



### Tips

### **Physiotherapy**

For some kinds of pain, treatment by a physiotherapist may give you additional help. Talk to your treatment team about this.

## Interventional pain specialists

Interventional pain specialists can perform other treatments. These include injecting medication or cauterising nerves that transmit pain signals. Talk to your healthcare team.

### Psycho-oncology support

It may be that the psychological stress of the underlying disease intensifies your perception of pain. Psychooncologists can give you and your family additional support in processing the disease with counselling sessions. Ask your treatment team for a recommendation.

### Further information on this topic

- «Cancer Pain Control» (National Cancer Institute, 2019) –
   Comprehensive guide explaining cancer pain, its causes,
   and how to manage it effectively with medications and other
   treatments
- «Daily Pain Diary» (American Cancer Society) Tool to help track pain levels, medication use, and other factors to aid in managing cancer-related pain

# M / Symptom Navi Programm



### Good to know

Pain is common in cancer and is perceived differently from individual to individual. Your pain can only be treated effectively if you talk to your treatment team about it. Pain is not inevitable and does not have to be endured.

Pain persisting for 3 months is defined as chronic. It no longer has a protective function for the body. It no longer serves as a warning sign as in the case of a burn, for example. Cancer pain should therefore be systematically treated.

Chronic pain has repercussions both on your body and on your wellbeing. This pain is often difficult to describe. It is often experienced as debilitating and can trigger stress and its consequences.

The main treatments used for cancer pain are tumour therapy and pain medicines. However, there are also other options: for example, relaxation techniques or the application of heat/cold. The treatment team will help you to find the right combination for you.

# Pain

You feel	Or you notice	What you can do for yourself
	Mild pain	<ul> <li>Take the prescribed pain medicines regularly as scheduled.</li> <li>Take the reserve medicines as soon as the pain becomes worse (see leaflet).</li> <li>Speak to the treatment team about your pain. This is very important and is not a sign of weakness.</li> <li>Seek information from the treatment team if you are experiencing any difficulties or obstacles in taking your medicines correctly (e.g. swallowing tablets).</li> <li>If you want to change your pain medicine, discuss with the treatment team which medicine might be suitable.</li> <li>Try to find out what other measures you can take to ease your pain. See the additional leaflet for suggestions.</li> </ul>
000	<ul> <li>Limitations in performing your daily activities</li> <li>Increasingly avoiding exercise</li> <li>Loss of appetite</li> <li>Constipation and/or nausea</li> <li>Tension</li> <li>Anxiety</li> <li>Disturbed sleep</li> <li>You no longer enjoy things as usual</li> </ul>	<ul> <li>Use tools to record your pain, such as a pain diary or a pain scale. Make a note of how often you take reserve medicines and how they work. Bring your notes with you to your next consultation. This will make it easier to adjust your treatment.</li> <li>Inform the treatment team if you suffer from any side effects of the pain medicines, such as nausea or constipation. These side effects can be treated.</li> <li>Do not be afraid to keep talking about your pain. Pain management must be repeatedly reviewed and adjusted where necessary in order to be effective.</li> <li>Many people have concerns about taking strong painkillers such as opiates. Discuss your concerns with the treatment team. Do not stop taking your medicine on your own initiative.</li> </ul>
	<ul> <li>The pain does not improve, despite taking the reserve medicines as prescribed</li> <li>Rapid worsening of the symptoms listed in the yellow section</li> <li>You are experiencing new pain</li> </ul>	Contact the treatment team.