



[cancer.org](https://www.cancer.org) | 1.800.227.2345

Cancer Pain

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

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

Pain in People with Cancer

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

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

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

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

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

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

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

Causes of cancer pain

The most common cancer-related causes of pain are:

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

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

Chronic pain

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

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

Breakthrough pain

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

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

Accessed November 16, 2023.

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

National Cancer Institute (NCI). *Cancer Pain (PDQ®) – Patient Version*. 2023.

Accessed November 20, 2023. <https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hp-pdq>

Last Revised: March 29, 2024

How Pain Medicines Are Given

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

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

Injections

Injections can be given several ways:

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

Pump or patient-controlled analgesia

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

References

National Cancer Care Center Network (NCCN). Adult Cancer Pain. Version 2.2023. Accessed November 16, 2023 at https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

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

Portenoy RK, Dhingra LK. Overview of cancer pain syndromes. In Abraham J, ed. UpToDate, 2023. Accessed at Overview of cancer pain syndromes - UpToDate.

Last Revised: March 29, 2024

Opioids for Cancer Pain

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

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

Common opioids for cancer care

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

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

Extended release opioids

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

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

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

How to get pain relief with opioids

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

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

How to use opioids safely

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

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

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

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

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

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

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

Symptoms of withdrawal are:

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

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

Side effects of opioids

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

- Sleepiness
- Constipation
- Nausea and vomiting

Some people might also have:

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

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

Drowsiness or sleepiness

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

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

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

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

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

Constipation

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

When you start taking opioids, your doctor might suggest taking a laxative, stool softener, or other treatment to help keep your stool soft and your bowels moving. See [Constipation²](#) for more information.

Nausea and vomiting

Nausea and vomiting caused by opioids usually go away after a few days of taking the medicine. See [Nausea and vomiting³](#) for more information.

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

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

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

Hyperlinks

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

References

Chinchella N, Hipólito I. Substance addiction: cure or care?. *Phenomenology and the Cognitive Sciences*. 2023 Jan 13:1-20. Accessed November 16, 2023 at <https://doi.org/10.1007/s11097-023-09885-3>.

FDA. *FDA updates prescribing information for all opioid pain medicines to provide additional guidance on safe use*. US Food and Drug Administration. Accessed November 16, 2023 at www.fda.gov/drugs/drug-safety-and-availability/fda-updates-prescribing-information-all-opioid-pain-medicines-provide-additional-guidance-safe-use

National Cancer Institute (NCI). *Cancer Pain (PDQ®) – Patient Version*. 2023. Accessed November 16, 2023 at <https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-pdq>

National Cancer Care Center Network (NCCN). *Adult Cancer Pain*. Version 2.2023. Accessed November 16, 2023 at https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

Portenoy R, Meht Z, Ahmed E. Cancer pain management with opioids: Optimizing analgesia. In: Abrahm J, ed. *UpToDate*, 2023. Accessed November 16, 2023 at www.uptodate.com/contents/cancer-pain-management-with-opioids-optimizing-analgesia

Tabanelli R, Brogi S, Calderone V. Targeting opioid receptors in addiction and drug withdrawal: Where are we going? *Int J Mol Sci*. 2023 Jun;24(13):10888. Accessed November 16, 2023 at <https://doi.org/10.3390/ijms241310888>



Non-opioids and Other Drugs Used to Treat Cancer Pain

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

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

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

Nonsteroidal anti-inflammatory drugs (NSAIDs)

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

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

Other medicines used to help treat cancer pain

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

The medicines listed below are not really pain medicines but might be used to help you get the best pain relief with as few side effects as possible.

- **Antidepressants** treat tingling or burning pain from damaged nerves (peripheral neuropathy)
- **Anti-anxiety drugs** treat muscle spasms that may be with severe pain.
- **Anti-convulsant** help control tingling or burning from nerve pain caused by the cancer or cancer treatment.
- **Stimulants and amphetamines** increase the pain-relieving action of opioids and reduce the drowsiness they cause.
- **Steroids** help relieve bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation.
- **Psychoactive substances** help with pain by affecting how the brain works and causing changes in mood, awareness, thoughts, feelings, or behavior. Examples of psychoactive substances include caffeine and [marijuana](#)³.

References

Krok-Schoen JL, Plascak JJ, Newton AM, Strassels SA, Adib A, Adley NC, Hays JL, Wagener TL, Stevens EE, Brasky TM. Current cannabis use and pain management among US cancer patients. *Support Care Cancer*. 2024 Feb;32(2):111. <https://doi.org/10.1007/s00520-024-08321-9>

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

National Cancer Care Center Network (NCCN). Adult Cancer Pain. Version 2.2023. Accessed November 16, 2023. https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

Bao Y, Zhang H, Bruera E, Portenoy R, Rosa WE, Reid MC, Wen H. Medical marijuana legalization and opioid-and pain-related outcomes among patients newly diagnosed with cancer receiving anticancer treatment. *JAMA*. 2023 Feb;9(2):206-14. doi:10.1001/jamaoncol.2022.5623

Last Revised: March 29, 2024

Treatments to Stop or Decrease Pain Signals

If your cancer pain isn't being relieved by medicines or non-medical methods, other types of treatments may be an option. Accessed t, other

nerve or into the space around the spinal cord to block pain. After the block, the nerve cannot send pain signals and the pain is relieved for a short period of time. Nerve blocks can be given as a one-time injection or through a pump.

Types of nerve blocks

- **Intrathecal injections:** Low doses of pain medicine may be injected into the fluid around the spine. If this works, a tube and a pump may be used to deliver the pain medicine right into the spinal fluid to control the pain.
- **Epidural:** Medicine is injected into the space around the layers of the spine to control pain. You will need surgery to put the small pump and tube into your body. This may cause numbness or weakness of the treated area for a short period of time.
- **Celiac plexus block:** An injection guided by an ultrasound to provide short-term or long-term relief of pain in the abdomen (belly area) for a short period of time.

Neuroablation

Neuroablation uses radio waves to destroy (ablate) nerves. This decreases the pain signals from that specific area to the brain. It can last months to years.

Nerve stimulation

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

Types of nerve stimulation

- **Transcutaneous electrical nerve stimulation (TENS):** Low-voltage electric current from a small, battery-powered machine is applied to the skin over the pain area.
- **Spinal cord stimulation:** Uses a device to send mild electric currents to block nerves in the spine.
- **Peripheral nerve stimulation:** Uses small electrodes to send mild electric currents to nerves outside the brain and spinal cord.

Surgery

In some cases, the nerves that send pain signals to our brain are cut. But this also blocks other sensations including temperature and pressure. This surgery is usually only done when there are no other options left.

Wiersema MJ, Saumoy M. Endoscopic ultrasound-guided celiac plexus interventions for pain related to pancreatic disease. In: Post T, ed. *Uptodate*. UpToDate; 2023. Accessed December 8, 2023.

Last Revised: March 29, 2024

Non-medical Ways to Manage Pain

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

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

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

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

Acupuncture, acupressure, and reflexology

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

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

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

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

Biofeedback

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

Cold or heat packs

Heat in the form of gel packs, electric heating pads, or hot baths might help relax sore

method without realizing it when they watch TV or listen to music to take their minds off a worry.

Emotional support and counseling

Pain can make you feel worried, depressed, or easily discouraged. You may want to think about trying a support group where people with cancer meet and share their feelings. Support groups can be face-to-face meetings, or you can meet in a group online. For [information about support groups in your community and online](#)¹, ask your cancer care team or call us at 1-800-227-2345.

Hypnosis

Hypnosis allows for better focus while you are awake but calm and still. In this state, people might become more relaxed. It is guided by people who are trained in hypnotherapy (hypnosis) that allows you to be more open to ideas to make changes that are helpful in your emotions, perceptions, sensations, memories, thoughts, or behaviors.

Imagery or virtual reality imagery

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

Massage

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

Relaxation

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

Yoga

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

Learn more

To learn more about [complementary or integrative therapy](#)³ or find someone who specializes in them:

- Talk with members of your cancer care team.
- Contact a local palliative care team, hospice organization, cancer treatment center, or pain clinic that is given by your cancer care team.
- Look for pain relief information on [reliable websites](#)⁴.
- You can also contact the [National Center for Complementary and Integrative Health](#)⁵ to learn more about these techniques.

The following video is brought to you by Healing Works Foundation.

A Meditation to Help Ease Pain

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

[Watch on Vimeo](#)⁶

Hyperlinks

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

References

Epstein AS, Liou KT, Romero SAD, et al. Acupuncture vs massage for pain in patients living with advanced cancer: The IMPACT Randomized Clinical Trial. *JAMA Netw Open*. 2023;6(11): e2342482. Accessed December 8, 2023 at doi:10.1001/jamanetworkopen.2023.42482.

Forbes E, Baker AL, Britton B, Clover K, Skelton E, Moore L, Handley T, Oultram S, Oldmeadow C, Gibberd A, McCarter K. A systematic review of nonpharmacological interventions to reduce procedural anxiety among patients undergoing radiation therapy for cancer. *Cancer Med*. 2023. Accessed December 8, 2023 at <https://doi.org/10.1002/cam4.6573>

Ge L, Wang Q, He Y, Wu D, Zhou Q, Xu N, Yang K, Chen Y, Zhang AL, Hua H, Huang J. Acupuncture for cancer pain: an evidence-based clinical practice guideline. *Chinese Med*. 2022; 17:1-2. Accessed December 8, 2023 at doi: 10.1186/s13020-021-00558-4.

Mao JJ, Greenlee H, Bao T, Ismaila N, Bruera E. Integrative medicine for pain management in oncology: Society for integrative oncology-ASCO guideline summary and Q&A. *JCO Oncology Practice*. 2023;19(1):45-48. <https://ascopubs.org/doi/10.1200/OP.22.00622>.

National Cancer Institute (NCI). *Cancer Pain (PDQ®) – Patient Version*. 2023. Accessed December 8, 2023 at <https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-pdq>

National Comprehensive Cancer Network (NCCN). *Adult Cancer Pain*. Version 1.2023. Accessed December 8, 2023 at https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

National Cancer Care Center Network (NCCN). *Adult Cancer Pain*. Version 2.2023. Accessed November 16, 2023 at https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

Wiersema MJ, Saumoy M. Endoscopic ultrasound-guided celiac plexus interventions for pain related to pancreatic disease. In: Post T, ed. Uptodate. UpToDate; 2023. Accessed December 8, 2023.

Last Revised: March 29, 2024

Developing a Pain Control Plan

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

Pain assessment

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

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

Keep a record of your pain

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

- Words to describe the pain (like sharp, dull, throbbing, gnawing, burning, shooting, steady)
 - Anything that seems to make the pain better or worse
 - Any activity that you can't do because of the pain
 - The name, dose, and time you take your pain medicines
 - The times you use [other pain-relief methods](#)¹ (such as relaxation techniques, distraction, or imagery)
 - The number you rate your pain at the time you use a pain-relief measure (medicine or method to reduce pain)
 - Your pain rating 1 to 2 hours after using the pain-relief measure
 - How long the pain medicine works
 - Your pain rating throughout the day (to get an idea of your general comfort)
 - How pain interferes with your normal activities, such as sleeping, eating, sex, or work
- Any side effects you have that could be caused by the medicines

Use a pain rating scale

Using a pain scale might help you describe how much pain you're feeling. For example, here is a Pain Intensity Scale that is commonly used.

To use it try to give your pain level a number from 0 to 10. If you have no pain, give it a 0. As the numbers get higher, they stand for pain that's getting worse. A 10 means the worst pain you can imagine. For instance, you could say, "Right now, my pain is a 7 on a scale of 0 to 10."

0	1	2	3	4	5	6	7	8	9	10
No pain										Worst pain

You can use the rating scale to describe:

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

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

Describing your pain

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

- Where you feel pain

them.

- Never take someone else's medicine. Medicines that helped a friend or relative may not be right for you.
- Do not use old pain medicine or medicine left over from other problems. Drugs that worked for you in the past may not be right for you now.

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/side-effects/pain/non-medical-treatments-for-cancer-pain.html
2. www.cancer.org/content/dam/cancer-org/cancer-control/en/worksheets/pain-diary.pdf
3. www.cancer.org/cancer/managing-cancer/palliative-care.html

References

National Cancer Care Center Network (NCCN). Adult Cancer Pain. Version 2.2023. Accessed November 16, 2023 at https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf.

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

Last Revised: March 29, 2024

Written by

The American Cancer Society medical and editorial content team
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint

requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).

cancer.org | 1.800.227.2345