

Cancer Pain

**Kathy Coulson RN, MScN, ACNP,
CHPCN(C)**

**Advanced Practice Nurse, Palliative Care
Kingston General Hospital**

May, 2006

“The Scream”

E. Munch



Cancer Pain

- "Pain is whatever the experiencing person says it is, and exists whenever he/she says it does." Margo McCaffrey, MSN,RN, FAAN:
- Pain is "an unpleasant sensory and emotional experience in association with actual or potential tissue damage, or described in terms of such damage."
The International Association for the Study of Pain says

Cancer Pain

Types

- Visceral
- Somatic
- Neuropathic

Visceral Pain

Visceral

- poorly localized
- stretching, deep aching, distention, cramping
- examples: liver capsule pain, bowel obstruction



**air-fluid
levels**

Somatic Pain

Somatic

- localized, throbbing, aching
- example: bone pain (metastasis)



R anterior L



R anterior L



L posterior R



L posterior R

Neuropathic Pain

Neuropathic

- burning, shooting, stabbing, numbness, tingling
- examples: nerve damage, spinal cord compression



Assessment Tools

Examples

- **Edmonton Symptom Assessment Tool (ESAS)**
- **Visual Analogue Scale (VAS)**
- **Wong Baker Faces Scale**

Edmonton Symptom Assessment Scale (ESAS)

Date of Completion: _____ Time: _____

Please circle the number that best describes:

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

0 1 2 3 4 5 6 7 8 9 10
Not tired Worst possible tiredness

0 1 2 3 4 5 6 7 8 9 10
Not nauseated Worst possible nausea

0 1 2 3 4 5 6 7 8 9 10
Not depressed Worst possible depression

0 1 2 3 4 5 6 7 8 9 10
Not anxious Worst possible anxiety

0 1 2 3 4 5 6 7 8 9 10
Not drowsy Worst possible drowsiness

0 1 2 3 4 5 6 7 8 9 10
Best appetite Worst possible appetite

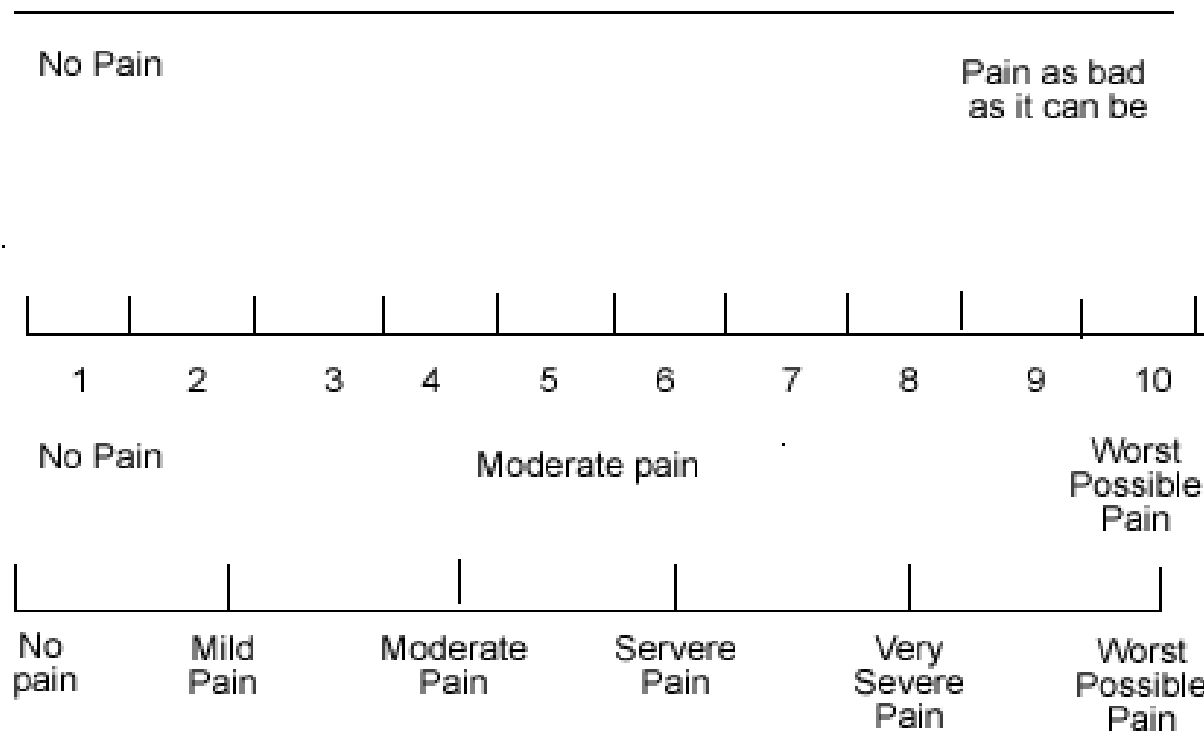
0 1 2 3 4 5 6 7 8 9 10
Best feeling of well being Worst possible feeling of well being

0 1 2 3 4 5 6 7 8 9 10
No shortness of breath Worst possible shortness of breath

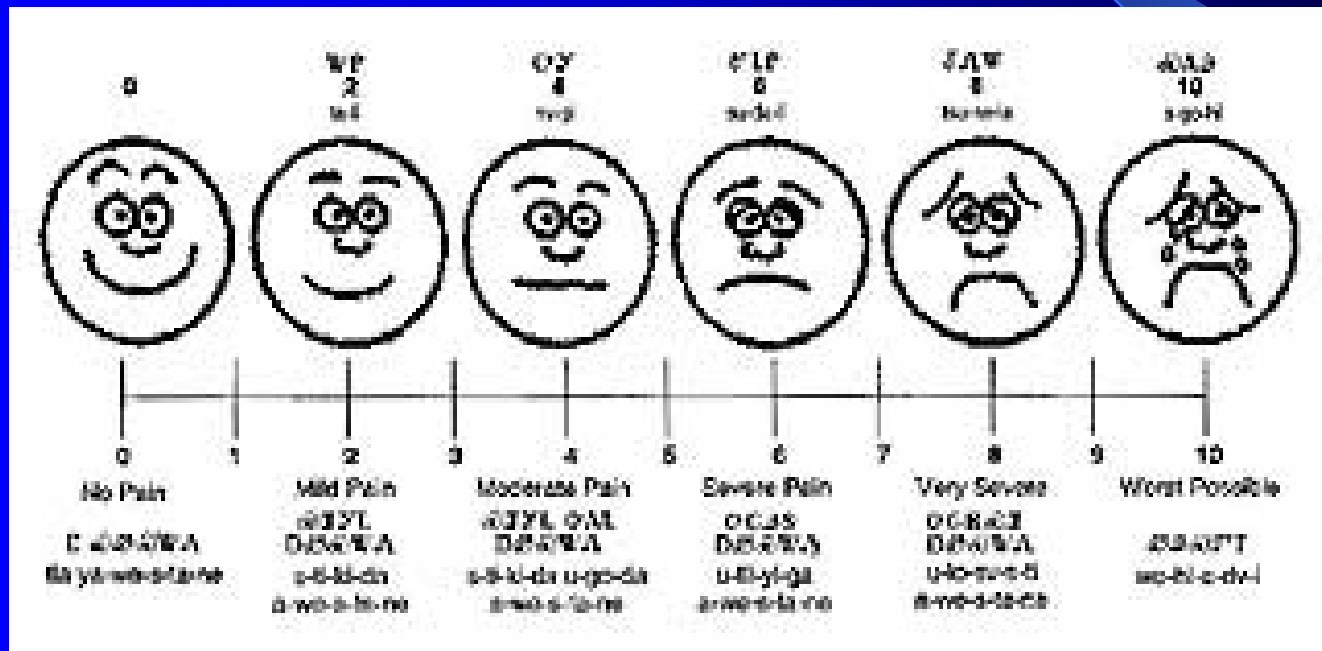
0 1 2 3 4 5 6 7 8 9 10
Other problem

Visual Analogue Scale (VAS)

Visual Analog Scale (VAS)



Wong Baker



Pain Assessment

- Onset and pattern
- Location
- Description (in pt's own words)
- Intensity (use pain score 0-10)
- Aggravating Factors
- Previous Treatment
- Effect

Visceral Pain

PHARMACOLOGIC

- opioids
- anti-spasmodics (baclofen, Buscopan)
- dexamethasone

Somatic Pain

PHARMACOLOGIC

- NSAIDs
- opioids
- bisphosphonates
- Calcitonin
- chemotherapy
- dexamethasone

OTHER MODALITIES

- radiotherapy
- splints/braces
- surgical fixation
- positioning +/- support surfaces

Neuropathic Pain

PHARMACOLOGIC

- TCA
(amitriptyline)
- anticonvulsants
(carbamazepine,
gabapentin)
- dexamethasone
- opioids

OTHER

MODALITIES

- acupuncture
- nerve blocks
(intercostal, celiac
plexus)
- TENS

W.H.O. Ladder

STEP 3

Strong Opioids +/- adjuvant

STEP 2

Weak Opioids +/- adjuvant

STEP 1

Non - Opioids +/- adjuvant

Choosing an Opioid

- Strength depends on severity of pain
- **DO NOT** initiate patients on long acting preparations (MS Contin, M Eslon, Hydromorph Contin) or the fentanyl patch (Duragesic®) until opioid requirements have been determined

Anticipate Side Effects

- constipation - permanent
- drowsiness - transient
- nausea/vomiting - transient
- delirium - especially in elderly, or patients with liver/renal impairment

Changing Opioids

Some Indications:

- change in pain severity
- intolerable side effects
- alternate method of delivery needed
- opioid toxicity

Opioid Toxicity

- decreased LOC
- myoclonus
- delirium - fluctuating LOC, impaired memory/attention, altered perception
- symptoms correspond with increase in dose or decreased need for medication

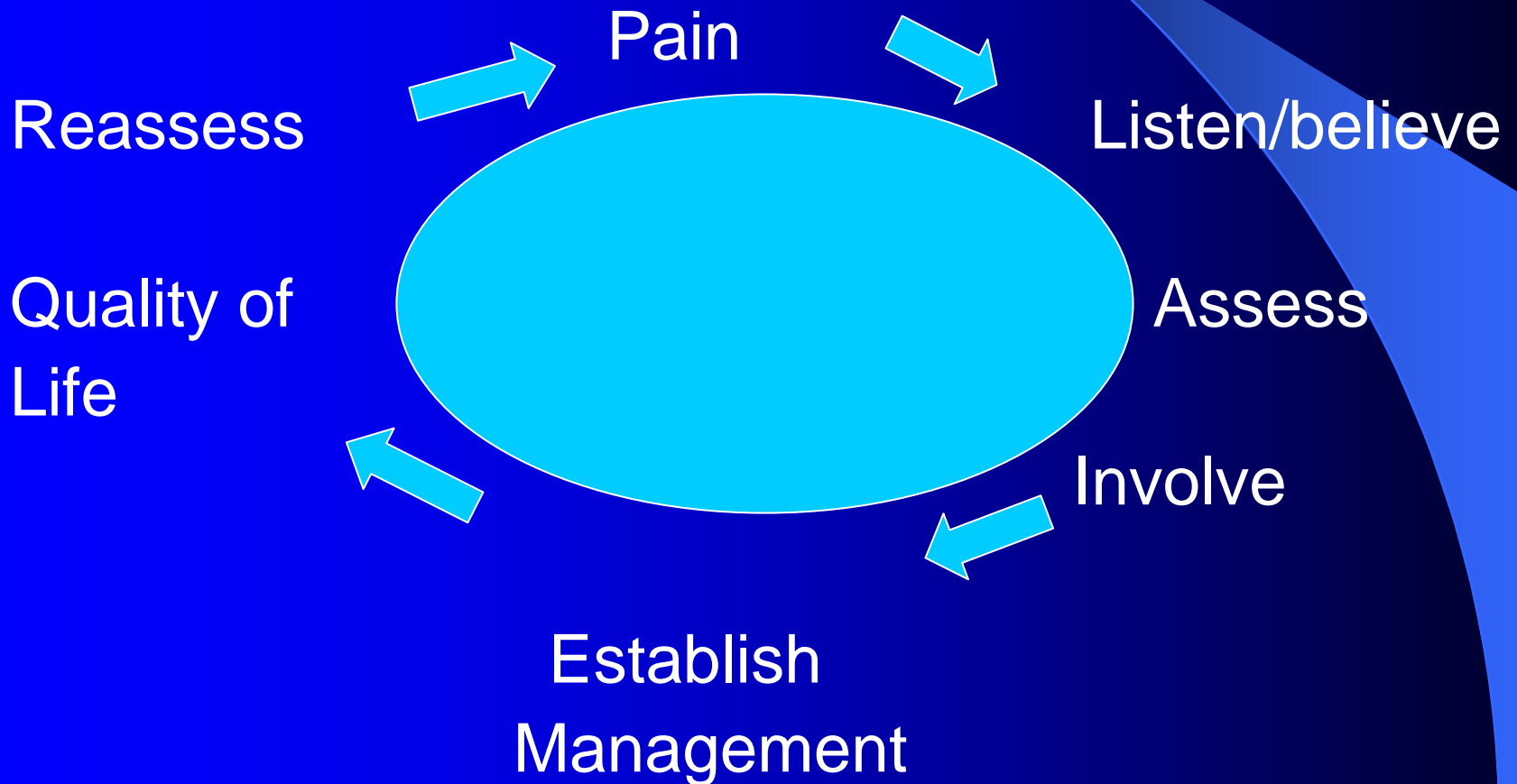
Options to Consider

- Fenanyl
- Sufenta
- Methadone
- Ketamine
- Local anesthetics
- Neuraxial analgesia

“Red Flags”

- neuropathic pain
- incidental pain
- major psychological distress
- increasing opioid dose with no improvement in pain control
- history of alcohol or substance abuse

Patient Management



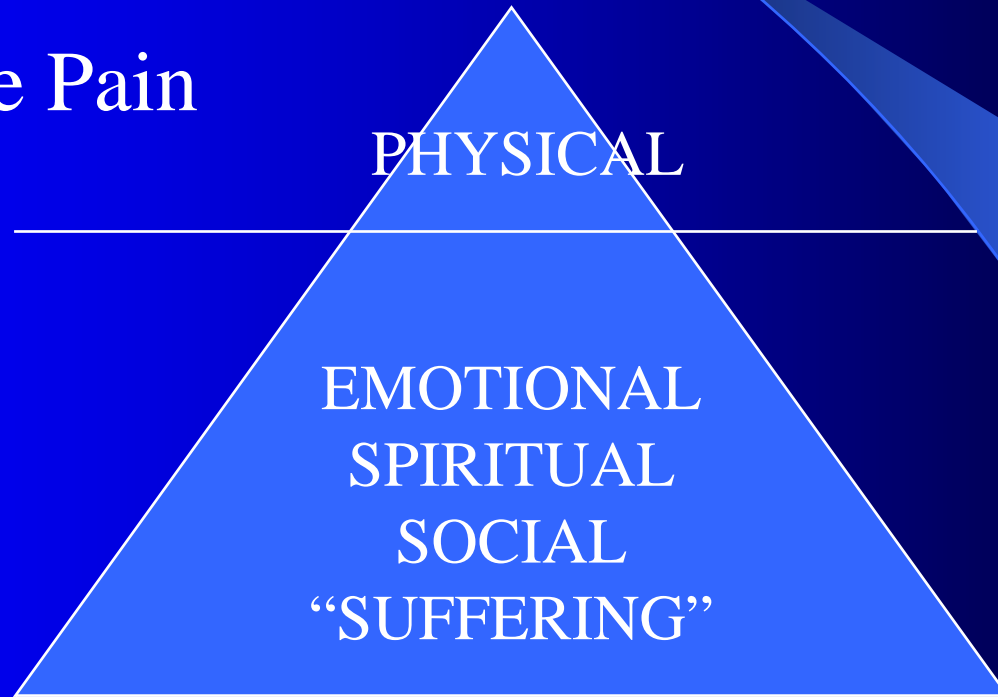
Total Pain

Visible Pain

PHYSICAL

EMOTIONAL
SPIRITUAL
SOCIAL
“SUFFERING”

Hidden Pain



Questions

