SYMPTOM

Cancer pain

Cancer pain is pain caused by cancer, its treatment, or another health problem in someone with cancer.

WHAT IT FEELS LIKE
Aching, burning, stabbing, pressure, or pain with movement

WHERE IT IS FELT
Near a tumour, treatment area, nerves, bones, or elsewhere

MOST COMMON CAUSES
Tumour pressure, cancer treatment, unrelated injuries or conditions

WHEN IT IS URGENT
New weakness, numbness, or loss of bladder or bowel control

USUALLY LASTS
Minutes to months, based on cause and treatment response

SEE A DOCTOR IF
New, worsening, or poorly controlled pain

Overview

Cancer pain may come from cancer itself, cancer treatment, or an unrelated problem such as arthritis or a muscle strain. New pain does not always mean that cancer has grown or spread.

Pain may be short-lived, such as after a procedure, or continue for weeks or months. Some people have steady pain with brief flare-ups, sometimes called breakthrough pain.

Pain is personal and cannot be judged from a scan or how someone looks. Tell your cancer care team if it affects sleep, movement, mood, appetite, or daily activities. Pain can often be reduced while its cause is investigated.

What it may feel or look like

Pain from muscles, joints, bones, or organs may feel:

Nerve pain may feel burning, shooting, electric, or like pins and needles. It may occur with numbness or unusual sensitivity to touch.

Pain may be felt at a tumour or treatment site, or somewhere else. This is called referred pain.

For example, irritation inside the abdomen can sometimes be felt in the shoulder.

Notice whether pain is new, changing, or breaking through before the next planned medicine dose. These details can help your care team choose treatment.

- Dull, aching, cramping, throbbing, or like pressure
- Sharp with movement, coughing, eating, or taking a deep breath
- Constant or present only at certain times

Common causes

Common causes include pressure from a tumour, inflammation, or cancer involving a bone or nerve. Surgery, radiotherapy, injections, chemotherapy, and other treatments may also cause pain. Examples include mouth sores, skin irritation, constipation, and muscle stiffness.

Pain may be unrelated to cancer. Headaches, back strain, dental problems, arthritis, and injuries remain possible.

Less common causes include nerve damage, reduced blood flow, infection, or a weakened bone. Pain medicines may also cause constipation and abdominal pain.

Urgent causes to rule out include pressure on the spinal cord, serious infection, a blood clot, bowel blockage, or a broken bone.

When to seek medical care

Call emergency services now if pain comes with:

New back or neck pain with weakness, numbness around the buttocks or genitals, difficulty walking, or bladder or bowel changes may mean pressure on the spinal cord. This needs emergency assessment.

Contact your cancer care team the same day for fever or chills during treatment, repeated vomiting, a swollen painful leg, new severe abdominal pain, or pain that suddenly becomes intense. Follow any fever instructions your team has given you.

Arrange routine follow-up if pain is new, worsening, regularly interrupts sleep, limits activities, or is not controlled by your current plan. Do not wait for it to become unbearable.

- New leg or arm weakness, spreading numbness, or loss of bladder or bowel control
- Severe trouble breathing, fainting, or crushing chest pain

- A seizure, sudden confusion, or a sudden severe headache
- A limb that looks deformed after a fall or minor injury

How the cause is found

Your care team will ask where the pain is, what it feels like, when it began, and what makes it better or worse. They may ask you to rate it, but its effect on daily life is also important.

An examination may check strength, sensation, swelling, tenderness, movement, and signs of infection. Tests may include blood tests or imaging such as an X-ray, ultrasound, CT, MRI, or bone scan.

Tell the team about all medicines and supplements you use. Mention missed doses, side effects, constipation, falls, or difficulty swallowing tablets so they can make a safer plan.

Treatment and self-care

Treatment depends on the cause and type of pain. It may include paracetamol, an anti-inflammatory medicine, an opioid, or medicine for nerve pain. These have different risks and are not suitable for everyone, so use them only as directed by your care team.

Treatment may also address the source. Options include radiotherapy for a painful tumour, surgery to support a weakened bone, infection treatment, or a nerve block. Physiotherapy, occupational therapy, psychological support, and specialist palliative care may help. Palliative care supports comfort and quality of life alongside cancer treatment.

You can support your treatment by:

Take prescribed pain medicine according to the agreed plan. Do not change the dose or suddenly stop an opioid like oxycodone or morphine without advice. Report troublesome sleepiness, confusion, nausea, or constipation so treatment can be adjusted.

- Recording pain, triggers, medicines, and side effects
- Using supportive pillows and changing position regularly
- Balancing gentle activity with rest, as advised
- Asking before using heat, ice, massage, or supplements near treated skin

What to expect

Some cancer pain improves when its cause is treated. Other pain needs ongoing control. Finding the best plan may take several adjustments, especially when pain has more than one cause.

Regular review matters because pain can change during treatment or recovery. Complete relief may not always be possible, but improvements in sleep, movement, and daily life are valuable.

Common questions

Does new pain mean the cancer is getting worse?

Not necessarily. Treatment effects and unrelated conditions can cause pain. New or changing pain should still be assessed.

Is it better to wait until pain is severe before taking medicine?

Follow your care team's schedule. Some medicines work best when taken regularly, while others are intended for flare-ups.

Will taking an opioid cause addiction?

Opioid use disorder differs from physical dependence, which can occur with regular use. Your team can explain the benefits, risks, safe storage, and how to reduce the medicine safely if it is stopped.

Can I ask for palliative care while receiving cancer treatment?

Yes. Palliative care can help with pain and other symptoms at any stage and is not limited to end-of-life care.

Sources

- National Cancer Institute. Cancer Pain (PDQ®)-Patient Version
- World Health Organization. WHO Guidelines for the Pharmacological and Radiotherapeutic Management of Cancer Pain in Adults and Adolescents. 2018
- Paice JA, Bohlke K, Barton D, et al. Use of Opioids for Adults With Pain From Cancer or Cancer Treatment: ASCO Guideline. Journal of Clinical Oncology. 2023;41(4):914-930
- Fallon M, Giusti R, Aielli F, et al. Management of Cancer Pain in Adult Patients: ESMO Clinical Practice Guidelines. Annals of Oncology. 2018;29(Suppl 4):iv166-iv191

- National Institute for Health and Care Excellence. Spinal Metastases and Metastatic Spinal Cord Compression. NICE Guideline NG234. 2023