iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 9 **Issue:** VIII **Month of publication:** August 2021

DOI: https://doi.org/10.22214/ijraset.2021.37815

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 9 Issue VIII Aug 2021- Available at www.ijraset.com

Challenges in Cancer Pain Management

Parul Agarwal
NIMS Medical College Jaipur

I. INTRODUCTION

Pain is the most afflicting and commonest symptom of advanced cancers. Pain relief becomes the foremost objective of treatment. Due to lack of any curative treatment in advanced cancers. The challenges in pain management is compounded due to its subjective nature. Usually in advanced cancers the pain is the constant feature.

There are few cancers in which pain comes at an early stage, especially in those cancers which are near nerve endings or near skin surface. Cancers which are near blood vessels tend to bleed profusely and in uncontrol manner.

Different people react differently to same amount of pain, so pain is a very subjective sensation.

Pain also has psychosomatic component which is very important when we are dealing with cancer patients.

II. QUANTITY OF PAIN

1) *Mild to Moderate Pain:* This type of pain is relieved by Surgery. If the cancer tissues along with nerve in that area are removed the patient feels relieved. Pharmacological treatment with Non Opioid drugs like Paracetamol usually helps. If we combine Paracetamol with Ibugesic chances of gastric bleeding occurs so to counter act it some antacids are added to the treatment. In some moderate cases opioids are added
2) *Moderate to Severe Pain:* Such pain is experienced in advanced cancers. Such cancers are usually inoperable. As such kind of pain is constant and unbearable, extended release of analgesics is requires. Opiods can be combined with non opiods and other adjuvant analgesics.

Opiods can be delivered in form of-

a) Tablets
b) Injectables
c) Dermal patch
d) Lollipops (fentanyl lollipops)
e) Can be administered through epidural catheters. Drug canbe delivered through syringe pump by the patient himself as and when required.

Anti anxiety drugs and sedatives also has a role as pain is always accompanied by anxiety and insomnia. A good night sleep of 6-8 hours helps in decreasing anxiety of the patient and attendants (or person taking care of the patient).

3) *Breakthrough or Intactable Pain:* Deep sedation usually with codeine, morphine or pethidine is required. Patient needs to be admitted to palliative care unit as proper hydration and feeding needs to be monitored as the patient is sedated. If this continues for several days then the patient need to be shifted to air bed or water bed to prevent bed sores or hypothermia' Proper nursing care of all the orifices is also required as the bacterial or fungal infection will add to the chronic pain part of the patient.

III. NON CONVENTIONAL THERAPIES

1) Nerve Blocks: By injecting ethyl alcohol or phenol into a nerve or spinal fluid, this destroys the nerve tissue in pain pathway. This technique usually has a long lasting or permanent effect.
2) Epidural or Intrathecal Pumps: Patient can himself deliver the drug to the nerve endings as and when required
3) Neurosurgical Approach: Cordotomy (cutting of the spinal cord)
4) Relaxation Therapy and Meditation: By concentrating on the breathing pattern and observing your own breath, the person can modify his own response to pain. Meditation is also a technique for relaxation of neurons so the transmission of the pain impulse can be hampered.
5) Hypnosis: This again is a technique by which the patient is apprehensive but in reality no one can hypnotize you if you yourself do not wish to be hypnotized.
6) Few Chinese Techniques for relaxation also helps.
7) Councelling done by professional counselors or family members or friends helps a lot.

©IJRASET: All Rights are Reserved

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 9 Issue VIII Aug 2021- Available at www.ijraset.com

IV. MODALITIES OF TREATMENT OF CANCER PAIN

1) *Chemotherapy:* Aim of oncology is to shrink the tumor size so that pain due to stretching is reduced.
2) *Radiotherapy:* This modality is very effectibein bony metastasis. Prostate cancers, bladder cancer, even some breast cancers have tendency to bony metastasis. Radiation helps in killing cancer cells and thus helps in pain relief.
3) *Zolendronic Acid:* It is used alond wuht chemotherapy Zolendronic acid belongs to bisphosphonate group. It slows down bone destruction, increase bone density and decrease the amount of calcium released from bones into blood. Its side effect is flu like symptoms, fever, headache, chills, bone and joint pain. So tablet paracetamol (NSAID) are prescribed for 2 days to prevent this.
4) *Non Steroidal Anti Inflammatory Drugs (NSAID):* Decreases Pain, fever, inflammation and blood clots. Its side effects are Increased risk of gastrointestinal bleed, heart attack and kidney diseases. Comman Names are- Aspirin, Ibuprofen, Naproxen, Piroxicam, Acetaminophen.
5) *Opiods:* Codein, Morphine, Fentanyl, Opiods are the drug which is derived naturally from poppyplant.

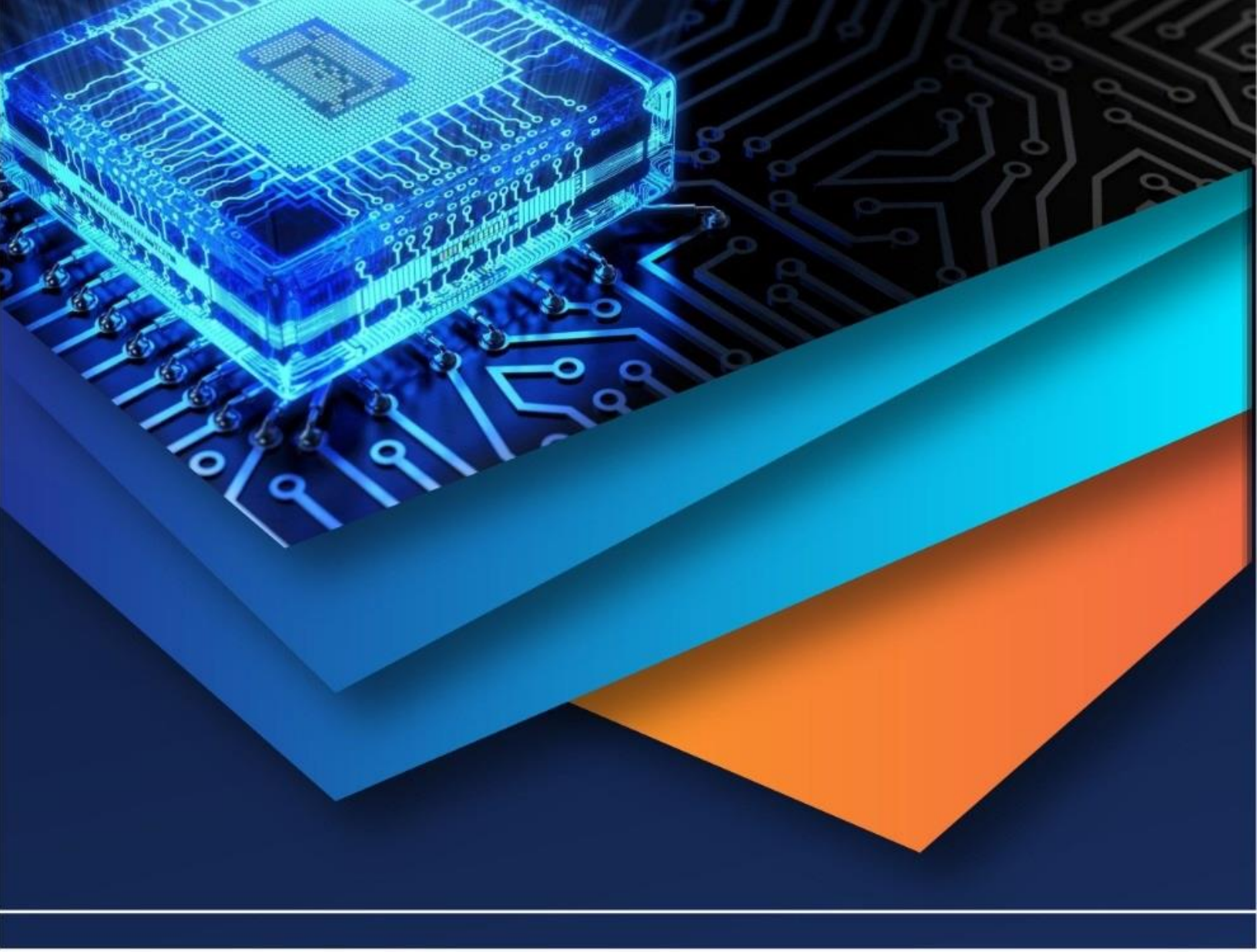
It is feared that the use of opiods is addicting. But in reality opiods are excellent analgesics, especially morphine. They are available in form of tablets, injection, lollipops and suppositories.

Side effect and Drowsiness, confusion, nausea, constipation, euphoria, slow respiration (which cam cause hypoxia and brain damage)

V. REVIEW OF LITERATURE

A. American Society of Health System Pharmacists, Inc Disclaimer. Page updated 23rd August 2021.

©IJRASET: All Rights are Reserved



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)