can prescribe painkillers and check with you to find out how well they are working. They can increase the dose of the painkiller or change you to a different drug if needed. Your GP can also contact your cancer doctor or nurse for further advice.

Your GP can arrange for a district nurse to visit. They can also refer you to other healthcare professionals such as a [specialist palliative care team](#) or a [pain team](#).

## Cancer doctor or nurse

If you meet with your cancer doctor (oncologist) or nurse regularly, it is important to tell them about any pain you have. They can explain what is causing the pain and how to manage it. Some people may need tests to find out the cause of the pain.

Your cancer team may ask you to contact them if you have pain, or if it gets worse. It is important to follow their advice.

## Community nurse

A community nurse can visit you at home to help you manage your pain. They may sometimes be called a district nurse. They can check that your pain medicines and treatment are working. They can advise you about:

- taking your medicines
- different ways of managing the pain
- getting equipment that helps make you more comfortable.

## Physiotherapist

A physiotherapist is someone who gives advice about exercise and mobility.

They may be able to show you different ways of moving to help manage the pain. If pain is affecting how far you can walk, they can suggest ways to make getting around easier. For example, they can arrange for you to have walking aids or a wheelchair.

## Occupational therapist (OT)

An occupational therapist is someone who gives information, support and aids to help people with tasks. These may include washing, dressing, or making meals. An OT can help provide equipment to make you more comfortable. For example, they may suggest special cushions or mattresses. If you have difficulty moving around, they can arrange handrails and ramps for your home to help you move more easily. They can also suggest ways to improve your energy levels and be more active.

## Pharmacist

A pharmacist can check your prescription, give you advice about your medicines and tell you how they may affect you. Tell your pharmacist if you are buying any over-the-counter medicines. They can tell you whether it is safe to take them with your prescribed painkillers and other drugs.



## Specialist palliative care team

Specialist palliative care doctors and nurses are experts in managing symptoms such as pain. They also give emotional support.

Specialist palliative care teams work in hospitals, in the community and in hospices. The team may also include:

- a [physiotherapist](#)
- an [occupational therapist \(OT\)](#)
- a [counsellor or psychologist](#).

Hospital teams can help you with pain control if you are:

- going to an outpatient clinic
- in hospital.

Your GP practice or your cancer team can refer you to the palliative care team. They will also make sure your GP is kept up to date. They may also refer you to a community palliative care team for ongoing support when you are at home.

Community palliative care teams are usually based in hospices.

They can:

- visit you at home
- meet you at an outpatient appointment
- phone you regularly, if you would prefer.

Community specialist palliative care nurses work closely with your GP, district nurse and other hospital services. They will tell you more about how they can help, how to contact them and when they are available.

## Counsellor or psychologist

Some people find it helpful to meet with a counsellor or psychologist. This is a person who gives advice about managing [feelings and behaviours](#). They can help you find ways to:

- cope with the pain
- deal with any worries or emotions that may be making the pain worse.

## Pain team

Many hospitals have specialist pain teams. The team includes doctors, nurses and usually a specialist doctor called an anaesthetist. Some teams also have a psychologist.

Your [GP](#), [cancer doctor](#) or [specialist palliative care team](#) can refer you to a pain team. This can be very useful if your pain is difficult to control or you need a [nerve block](#) or other specialist treatment.

## Hospice

Sometimes it can help to spend some time in a hospice having your pain, symptoms and other problems treated. This may be for 1 to 2 weeks.

Your community [specialist palliative care team](#) or [GP](#) can arrange this for you. If you are in hospital, the palliative care team can arrange for you to go into a hospice if you need more specialist symptom control before going home.

In the hospice, the doctors and nurses can adjust your medicines to get better control of your pain. They can often do this more quickly than if you were at home. Once your pain is controlled, you can go home again. At home, your GP and community specialist palliative care team can continue to help you. Your GP will know about community palliative care and hospice services in your area.

**“ Lyn did go into a hospice for 2 weeks for some pain management, and then came home again. ”**

Maurice, who cared for his wife



# Pain medicines

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# Painkillers and ways of taking them

Medicines used to treat pain are called analgesics. Analgesics are often called painkillers. This is the term we use in this content. There are lots of different types of painkillers. They treat different levels and [types of pain](#).

You may also be given [other types of drugs](#) to help relieve pain. These could include drugs to treat bone pain called bisphosphonates, or steroids to reduce swelling. We have more information at [macmillan.org.uk/supportive-treatments](http://macmillan.org.uk/supportive-treatments)

Your doctor or nurse will regularly assess your pain to make sure you are taking the right combination of medicines for you. Painkillers are usually prescribed by doctors, but some nurses can also prescribe them.

## Taking painkillers regularly

Pain that continues for more than 3 months is often called chronic or persistent pain. If you have chronic pain, you may need to take painkillers regularly to control it.

Always take your painkillers at regular intervals as prescribed. This is important to make sure they work as well as possible. The aim is for pain control to be constant, so you should not be in pain when you take the next dose. Delaying taking painkillers can make your pain worse. It may then take more time and a higher dose of painkillers to get your pain back under control.

If you have been given painkillers for breakthrough pain, do not wait for the pain to get bad before taking them.

It is important to tell your doctor or nurse if your pain gets worse. They can then treat it before it becomes harder to control. You may need your painkiller dose changed or have a different painkiller. It can sometimes take time to get the right painkiller and dose.

## Ways of taking painkillers

There are different ways you can take painkillers, depending on which ones you need. If you find it difficult taking painkillers a certain way, talk to your doctor or nurse, as there may be another way you can take them.

### Tablets and capsules

You usually take painkillers as tablets or capsules. Tell your doctor or nurse if you find these hard to swallow. Many painkillers are available as liquids, and some can be dissolved in water.

If you have a feeding tube, you can have some liquid or soluble painkillers through it. We have more information at [macmillan.org.uk/tube-feeding](http://macmillan.org.uk/tube-feeding)

### Skin patches

Some painkillers can be absorbed through the skin. You have these as a patch you put on your skin. This slowly releases a constant amount of painkiller. A patch can be helpful for people who have difficulty swallowing or find it hard to remember to take their painkillers regularly. Your cancer team will tell you how to use the patches and how often you need to change them.

### Buccal and sublingual medicines

These painkillers are absorbed through the lining of your mouth, so you do not have to swallow. You put them between your gum and your cheek (buccal) or under your tongue (sublingual).

## **Injections**

You can also have painkillers as an injection:

- under the skin (subcutaneous)
- into a muscle (intramuscular)
- directly into a vein (intravenous).

## **Through a pump**

Painkillers are sometimes given continuously over a set time through a pump. There are different types of pumps used for different reasons. A syringe containing the painkiller is placed in the pump and connects through a tube to one of the following:

- A thin small plastic tube placed just under the skin. The pump is called a syringe pump. It can be used to manage cancer pain and other symptoms.
- A fine needle placed into a vein. This is usually done after surgery for short term pain control.
- A fine plastic tube placed in the back that goes into the space around the spinal cord (epidural and intrathecal). This is done by an anaesthetist and used after certain types of surgery. But it can also be used to control cancer pain that is difficult to manage.

## Syringe pump

A syringe pump is a small portable pump that can be used to give different medicines. It is sometimes called a syringe driver.

A syringe pump may be used if:

- you are feeling sick, or being sick
- it is difficult for you to swallow tablets
- your pain is not being well controlled with tablets or injections.

A syringe containing the painkiller is attached to the pump. The pump delivers a continuous dose through a small, thin plastic tube placed just under your skin. You can also have other drugs through a syringe pump, such as anti-sickness drugs.

A nurse usually changes the syringe every 24 hours. You can have a syringe pump for as long as you need it. This might be at home or in hospital.

Having a syringe pump does not stop you moving around as usual. You can carry it in a pocket or bag. You can go out shopping or for a meal wearing the pump.

## Suppositories

Some painkillers can be put into the back passage (rectum). The drug is absorbed through the lining of the rectum. Having painkillers put into the back passage is not painful. The nurse will use a lubricating gel so that it goes in easily. A nurse can teach you how to put them in yourself if you would prefer.

## Gels or creams you put on skin

If the pain is in one area (local), rubbing a gel or cream on to the skin may help. For example, [non-steroidal anti-inflammatory drugs \(NSAIDs\)](#) such as ibuprofen are available as gels. There are also gels or plasters that contain local anaesthetics.

Creams containing menthol may also help with pain. Another cream called capsaicin may be used to treat nerve pain. Capsaicin is the substance that makes chilli peppers hot. Your doctor needs to prescribe this. There have been some stock issues throughout the UK so it may not be available.

Ask your doctor or nurse for advice first. Do not use any gels or creams on skin that is inflamed or broken. Wash your hands after applying any cream or gel. Always tell your doctor, nurse or pharmacist that you are using them.

## Nasal sprays

Some painkillers can be sprayed into the nose. They are absorbed through the lining of the nose.

## Gas and air (Entonox®)

This is a painkiller that you breathe in. You sometimes have it before procedures to help reduce pain. These may include a bone marrow test or a dressing change. It is only available in some hospitals.

# Types of painkiller

Pain is often described as being mild, moderate or severe. Different types of painkillers can be effective for different levels of pain. Once your doctors and nurses have assessed your pain, they will prescribe the best painkillers to help control it. You may also be given [other drugs to help relieve pain](#). These may include steroids and muscle relaxants.

To get your pain under control, you usually start by taking a short-acting painkiller. This will usually work in around 30 minutes. You usually need to take short-acting painkillers every 4 to 6 hours. The dose can be adjusted until your pain is controlled. When the doctor knows the dose you need, they may change you to a slow-release or long-acting painkiller. Long-acting painkillers are usually taken twice a day.

## Treating mild pain

If pain is mild, it can often be controlled with simple painkillers such as:

- paracetamol
- non-steroidal anti-inflammatory drugs (NSAIDs) – for example, ibuprofen.

You can buy these drugs from a pharmacy (chemist) or supermarket. Take them as explained on the packet. You may need to take some medicines with food, or after eating.

Other medicines you can buy, such as cold and flu remedies, may also contain paracetamol or anti-inflammatory drugs. Be careful that you do not take more than the recommended dose of any painkillers. If you are unsure, check with a pharmacist before buying any medicines.

## Paracetamol

Paracetamol can be used for most types of mild pain. It does not cause many side effects. But it is very important not to take more than the recommended dose. Higher doses can damage the liver. If you think you have taken too much, tell your doctor or nurse straight away.

## Anti-inflammatory drugs

Non-steroidal anti-inflammatory drugs (NSAIDs) are often used to relieve pain and reduce inflammation and swelling. They may be taken on their own or with other types of painkillers.

Ibuprofen is an NSAID that has different brand names, including Brufen® and Nurofen®. You can buy these drugs from a supermarket or pharmacy. Check with your doctor or nurse before taking NSAIDs. They do not work for everyone. They should not be taken with some medicines.

Other anti-inflammatory medicines, such as diclofenac and naproxen, need to be prescribed by a doctor.

NSAIDs can cause indigestion and may irritate the lining of the stomach. Your doctor may prescribe another drug to help protect your stomach. If you have had problems with your stomach, your doctor may advise taking a different type of painkiller. If you have muscle or joint pain, they may suggest anti-inflammatory skin patches or [gel that you rub into the skin](#).

When taking these drugs, always check the recommended dose on the packet and never take a higher dose.

## Drugs for mild to moderate pain

Doctors usually treat mild to moderate cancer pain with drugs called opioids. These are sometimes called 'morphine-like' medicines. There are different types of opioids, and some are stronger than others. Opioid drugs used for mild to moderate pain include:

- codeine phosphate
- dihydrocodeine (DF118 Forte®, DHC Continus®)
- tramadol.

Some drugs combine an opioid with paracetamol. For example, co-codamol is a combination of codeine and paracetamol. There is a limit to the number of these tablets you can take in a day. If you are prescribed a combination drug and it is not controlling your pain, tell your doctor so they can give you stronger painkillers. Some doctors prescribe a low dose of a stronger opioid to treat mild to moderate pain.

We have the answers to [common questions about painkillers](#).



## Drugs for moderate to severe pain

Moderate to severe pain is usually treated with strong opioids. The most common opioids are:

- morphine
- oxycodone
- fentanyl
- buprenorphine
- diamorphine.

Other opioids that are less commonly used include:

- tapentadol
- methadone
- alfentanil.

Your doctor usually prescribes a low dose of the opioid drug to start with. They gradually increase the dose until your pain is well controlled.

It can take a few days to adjust to taking a stronger opioid, or a higher dose of opioid.

Tell your doctor or nurse if you have [side effects from the painkiller](#) they have prescribed. They may be able to prescribe a different type that does not cause the same side effects.

Your doctor may prescribe other drugs, such as paracetamol or ibuprofen, to take regularly along with strong painkillers.

## Morphine

You can take morphine as:

- short-acting tablets
- liquid that you swallow
- long-acting tablets or capsules
- a short-acting injection
- suppositories inserted into the back passage (rectum).

Morphine is known by different brand names. Short-acting types include Oramorph® and Sevredol®. Long-acting types include:

- Morphgesic SR®
- MST Continus®
- MXL®
- Zomorph®.

You usually take a short-acting type of morphine every 2 to 4 hours. This is usually as a tablet or a liquid. Your doctor or nurse will tell you how often to take it. Liquid morphine has a bitter taste but mixing it with a fruit drink can help.

When the doctor knows how much morphine you need over 24 hours to control the pain, they may change you to long-acting drugs. These drugs release the dose of morphine slowly over 12 or 24 hours. You may still need to take short-acting morphine in between if you get [breakthrough pain](#).

Taking both long-acting and short-acting morphine gives you better control of the pain. This helps you to do the things you want without too many changes to your daily life. You can also have morphine as an injection under the skin or through a [syringe pump](#).

## Oxycodone

If you cannot have morphine, or it is not working well for you, your doctor may prescribe oxycodone.

You can take oxycodone as:

- short-acting tablets, capsules, or liquid that you usually take every 4 to 6 hours
- long-acting tablets that you take every 12 hours
- an injection given under the skin or continuously through a syringe pump.

There are many different brand names of oxycodone. Short-acting drugs include Lynlor®, OxyNorm® and Shortec®.

Long-acting drugs include Ixyldone®, Longtec® and OxyContin®.

## Fentanyl

You may have fentanyl once your doctor or nurse has worked out the dose of opioid you need.

### Fentanyl patches

Fentanyl patches are waterproof plasters you stick on your skin. They release the drug at a constant rate through your skin. You change the patches every 3 days. You put the new patch on a different area of skin.

When you first use the patch, it takes around 12 to 24 hours for the fentanyl to reach the correct level in the blood. During this time, you usually need to take a short-acting opioid drug to keep the pain under control.

If you are using fentanyl patches, it is important to:

- take the old patch off before applying a new one
- write the date on the patch when you apply it to remind you when to change it
- place patches on areas of dry, flat skin that have little or no hair
- stop the patch from getting hot by keeping it away from the sun, hot water, heat pads and hot water bottles
- let your doctor or nurse know if you have a temperature – this may affect how the medicine is absorbed through your skin
- tell your nurse if the patch causes a skin rash or itching
- dispose of your used patch carefully as some of the medication may still be left in the patch.

There are several different brands of fentanyl patches. They include Durogesic® and Victanyl®.

### Other ways of taking fentanyl

You can take fentanyl by mouth, in several different ways. You put the following drugs between your cheek and gum:

- a short-acting lozenge, such as Actiq® or Cynril®
- a tablet, such as Effentora®
- a film that dissolves, such as Breakyl®.

You can also take fentanyl as a tablet you put under the tongue, such as Abstral®.

It is also available as a nasal spray, such as Instanyl® or PecFent®. The drug is absorbed quickly into the body from your mouth or nose. Fentanyl given this way is usually for [breakthrough pain](#).

## **Buprenorphine**

This may be given as a:

- low dose skin patch you change every 7 days
- high dose skin patch you change every 3 to 4 days
- tablet you dissolve under the tongue every 6 to 8 hours.

## **Diamorphine**

Diamorphine is given as an injection. It is usually given continuously through a small needle under the skin connected to a syringe pump. Diamorphine changes into morphine in the body. You may have diamorphine if you are being sick, or if you find it difficult to swallow tablets or liquids.

## **Tapentadol**

Tapentadol (Palexia®) can be given as:

- short-acting tablets
- a short-acting liquid
- long-acting tablets.

## **Methadone**

Methadone (Physeptone®) may be given as:

- a tablet
- a liquid
- an injection, but this is rare.

Methadone is usually only given under close supervision from a specialist palliative care doctor or pain doctor.

## **Alfentanil**

Alfentanil (Rapifen®) is a strong painkiller that is given by injection or continuously through a syringe pump. It is more likely to be used if your kidneys are not working well.

We have the answers to [common questions about painkillers](#).

# Side effects of painkillers

Some people get [side effects from painkillers](#), especially [opioids](#). But they will not affect everyone, and most side effects improve after a few days. We have explained some of the common side effects here.

## Drowsiness

Strong painkillers may make you feel drowsy when you first start taking them. This usually improves within a few days once you get used to the dose. If you are still feeling drowsy after a week, talk to your doctor or nurse. They can check the dose and if you are taking any other medicines that might cause drowsiness.

You should not drive when you start to take strong painkillers or if the dose has changed. This is because they may slow your reactions. Your body needs time to get used to the medication and dose.

If you feel drowsy, avoid driving or operating machinery. Alcohol can make drowsiness worse. It may be better to avoid it, or to only drink small amounts.

If you get drowsy after you have been taking strong painkillers for a while, tell your doctor or nurse. This sometimes happens if you have had treatments to shrink the cancer, which has helped to reduce the pain.

## Constipation

Constipation is a common side effect of strong painkillers. Your doctor usually prescribes you some laxatives. There are different types of laxatives. Some soften stools (poo) and make them easier to pass. Others stimulate the bowel to push the stools along more quickly. You may need a combination of laxatives to prevent constipation.

Do not take any laxatives without checking with your doctor, nurse or pharmacist first.

To help prevent constipation:

- try to drink plenty of fluids
- eat more high-fibre foods such as wholegrain bread, cereal, fresh fruit, dates, dried apricots, raisins, prunes, prune juice and nuts
- avoid or reduce foods that make you constipated
- try to do some gentle exercise if possible.

We have more information at [macmillan.org.uk/constipation](https://www.macmillan.org.uk/constipation)

## Feeling sick (nausea)

Some people feel sick (nausea) for a few days when they start taking painkillers. Some people may occasionally be sick (vomit). This usually gets better within a week. Your doctor may prescribe an anti-sickness (anti-emetic) drug for at least the first week of treatment. If it does not improve, tell your doctor. They may need to change your painkiller or the anti-sickness medicine.

We have more information at [macmillan.org.uk/nausea-vomiting](https://www.macmillan.org.uk/nausea-vomiting)

## Dry mouth

Strong painkillers can make your mouth dry. If this happens, tell your doctor, nurse or pharmacist. Different things can help, such as:

- taking regular sips of water
- sucking ice cubes or lollies
- chewing sugar-free gum
- using an artificial saliva product
- keeping food moist by adding sauces and gravies.

## Other side effects

Some people have other side effects with painkillers. These include:

- feeling forgetful or confused
- vivid dreams and hallucinations (seeing things that are not real)
- feeling dizzy or faint
- lower blood pressure
- slower, or sometimes deeper breathing.

If you have any of these, or any other side effects, tell your doctor straight away. They can change your dose of painkiller or give you another type. Some strong painkillers may suit you better than others.

# Organising and storing painkillers

It can sometimes be confusing if you have a lot of medicines to take. You may be taking more than one painkiller, as well as other medicines.

Organising your medicines helps make sure you store them all safely. It may also help you remember to take them exactly as your doctor prescribed.

Here are some tips for storing your medicines:

- Check the expiry date.
- Keep them in their original bottle or packet where you can clearly read the label.
- Keep them in a cool, dry place. Store them as directed by the leaflet inside.
- Keep them where children cannot see or reach them. You might want to lock away strong painkillers.
- Return any unused medicines to a pharmacy (chemist) so they can dispose of them properly. Do not put them in the bin or down the toilet.

## Remembering to take your medicines

It might help to:

- make taking your medicines part of your daily routine – for example, taking them after meals, depending on the instructions
- set an alarm on your mobile phone or computer to remind you
- write yourself a reminder
- ask your partner, relative or friend to remind you to take them.

Using the [pain diary](#) may help you keep track of when to take your drugs. If you find it hard to remember to take medicines several times a day, tell your doctor. They may be able to prescribe drugs that you take less often.



If you are taking several different drugs, you may find it helpful to write down:

- the drugs you are taking
- what they are for
- their doses
- when you need to take them.

You could also include notes about what the medicine looks like and when to re-order it. Ask your doctor or nurse about a chart or medicine planner to write on. Or you might find a chart or planner you can use on the internet.

Your local pharmacist can also give you advice about medicines. Boots stores have specially trained Boots Macmillan Information Pharmacists. Find out more at [boots.com/macmillan](https://www.boots.com/macmillan)

You may find our [My records](#) booklet helpful. There is space inside to record your medication, when you should take it and any side effects.

## Pill organisers

You may find it easier to arrange your drugs in a blister pack or dosette box. These have separate compartments which clearly show the day and time when you should take your medicines. These are made up by your [pharmacist](#). Your GP may be able to organise this with your pharmacist. You can also ask your pharmacist for more information if you think this could help you.

You can buy your own medicine container box (pill organiser) from most pharmacies. You can then fill it with your medicines or ask a family member or friend to help you.

## Phone apps

If you have a smartphone there are free apps you can download to help you remember to take your medicines.

## Travelling with your medicines

If you are planning to travel outside the UK, there are some extra things to consider.

Ask your pharmacist whether you will need a letter to prove that your medicine is prescribed for you. You need this for 'controlled drugs', such as strong painkillers. If you are going to be abroad for more than 3 months, you will need to get a licence.

You can find more information about travel and medicines at [gov.uk/travelling-controlled-drugs](https://www.gov.uk/travelling-controlled-drugs)

Here are some tips for travelling with your medicines:

- Check if there are restrictions about taking drugs like morphine into the country you are going to.
- Have enough painkillers and medicines to cover the whole time you are away. Take a few extra with you in case you have any delays.
- If your medicines need to be kept cool, you can buy small cool bags from your pharmacy to store them.
- Keep all medicines and covering letters in your hand luggage.
- Keep your medicines in the original packaging where possible.
- Take a list of your medicines, copies of your prescription and your doctor's phone number.
- If you are travelling abroad and there is a time difference, gradually change the times you take your medicines to fit in with this. You can talk to your GP or pharmacist about this for advice before you go.

We also have more information about managing pain and travelling in our booklet and audiobook [Travel and cancer](#).

You can order our booklets and leaflets for free  
Visit [orders.macmillan.org.uk](https://orders.macmillan.org.uk) or call [0808 808 00 00](tel:08088080000).





# Common questions

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# Common questions about painkillers

Some people have concerns about pain medicines, especially strong painkillers like morphine. If you are worried about the pain medicines you have been prescribed, you may be less likely to take them. This can make it harder to control the pain.

Talk to your doctor or nurse about any concerns or questions you have. Your healthcare team is used to talking about these things. There is no silly question. Being able to talk through your concerns will usually help you feel more comfortable about taking the drugs.

The following are some questions and answers that may help.

## **When should I start taking painkillers?**

Start taking your painkillers as prescribed by your doctor, when you have pain. Sometimes people think they should delay using painkillers for as long as possible. But there is no need to delay taking them. If you wait until the pain gets really bad, it will be harder to get the pain under control. It also means you may be in pain when you do not need to be.

## **Does taking a strong painkiller mean the cancer is advanced?**

Having morphine does not mean the cancer is more serious. Doctors use strong painkillers such as [morphine](#) to treat severe pain from other causes as well as cancer.

It is important that you have the right painkiller at the right dose to treat your pain. If your pain improves, your doctor or specialist palliative care nurse may reduce the dose of painkiller or change you to a milder painkiller.

## **Is there a maximum dose for strong painkillers?**

There is no maximum dose for strong painkillers. The right dose is the one that works for you. If you take your painkillers as prescribed, you will not overdose.

If you have pain, do not increase the dose without talking to your doctor or specialist palliative care nurse first. It can be dangerous to change your dose without guidance from your doctor or nurse.

## Will I become addicted to painkillers?

Addiction is rare when a strong painkiller is used correctly to relieve cancer pain as prescribed by your doctor. If the painkiller is helping to relieve your pain, you are unlikely to become addicted to it.

If you are worried about becoming addicted, talk to your doctor or nurse. If your family and friends are also concerned, you could ask them to come to an appointment with you.

## When can I stop taking a strong painkiller?

If your pain improves, you may be able to reduce and then stop taking a strong painkiller. But it is important that you do not suddenly stop taking it. Talk to your specialist palliative care nurse first. They will explain if it is a good idea to reduce your dose. They will also tell you how to do this gradually to avoid pain and withdrawal problems. Withdrawal is when your body finds it difficult to cope with suddenly stopping or reducing a drug that you have been taking.

Contact your doctor straight away if you have any symptoms of withdrawal. These include:

- diarrhoea
- cramping pains in the stomach and bowel
- sickness
- sweating
- feeling restless or agitated.

## Can I drink alcohol if I am taking painkillers?

Drinking alcohol with milder, non-opioid painkillers is not usually a problem. If you are taking strong painkillers, you can usually drink small amounts of alcohol. This is around 1 or 2 units (a small glass of wine) per day. But you may find it makes you sleepier. Some people find it has a stronger effect on them and makes them feel unwell. It may be best to not drink alcohol if you can.

Your painkillers will have a patient information leaflet, including information about alcohol. You can also ask your doctor, nurse or pharmacist for more information about the painkillers you are taking.

## Can I drive if I am taking strong painkillers?

When you first start taking strong painkillers, they may make you feel tired and drowsy. You may not be able to concentrate, and your reactions may be slow. You may also be taking other drugs for pain which can make you drowsy and affect driving.

You should not drive or operate machinery for a few days:

- when you start taking strong painkillers
- if your dose of painkiller has been changed.

If you are not drowsy and you feel able to drive safely after this time has passed, you should usually be okay to drive. Do not drive immediately after taking an extra (breakthrough) dose of a strong painkiller.

Painkillers can affect people differently. It is your responsibility to judge if you feel safe and fit to drive. Avoid driving if you:

- feel sleepy or drowsy
- are struggling with co-ordination
- feel dizzy
- are having problems with your eyesight
- find it hard to concentrate due to the pain or as a side effect of the painkillers
- think you may be unable to do an emergency stop.

If you are not sure, speak to your cancer doctor, nurse, palliative care team or GP.

Keep your first drive short and easy. Take another driver with you in case you feel drowsy while you are out. If you are worried that you may not be safe to drive, ask your doctor for advice.

You do not have to tell the DVLA or the DVA in Northern Ireland if you are taking strong painkillers. But they may need to know about your cancer. Your doctor or specialist nurse can give you more information.

It is a good idea to tell your insurance company if your ability to drive may be affected. Each company is different, but your insurance may not be valid if you do not tell them. Make sure you know what your doctor's advice is before you contact your insurance company.

## The law and strong painkillers

It is an offence to drive with certain drugs above certain limits in your body. This includes some prescription medicines.

You may be prosecuted if you have drugs in your body that affect your driving, even if you have been prescribed the drugs.

You will not be breaking the law if the painkillers are not affecting your ability to drive safely, and you are:

- taking them exactly as your doctor prescribed them
- following the information that came with the painkillers.

The police can stop people who are driving and do tests to check whether they have taken any drugs. It is a good idea to keep a copy of your prescription with you, as well as the painkiller packaging.

If you are not sure whether you are able to drive, you should not drive. Your doctor, specialist nurse or pharmacist can tell you more about this.

## Can I travel with my painkillers?

Some countries limit the amount of particular drugs that can be taken into the country. There are restrictions about taking drugs like morphine into some countries.

We have more information about [taking medicines abroad](#).

**“When my late husband was diagnosed with pancreatic cancer, we had a lot of support with pain management from our local hospice. ”**

Michelle, who cared for her husband

# Other drugs used to control pain

There are other drugs that can be used to treat pain. You might take these with painkillers or on their own. The drugs your doctor prescribes will depend on the type of pain you have. Sometimes it can take some time to find the drug and dose that works best for you.

Your doctor or nurse will explain the different side effects of any drugs you are prescribed and how they may affect you.

## Drugs to treat nerve (neuropathic) pain

Specific drugs are used to treat [nerve pain](#). They are taken as tablets or capsules. It may take a few weeks for them to work.

It is important to keep taking the drug your doctor prescribes, even if it does not work straight away. The dose of the drug may need to be gradually increased.

Some of these drugs are also used to treat seizures. They change the way in which nerves send messages to your brain. They include:

- gabapentin
- pregabalin
- clonazepam.

Other drugs that treat nerve pain can also be used in higher doses to treat depression. Some people worry about taking them because of this. But research shows that in lower doses they work well in targeting and reducing nerve pain. These drugs include:

- duloxetine
- amitriptyline.

## Drugs to treat bone pain

Different drugs are used to treat bone pain.

### Bisphosphonates

People who have pain from cancer that has spread to the bones may be prescribed drugs called bisphosphonates. As well as helping to reduce pain, bisphosphonates also strengthen the affected bones. You have them as a drip into a vein or as tablets. If you have a bisphosphonate as an injection into a vein, you have treatment once every 4 weeks.

Commonly used bisphosphonates are:

- sodium clodronate
- ibandronic acid
- disodium pamidronate
- zoledronic acid.

We have more information in our booklet [Understanding secondary cancer in the bone](#). You can also visit [macmillan.org.uk/secondary-bone-cancer](http://macmillan.org.uk/secondary-bone-cancer)

## Denosumab

Denosumab is treatment that can be used to relieve bone pain. You have it as an injection just under the skin, every 4 weeks.

We have more information on our website about denosumab. Visit [macmillan.org.uk/denosumab](https://www.macmillan.org.uk/denosumab)

## Steroids to reduce swelling

Steroids can reduce swelling and pain caused by a tumour pressing on a part of the body. You usually have steroids as tablets, but they can also be given as an injection. There are different types. People usually have dexamethasone or prednisolone.

We have more information on our website about steroids and their possible side effects. Visit [macmillan.org.uk/steroids](https://www.macmillan.org.uk/steroids)

## Drugs to relax muscles

If muscle spasms are causing pain, your doctor may prescribe a short course of a muscle relaxant such as:

- diazepam
- clonazepam
- baclofen (Lioresal®)
- hyoscine butylbromide (Buscopan®), which relaxes muscles in the bowel and helps treat tummy cramps.



# Other ways to help manage pain

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# Managing pain with other treatments

Cancer treatments can also be used to help manage pain. It may take up to a few weeks for them to work and improve the pain.

## Radiotherapy

Radiotherapy uses high-energy rays called radiation to treat cancer. It destroys cancer cells in the area where the radiotherapy is given.

Radiotherapy can be used to reduce pain and other symptoms. For example, it is often used to control pain when cancer has spread to the bones (secondary bone cancer). You usually have 1 to 5 sessions of radiotherapy.

It usually takes 7 to 10 days for the pain to reduce. It may take up to 6 weeks to feel the full effect. You will keep taking painkillers during this time. Sometimes pain gets worse for a short time after radiotherapy. Your doctor may increase your painkillers or prescribe other drugs to help during that time. If the radiotherapy helps control your pain, you may be able to reduce your painkillers. Your doctor or nurse can advise you about this.

The radiotherapy dose used to treat pain is low. The treatment usually has very few side effects, other than tiredness.

Sometimes, a type of radiotherapy called radioisotope therapy is used to help treat bone pain. Radioisotope therapy uses a radioactive substance to treat cancer. It can be given by mouth as a drink or capsule, or injected into a vein. This treatment may be used if several bones are affected.

## Surgery

Sometimes surgery can help treat pain by:

- removing all or part of a tumour, to relieve pressure on organs or a nerve
- repairing or strengthening a damaged bone when cancer has spread to the bones – for example, a pin placed to strengthen the bone.

## Anti-cancer drugs

You may have drug treatments that help to shrink the cancer and reduce pain. These include:

- chemotherapy
- targeted therapy
- immunotherapy
- hormonal therapy.

Your doctor can tell you how likely a treatment is to work and what the side effects may be. This will help you decide whether the treatment would be helpful for you.

## Nerve blocks

A nerve block is a treatment that blocks nerves from sending messages to the brain. It aims to reduce the activity of the nerve to stop it causing pain. If you have pain that is difficult to treat, your doctor might suggest a nerve block.

There are different types of nerve blocks. They are usually called by the names of the nerves that are blocked. After having the nerve block, you may be able to reduce your dose of painkillers. A nerve block can often be repeated.

Your GP or cancer team can refer you to a pain team. Nerve blocks are done by an expert pain specialist. This is usually an anaesthetist. They will discuss the benefits and possible risks with you.

The anaesthetist may use one of the following drugs to block the nerve:

- Local anaesthetic – this is sometimes given with steroids for a short-lasting nerve block.
- Alcohol and phenol – these damage the nerve for a long-lasting block. They are less commonly used because of the side effects.

Nerve blocks do not usually have many side effects. Some may cause low blood pressure or diarrhoea. Your doctor or nurse will tell you what to expect and how to manage any side effects.

# Non-drug treatments and complementary therapies to help with pain

Some people find non-drug treatments and complementary therapies helpful in managing pain. They can be used with painkillers, or sometimes on their own.

Some treatments, such as talking therapies, aim to relax and de-stress your mind and body. Some people use physical therapies to help relieve pain.

## Physiotherapy and exercise

Pain can stop you from using the part of your body that hurts. But as your muscles or joints stiffen, this can lead to more pain.

Exercise can be an important part of managing pain. It helps your body release endorphins. These are natural substances produced in your body that have a painkilling effect. A physiotherapist may be able to:

- help reduce pain and stiffness with gentle massage and exercise
- help you stay active and show you exercises that might improve your pain.

Ask your doctor or physiotherapist whether it is safe to exercise and what type of activity may help.

## Gentle exercise

Some types of gentle exercise, such as walking, may help some people to manage pain. Exercise can help relieve stress, distract you and give you more energy. If you have sore joints, exercise can help ease pain by building muscle strength and improving flexibility. Exercises such as swimming and cycling can be a good choice as they put less strain on your joints.

We have more information about exercise and movement in our booklet [Physical activity and cancer](#).



## TENS (trans-cutaneous electrical nerve stimulation)

TENS is a way of managing pain using a mild electrical current.

A TENS machine is a small battery-powered device. Wires from the TENS machine attach to sticky pads that you put on the surface of your skin, near the area of pain.

When you turn the machine on, it sends a small electrical current to the affected area. It feels like a tingling sensation. The machine has a dial that allows you to control the strength of the current. Some people find that using a TENS machine helps ease their pain.

Talk to your healthcare team before using a TENS machine. They are not suitable for everyone. A [pain team](#), [physiotherapist](#) or [palliative care team](#) can advise you whether TENS is suitable for you. They can show you how to use the machine. They may be able to lend you one for a short time. If it works well for you, you can hire or buy one from a pharmacy or online.

You should always continue to take your prescribed painkillers. A TENS machine is a way of helping you to keep your pain under control when used alongside your prescribed painkillers. A TENS machine alone will not be enough to manage the pain.

## Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) is a talking therapy. It helps people to manage problems by changing the way they think and behave. It can help give you ways to approach and cope with pain so that you feel more in control. CBT is sometimes combined with a type of meditation called [mindfulness meditation](#).

You can have CBT on a one-to-one basis or in group sessions with a trained therapist. You often need a course of sessions over a few months. If you think it may help, ask your doctor or specialist nurse.

## Complementary therapies

There are different complementary therapies that may help with pain. Some people find these helpful, but they do not work for everyone.

If you would like to try a complementary therapy, always talk to your doctor first. Complementary therapies should not replace any treatments prescribed by your doctor.

Always use a qualified therapist. [The British Complementary Medicine Association \(BCMA\) has details of qualified therapists](#).

Your hospital team or local hospice may also be able to recommend someone.

We have more information in our booklet and audiobook [Cancer and complementary therapies](#).

## Acupuncture

Acupuncture may help some people with cancer pain. It is thought that it works by stimulating the body to produce endorphins. Endorphins are the body's natural painkillers.

Acupuncture is the practice of inserting very fine needles into the body at particular points called acupoints. These are then left for a while before being removed. The needles are tiny, so it is not painful.

Acupuncture is generally safe and side effects or complications are rare. You should not have acupuncture if you are having treatments that could lower your blood counts, such as chemotherapy, or if you take blood thinning medication. If you have lymphoedema, or are at risk of it, do not have acupuncture in the affected area.

Some specialist NHS pain and palliative care teams offer acupuncture. Your GP or cancer specialist can refer you. You may have to pay for this.



## Massage therapy

Massage therapy uses gentle pressure to your body to help you relax and improve your mood. Some people find it reduces pain.

There are different types of massage therapy. Cancer doctors and complementary therapists usually advise trying gentle massage and avoiding vigorous, deep tissue massage. Your therapist will be able to adjust the pressure for your comfort.

Some people worry that massage could cause cancer cells to spread to other parts of their body. Research has not found any evidence of this. But massage therapists will avoid any areas affected by cancer. Talk to your cancer doctor or nurse if you are worried.

Massage therapists working with people with cancer must be properly trained and qualified. They should have some knowledge of cancer and its treatments. They can sometimes teach relatives or friends how to do basic massage techniques, so they can support you at home.

## Mind-body therapies

There are different types of mind-body therapies (or meditation), but they all aim to relax and calm your mind. Some hospitals or hospices may have people who can help you to meditate. Ask your doctor, specialist nurse or palliative care team.

To meditate, sit quietly and focus on your breathing without trying to control it. If you have a thought, try to let it go and only concentrate on your breathing. Or you can put an object in front of you and focus on that instead – for example, a lit candle or a picture.

If you are having treatment for any mental health problems, check with your doctor before doing meditation.

### Mindfulness meditation

Mindfulness meditation is a particular type of meditation. The aim is to help people manage problems such as anxiety, stress or chronic pain. Types of mindfulness include:

- mindfulness-based stress reduction (MBSR)
- mindfulness-based cognitive therapy (MBCT).

Mindfulness classes may be available through your hospital, your GP or a [cancer support charity](#).

Apps and CDs can help you meditate at home. Some people find it helpful to meditate in a group until they are familiar with the technique.

## Relaxation

Learning to relax may also help control pain, even if you can only do this for a short time each day. Ask your doctor if there is a healthcare professional who can help. This might be an occupational therapist, physiotherapist or psychologist. A technique called progressive muscle relaxation involves learning to tense and relax groups of muscles, individually or together.

You can also do relaxation exercises to relax your mind. This can be helpful if anxiety is making your pain worse. There are lots of relaxation CDs or apps available to guide you.

To practice relaxation, find a quiet, warm and dimly lit space. Make sure you will not be disturbed. Lie or sit in a well-supported position. Relaxation techniques are most helpful if you practise them for 5 to 15 minutes each day.

You may want to try different things until you find the relaxation exercise that works best for you.

We have more information about these and other therapies on our website. Visit [macmillan.org.uk/complementary-therapies](https://www.macmillan.org.uk/complementary-therapies)



# Things you can do to help with pain

There are things you can do yourself to help improve your pain and feel better.

## A comfortable position

The way you sit or lie down can affect your pain, so try to find a comfortable position. If you have difficulty moving, ask someone else to help you. What may be comfortable at first may be uncomfortable 15 minutes later. You may need to change your position often. Changing position also reduces the risk of your skin becoming sore.

Other things that may help are:

- v-shaped pillows or supports that help reduce backache and neck pain
- a bed cradle to keep the weight of blankets off your limbs
- a special mattress and cushions
- equipment to help with moving around and sitting.

Your [district nurse](#) can tell you more and advise how you can get these.

## Heat pads or ice packs

Having a warm bath can help relieve aches and pains. Or you could try putting a heat pad on the painful area. Heat may help relax muscles and reduce joint stiffness.

Ice packs can help relieve pain where there is inflammation and swelling. Some people find that switching between heat and cold helps.

Be careful to protect your skin from burns. Cover heat pads and ice packs before you put them near the skin. Do not use heat on areas where you have inflammation or swelling.

## Distraction

You may find it helps to do something that could distract you from pain. You could try:

- watching TV
- reading
- playing computer games or doing puzzles
- listening to music
- talking to family or friends, and having visitors for a short time
- taking short walks with someone
- doing something creative, such as drawing or crafts.

# Get practical help

Coping with pain can be harder if you are anxious about things such as:

- treatment
- coping at home or at work
- money.

Getting help with these things may help you feel less stressed. This can help make pain easier to control.

Talk to your doctors and nurses about any concerns you have about treatment and side effects. You can also talk to one of our cancer nurses on the Macmillan Support Line by calling [0808 808 00 00](tel:08088080000).

You may worry that pain will affect how you travel or attend appointments. If this is the case, you may find the Blue Badge scheme useful. This allows you to park in parking spaces closer to where you need to go.

We have more information about the Blue Badge scheme in our booklet and audiobook [Help with the cost of cancer](#).

A social worker can check what practical and social help you need. They can visit you at home to see if you need help with things like:

- meals
- personal care, such as washing and dressing
- finances.

The local authority will then explain about services they can help with. Services vary in different areas. The local authority may suggest other community organisations that can help.

## Voluntary and community organisations

Voluntary and community organisations may be able to offer support. The British Red Cross has volunteers who can help you with things like shopping, posting letters or changing library books. They may be able to help you get to hospital appointments. They also lend equipment like wheelchairs and commodes (portable toilets). Services vary in different parts of the UK. [Living Made Easy](#) and [Scope](#) both give information and advice to Disabled people.

Some areas have schemes to help people with things like shopping, meeting other people or transport. These are often called good neighbour schemes and are usually run by social services or local community organisations. Contact your local council or check online to find out what is available in your area.

We list the contact details of [useful organisations](#) at the end of the booklet.

**“ My sister was so patient with me when I would get frustrated with being in pain and what I felt like was a slow recovery. ”**

Nav, diagnosed with bowel cancer

# Feelings and pain

Being in pain can affect how you think and feel. Some people may feel frustrated, frightened or isolated.

When your pain is well controlled, it will improve the way you feel. It also means you can do the things you enjoy and visit other people. Always talk to your doctor or nurse if the pain is not controlled.

Talking therapies such as [cognitive behavioural therapy \(CBT\)](#) may help you to manage pain. Meditation techniques such as [mindfulness](#) may also help.

## Depression

If pain is not well controlled, you may feel depressed. You may have a low mood most of the time. You may also have difficulty sleeping or no appetite. The pain may feel worse and harder to cope with.

If you or people around you think you may be depressed, talk to your GP. They can help you to get the right treatment and support. They may suggest you meet with a counsellor or psychologist. Your GP may talk to you about taking anti-depressants to improve your mood or reduce anxiety.

We have more information at [macmillan.org.uk/depression](https://www.macmillan.org.uk/depression)

## Getting emotional support

If you feel okay emotionally, your physical pain may feel better. There are many people and organisations that can help you cope with difficult feelings. Non-medical treatments may also help. Ask your doctor or specialist palliative care nurse which ones would be best for you.

It can help to talk about your feelings. You could talk to your partner, a close friend or family member. If you do not tell them, they may not realise you have pain. They may not understand how the pain is making you feel, and why you are angry or upset.

You may prefer not to talk to anyone you know about your feelings. If this is the case, you can talk to your [GP](#) or [specialist palliative care nurse](#). They can help by putting you in contact with a counsellor. You could also contact the [British Association for Counselling and Psychotherapy](#). Or you can speak to Macmillan's cancer support specialists on [0808 808 00 00](tel:08088080000).

[Different organisations](#) offer advice, support and information about pain:

- Action on Pain
- British Pain Society
- Pain Concern.

## Support groups

It can often help to share how you are feeling with other people who understand what you are going through. Local support groups offer a chance to talk to other people who may also be managing pain. You can find a support group in your area at [macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups)

## Online support

Many people find support on the internet. There are online support groups, social networking sites, forums, chat rooms and blogs for people affected by cancer. These include [Macmillan's Online Community](#). You can use these to share your experiences, ask questions, get advice or just read other people's stories.

We have more information and support in our booklet and audiobook [How are you feeling? The emotional effects of cancer](#).

## Spiritual support

Spirituality can mean different things to different people. It may be religious, or it may be expressed through music, art, nature, or how you relate to your family or community.

A person's spirituality can be an important source of comfort and strength. Some people with cancer find their spiritual beliefs are challenged by their situation. They may experience 'spiritual pain' and feel abandoned or frightened. Sometimes they may withdraw from family and friends.

You may find it helpful to talk through your thoughts and feelings with someone you trust. This may be a close friend or family member, a health and social care professional or a chaplain or religious leader. If you would prefer to talk to a non-religious counsellor or pastoral carer, your [GP, specialist nurse or hospital doctor](#) may be able to help you find one.

All these people may be able to help you work out your thoughts and feelings.



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# About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

## Order what you need

You may want to order more booklets or leaflets like this one. Visit [orders.macmillan.org.uk](https://orders.macmillan.org.uk) or call us on [0808 808 00 00](tel:08088080000).

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

## Online information

All our information is also available online at [macmillan.org.uk/information-and-support](https://macmillan.org.uk/information-and-support) You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

## Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at [macmillan.org.uk/otherformats](https://macmillan.org.uk/otherformats)

If you would like us to produce information in a different format for you, email us at [informationproductionteam@macmillan.org.uk](mailto:informationproductionteam@macmillan.org.uk) or call us on [0808 808 00 00](tel:08088080000).

## The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit [macmillan.org.uk/ourinfo](https://macmillan.org.uk/ourinfo)



# Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

## Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

## Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on [0808 808 00 00](tel:0808808000). Or visit [macmillan.org.uk/support-line](https://macmillan.org.uk/support-line) to chat online and find the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on 18001 0808 808 00 00, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to [macmillan.org.uk/talktous](https://macmillan.org.uk/talktous)

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call [0808 808 00 00](tel:08088080000) and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

## **Macmillan Information and Support Centres**

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at [macmillan.org.uk/informationcentres](https://macmillan.org.uk/informationcentres) or call us on [0808 808 00 00](tel:08088080000).

## **Help with money worries**

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

### **Financial advice**

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

### **Help accessing benefits**

You can speak to our money advisers for more information. Call us free on [0808 808 00 00](tel:0808 808 00 00). Visit [macmillan.org.uk/financialsupport](https://macmillan.org.uk/financialsupport) for more information about benefits.

## **Help with work and cancer**

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit [macmillan.org.uk/work](https://macmillan.org.uk/work)

## Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

### Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://macmillan.org.uk/selfhelpandsupport)

### Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://macmillan.org.uk/community)

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

## Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

# Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

## **Pain management and support**

### **Action on Pain**

Helpline (PainLine) **0345 603 1593**

[www.action-on-pain.co.uk](http://www.action-on-pain.co.uk)

Provides information and support for people affected by chronic pain.

### **The British Complementary Medicine Association (BCMA)**

Tel **0345 345 5977**

[www.bcma.co.uk](http://www.bcma.co.uk)

Has information on various alternative therapies and a database of UK therapists.

### **The British Pain Society**

[www.britishpainsociety.org](http://www.britishpainsociety.org)

Has information about pain including a list of self-help groups and a suggested reading list. Provides details of other sources of support.

### **Pain Association Scotland**

Tel **0800 783 6059**

[www.painassociation.co.uk](http://www.painassociation.co.uk)

Offers self-management training to help people manage chronic pain.

### **Pain Concern**

Helpline **0300 123 0789**

[www.painconcern.org.uk](http://www.painconcern.org.uk)

Has leaflets about pain, self-management information, podcasts and an online forum where people can share experiences.

### **Wong-Baker FACES Foundation**

[www.wongbakerfaces.org](http://www.wongbakerfaces.org)

Official website for the Wong-Baker FACES Pain Rating Scale, a tool for describing pain.

## **General cancer support organisations**

### **Black Women Rising**

[www.blackwomenrisinguk.org](http://www.blackwomenrisinguk.org)

Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

### **Cancer Black Care**

Tel **0734 047 1970**

[www.cancerblackcare.org.uk](http://www.cancerblackcare.org.uk)

Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

### **Cancer Focus Northern Ireland**

Helpline **0800 783 3339**

[www.cancerfocusni.org](http://www.cancerfocusni.org)

Offers a variety of services to people affected by cancer in Northern Ireland.

### **Cancer Research UK**

Helpline **0808 800 4040**

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

### **Macmillan Cancer Voices**

[www.macmillan.org.uk/cancervoices](http://www.macmillan.org.uk/cancervoices)

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

### **Maggie's**

Tel **0300 123 1801**

[www.maggies.org](http://www.maggies.org)

Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

## **Penny Brohn UK**

Helpline **0303 300 0118**

[www.pennybrohn.org.uk](http://www.pennybrohn.org.uk)

Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

## **Tenovus**

Helpline **0808 808 1010**

[www.tenovuscancercare.org.uk](http://www.tenovuscancercare.org.uk)

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

## **General health information**

### **Drinkaware**

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

### **NHS.UK**

[www.nhs.uk](http://www.nhs.uk)

The UK's biggest health information website. Has service information for England.

### **NHS 111 Wales**

[111.wales.nhs.uk](http://111.wales.nhs.uk)

NHS health information site for Wales.

## **NHS Inform**

Helpline **0800 22 44 88**

[www.nhsinform.scot](http://www.nhsinform.scot)

NHS health information site for Scotland.

## **Northern Health and Social Care Trust**

[www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)

Provides information about health and social care services in Northern Ireland.

## **Patient UK**

[www.patient.info](http://www.patient.info)

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

## **Counselling**

### **British Association for Counselling and Psychotherapy (BACP)**

Tel **0145 588 3300**

[www.bacp.co.uk](http://www.bacp.co.uk)

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the therapist directory page.

## **UK Council for Psychotherapy (UKCP)**

Tel **0207 014 9955**

[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

## **Emotional and mental health support**

### **Anxiety UK**

Tel **0344 477 5774**

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Provides help, information and support for people with anxiety, stress and anxiety-based depression.

### **Mind**

Helpline **0300 123 3393**

[www.mind.org.uk](http://www.mind.org.uk)

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

### **Samaritans**

Helpline **116 123**

Email [jo@samaritans.org](mailto:jo@samaritans.org)

[www.samaritans.org](http://www.samaritans.org)

Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

## **Financial support or legal advice and information**

### **Advice NI**

Helpline **0800 915 4604**

[www.adviceni.net](http://www.adviceni.net)

Provides advice on a variety of issues including financial, legal, housing and employment issues.

### **Citizens Advice**

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

#### **England**

Helpline **0800 144 8848**

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

#### **Scotland**

Helpline **0800 028 1456**

[www.cas.org.uk](http://www.cas.org.uk)

#### **Wales**

Helpline **0800 702 2020**

[www.citizensadvice.org.uk/wales](http://www.citizensadvice.org.uk/wales)

## **GOV.UK**

[www.gov.uk](http://www.gov.uk)

Has information about social security benefits and public services in England, Scotland and Wales.

## **GOV.UK Carer's Allowance Unit**

Tel **0800 731 0297**

Textphone **0800 731 0317**

[www.gov.uk/carers-allowance](http://www.gov.uk/carers-allowance)

Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

## **Equipment and advice on living with a disability**

### **British Red Cross**

Tel **0344 871 11 11**

[www.redcross.org.uk](http://www.redcross.org.uk)

Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

### **Disability Rights UK**

Tel **0330 995 0400** (not an advice line)

[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for Disabled students.

## Living Made Easy

[www.livingmadeeasy.org.uk](http://www.livingmadeeasy.org.uk)

Provides free, impartial advice and information about all types of disability equipment and mobility products.

## Motability Scheme

Tel **0300 456 4566**

[www.motability.co.uk](http://www.motability.co.uk)

The scheme enables Disabled people to exchange mobility allowances they have as part of benefits (including the enhanced rate mobility component of Personal Independence Payment) to lease a new car, scooter or powered wheelchair.

## Scope

Helpline **0808 800 3333**

Textphone Use Type Talk by dialling **18001** from a textphone followed by **0808 800 3333**

[www.scope.org.uk](http://www.scope.org.uk)

Offers advice and information on living with disability. Also supports an independent, UK-wide network of local Disability Information and Advice Line services (DIALs) run by and for Disabled people.

## Support for young people

### Teenage Cancer Trust

Tel **0207 612 0370**

[www.teenagecancertrust.org](http://www.teenagecancertrust.org)

A UK-wide charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

### Young Lives vs Cancer

Tel **0300 330 0803**

[www.younglivesvscancer.org.uk](http://www.younglivesvscancer.org.uk)

Provides clinical, practical, financial and emotional support to children with cancer and their families in the UK.

### Youth Access

[www.youthaccess.org.uk](http://www.youthaccess.org.uk)

A UK-wide organisation providing counselling and information for young people. Find your local service by visiting [youthaccess.org.uk/find-your-local-service](http://youthaccess.org.uk/find-your-local-service)

## Support for older people

### Age UK

Helpline **0800 678 1602**

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

## **Support for LGBTQ+ people**

### **LGBT Foundation**

Tel **0345 330 3030**

[lgbt.foundation](http://lgbt.foundation)

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

### **OUTpatients**

[www.outpatients.org.uk](http://www.outpatients.org.uk)

A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

## **Support for carers**

### **Carers Trust**

Tel **0300 772 9600**

[www.carers.org](http://www.carers.org)

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

## **Carers UK**

Helpline **0808 808 7777**

[www.carersuk.org](http://www.carersuk.org)

Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

## **Support with sight loss**

### **Royal National Institute of Blind People (RNIB)**

Helpline **0303 123 9999**

[www.rnib.org.uk](http://www.rnib.org.uk)

Offers support and advice to blind and partially sighted people in the UK.

## **Support with hearing loss**

### **Royal National Institute for Deaf People (RNID)**

Helpline **0808 808 0123**

Textphone Dial 18001 followed by **0808 808 0123**

SMS **0736 026 8988**

[www.rnid.org.uk](http://www.rnid.org.uk)

Offers support and practical advice to people in the UK with hearing loss and tinnitus.



## Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

## Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Senior Medical Editor, Dr Ollie Minton, Macmillan Consultant in Palliative Medicine.

With thanks to: Michelle Buono, Palliative Care Clinical Nurse Specialist/Macmillan Educator; Dr Paul Farquhar-Smith, Consultant in Pain Medicine; and Professor Catherine Urch, CMO, Consultant in Palliative Medicine.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact [\*\*informationproductionteam@macmillan.org.uk\*\*](mailto:informationproductionteam@macmillan.org.uk)

## Sources

Below is a sample of the sources used in our cancer pain information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

ESMO Management of Cancer Pain in Adult Patients. ESMO Clinical Practice Guidelines. 2018. Available from: [www.esmo.org/guidelines/esmo-clinical-practice-guideline-cancer-pain](http://www.esmo.org/guidelines/esmo-clinical-practice-guideline-cancer-pain) [accessed March 2025].

NICE Palliative cancer care: Pain. 2025. Available from: [cks.nice.org.uk/topics/palliative-cancer-care-pain/management/managing-pain-non-emergency/#management-of-breakthrough-pain](https://cks.nice.org.uk/topics/palliative-cancer-care-pain/management/managing-pain-non-emergency/#management-of-breakthrough-pain) [accessed Feb 2025].

Scottish Palliative Care Guidelines. Available from: <https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines> [accessed Feb 2025].

## Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer.

They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

### 5 ways you can help someone with cancer

#### 1. Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

#### 2. Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

#### 3. Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

#### 4. Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

#### 5. Give money

Big or small, every penny helps. To make a one-off donation see over.

## Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £  
(Please delete as appropriate)

I enclose a cheque / postal order /  
Charity Voucher made payable to  
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity  
Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

## Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to [macmillan.org.uk/donate](https://macmillan.org.uk/donate)



## This booklet is about the different ways cancer pain can be treated and managed. It explains the different types of painkillers and the possible side effects.

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The booklet also explains other ways of managing pain, what support is available and how to cope with some of the feelings you may have.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call [0808 808 00 00](tel:08088080000) or visit [macmillan.org.uk](https://www.macmillan.org.uk)

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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