

# cancer NEWSLINE

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>> Welcome to Cancer Newsline. Your source for news on cancer research, diagnosis, treatment, and prevention. I'm your host Lisa Garvin. Dr. Abdi what is the state of cancer pain management today? Is it still mostly opioid-based?

>> It's a very, very good question. It's not just opioids which we prescribed for patients with cancer pain. There are a number of other treatment options which we offer them. And there are also a number of other nonopioid medications which we offer our cancer patients in general especially for cancer patients who have a type of -- we call it neuropathic pain meaning nerve injury related pain. Patients presenting with that type of pain, a lot of times we utilize anti-seizure medications, antidepressant medications, in combination or alone with or without opioids. So, that helps us quite a bit in reducing the neuropathic pain or nerve injury related pain which the patients present with. But before we establish any treatment plan, we always evaluate them thoroughly. That's really the most important aspect of the management. Once we evaluate them we try to find out what's the cause of pain and what type of pain that is. Because the type of treatment which we tailor to the individual patient really depends on the type of pain they have. Once we identify that, then we come up with a reasonable plan which will hopefully significantly reduce their pain obviously. If you look at historically what we used to prescribe and what we prescribe these days is somewhat different. We do not necessarily use only opioids. We try to add some non-opioid medications to be able to minimize the amount of opioid which some patients might or might not require. So it's not just one management. There are a number of different managements which we tailor, again, depending on the type of cancer pain which the patient might present with. But it's very, very important to evaluate the patients before one starts to talk about the treatment option which we have.

>> Are you finding -- you know, we're doing minimally invasive techniques now, robotic techniques, have you found that new advances in surgery have decreased pain overall?

>> Absolutely. In general, it makes sense to think about the more you damage a tissue, the more pain you will get. And what else in over years and years is that different types of surgical procedures, especially the old type of procedure where a lot of tissue trauma results due to the surgery -- the procedure, we have seen a number of patients not only develop acute postoperative pain but also they develop chronic pain syndrome unfortunately. But we -- what we have started to realize is that the smaller the trauma to any tissue, the less likely will be that that patient develops the so-called chronic pain syndrome. So, to answer your question; the smaller the trauma through, you know, minimal invasive procedures whether it's endoscopically or with endoscope, robotic -- the smaller the size of the trauma, the better outcome pain-wise at least that the patients have.

>> We have a lot of complementary therapies, we have a center for that here at MD Anderson. Do you counsel your patients about using complementary therapies to cope with pain?

>> Absolutely. Absolutely. Really, we have to think about pain management is not just prescribing pills or doing injections for the patients. There are a number of treatment -- other treatment options which we should be utilizing and we do utilize. It's a multidisciplinary approach. Just to give you an example; within our pain physicians group we have anesthesiologist, we have physiatrists, we also have pain psychologist, but we also work very very closely with our integrative medicine group because they utilize a different approach as complimentary medicine. It complements with what we do. A simple example which I use for a lot of my patients for example is acupuncture which seems to be very very helpful. Obviously, like anything else, it's not for everybody. But for a lot of patients, it could be very beneficial. So, yes, we do counsel our patients to think about and look into that issue they're interested in. We refer them to our integrative medicine group of providers. And we do encourage them to utilize those options. At the end of the day, we do know that those options are very very insignificant side effects if at all. So, one always has to think about whatever we do, what's the effect and what's the side effects. So we have to compare that. And if you look at complementary medicine, the side effects is really negligible in general. So, I think we should be utilizing more than what we in general have been doing.

>> Thank you Dr. Abdi for talking to us about pain management today. For more information, visit MD Anderson.org. Thank you for listening to Cancer Newslines. Tune in for the next episode in our series.

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