Facts About Cancer Pain

Having cancer does not always mean having pain. But if you do have pain, you can work with your health care team to make sure a pain relief plan is part of your care. There are many different kinds of medicines, different ways to take the medicines, and non-drug methods that can help relieve it.

How might pain affect people with cancer?

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.

If you have pain, you might not be able to do your job well or take part in other day-to-day activities. You may have trouble sleeping and eating. You might be irritable with the people you love. It's easy to get frustrated, sad, and even angry when you're in pain. Family and friends don't always understand how you're feeling, and you may feel very alone. This is not unusual, so it's important to talk about your pain with your health care team so they can help.

Can cancer pain be relieved?

You should never accept pain as a normal part of having cancer. It's important to remember that all pain can be treated. Cancer pain may not always be completely relieved, but your doctor can work with you to control and lessen it as much as possible. Knowing how to report and describe it can help your health care team know how to treat it.

What causes pain in people with cancer?

The cancer itself often causes pain. The amount of pain you have depends on different
factors, including the type of cancer, its stage (extent), other health problems you may have, and your pain threshold (tolerance for pain). People with advanced cancer are more likely to have pain.

Cancer surgery, treatments, or tests can also cause pain. You may also have pain that has nothing to do with the cancer or its treatment. Like anyone, you can get headaches, muscle strains, and other aches or pains.

**Pain from the cancer itself**

Pain from the cancer can be caused by a tumor pressing on nerves, bones, or organs.

**Spinal cord compression:** When a tumor spreads to the spine, it can press on the nerves of the spinal cord. This is called spinal cord compression. The first symptom of spinal cord compression is usually back and/or neck pain, and sometimes it is severe. Pain, numbness, or weakness may also happen in an arm or leg. Coughing, sneezing, or other movements often make the pain worse. If you have this kind of pain, it is considered an emergency and you should get help right away.

Spinal cord compression must be treated right away to keep you from losing control of your bladder or bowel or being paralyzed. If you’re treated for the compression soon after the pain begins, you can usually avoid serious outcomes. Treatment for spinal cord compression usually involves radiation therapy to the area where the tumor is pressing on the spine and steroids to shrink the tumor. Or you may be able to have surgery to remove a tumor that’s pressing on the spine, which may then be followed by radiation.

**Bone pain:** This type of pain can happen when cancer starts in or spreads to the bones. Treatment may be aimed at controlling the cancer, or it can focus on protecting the affected bones. External radiation may be used to treat the weakened bone. Sometimes a radioactive medicine is given that settles in the affected areas of bone to help make them stronger. Bisphosphonates are drugs that can help make weakened bones stronger and help keep the bones from breaking. These are examples of treatments that are aimed at stopping the cause of the bone pain. You may still need pain medicines, but sometimes these treatments themselves, can greatly reduce your pain.

Bone pain can also happen as a side effect of medicines known as growth factor drugs or colony-stimulating factors (CSFs). These drugs may be given to help prevent white blood cell (WBC) counts from dropping after treatment. CSF drugs help the body produce more WBCs which are made in the bone marrow. Because the bone marrow activity is higher with these drugs, bone pain may occur.
Pain from cancer surgery, treatments, and tests

**Surgical pain:** Surgery is often part of the treatment for cancers that grow as solid tumors. Depending on the kind of surgery you have, some amount of pain is usually expected and can last from a few days to weeks. Talk to your doctor about pain medicines you may need after surgery so you won’t be in pain when your surgery is over. You may need stronger pain medicine at first after surgery, but after a few days or so you should be able to control it with less strong medicines.

**Phantom pain:** Phantom pain is a longer-lasting effect of surgery, beyond the usual surgical pain. If you’ve had an arm, leg, or even a breast removed, you may still feel pain or other unusual or unpleasant feelings that seem to be coming from the absent (phantom) body part. Doctors are not sure why this happens, but phantom pain is real; it’s not “all in your head.”

No single pain relief method controls phantom pain in all patients all the time. Many methods have been used to treat this type of pain, including pain medicine, physical therapy, antidepressant medicines, and transcutaneous electric nerve stimulation (TENS). If you’re having phantom pain, ask your cancer care team what can be done.

**Side effects of chemotherapy and radiation treatments:** Some treatment side effects cause pain. Pain can even make some people stop treatment if it’s not managed. Talk to your cancer care team about any changes you notice or any pain you have.

Here are some examples of pain caused by cancer treatment:

- **Peripheral neuropathy (PN)**. This refers to pain, burning, tingling, numbness, weakness, clumsiness, trouble walking, or unusual sensations in the hands, arms, legs, and/or feet. Peripheral neuropathy is due to nerve damage caused by certain types of chemotherapy, vitamin deficiencies, a tumor pressing on a nerve, or other health problems such as diabetes and infections. When caused by chemotherapy, it’s sometimes called chemotherapy-induced peripheral neuropathy (CIPN). Some non-cancer medications can also have peripheral neuropathy as a possible side effect. Be sure to talk to your health care team about other health problems and medications you are taking, and be sure to tell your doctor right away if you notice any symptoms that you think may be from peripheral neuropathy.
- **Mouth sores** (stomatitis or mucositis). Chemotherapy can cause sores and pain in the mouth and throat. The pain can cause people to have trouble eating, drinking, and even talking.
- Radiation mucositis and other radiation injuries. Pain from external radiation
depends on the part of the body that’s treated. Radiation can cause skin burns, mucositis (mouth sores), and scarring – all of which can cause pain. The throat, intestine, and bladder are also prone to radiation injury, and you may have pain if these areas are treated.

**Procedures and testing:** Some tests used to diagnose cancer and see how well treatment is working can be painful. When you are scheduling a procedure or test, ask your health care team if pain is expected. If you need such a procedure, concern about pain should not keep you from having it done. Any pain you have during and after the procedure can be treated. You may be told that the pain from the procedure can’t be avoided or that it won’t last long. Even so, you should ask for pain medicine if you need it.

**Hyperlinks**

9. [www.cancer.org/treatment/understanding-your-diagnosis/tests.html](http://www.cancer.org/treatment/understanding-your-diagnosis/tests.html)

**References**


Written by

The American Cancer Society medical and editorial content team (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 journalists, 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).