



Your A-Z of Pain Relief

A guide to pain relief medicines

We care, we discover, we teach



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What this guide is about...

We are committed to providing you with a high standard of care at The Christie.

As part of your overall care we will help manage any pain problems you may have, along with your GP or Macmillan nurse.

This guide includes:

- frequently asked questions
- types of painkiller
- a list of medicines we commonly use for pain at The Christie
- instructions on how and when to take them
- a list of the most common side effects
- information about our pain and symptom clinic
- advice on what to do if pain is a problem at home
- useful contacts – where to get advice.

Frequently asked questions

How do I get further supplies of medication?

Most drugs can be ordered on prescription from The Christie pharmacy or through your GP.

Prescriptions for cancer patients are free. You will need an exemption certificate to get free prescriptions from a community pharmacy. Ask about this at your GP surgery.

Morphine and similar drugs can be misused and are closely controlled. It is important that if you are taking these drugs you get a new prescription in good time so that you do not run out of your medication.

How should I store my medication?

- Keep all medicines out-of-reach and sight of children.
- Store medication in a cool, dry place, away from direct heat and light.
- Never give your medicine to anyone else.

How can I dispose of my unwanted medicines?

Never keep out-of-date or unwanted medicines. Take them to your local pharmacy to dispose of them for you. The Christie pharmacy will accept returned medicines from patients, relatives and carers.

Will I still be able to drive if I'm taking strong painkillers such as morphine?

After taking morphine or similar drugs for a few days and your body has adjusted to the medicine, you should be able to drive. However, if you still feel drowsy you should not drive until the effects have worn off.

Will I still be able to drink alcohol?

Drinking small amounts of alcohol is not usually a problem while taking morphine or similar drugs. However, it is best to avoid alcohol if you feel sleepy as this will make you feel even more drowsy.

Where can I get further information about my medicine?

If you have any questions about your medicine, please ask your doctor, nurse or pharmacist.

Types of painkiller

Always check with your doctor, nurse or pharmacist before starting any prescribed or over-the-counter medication.

Weaker painkillers

For mild to moderate pain, for example, paracetamol, codeine or tramadol.

Anti-inflammatories

Inflammation may cause pain. Certain painkillers work by reducing the amount of inflammation in your body, for example, ibuprofen or diclofenac.

Stronger painkillers

Morphine (or medicines that act like morphine such as oxycodone and fentanyl) is commonly used to treat moderate to severe pain.

Usually you will be prescribed a long-acting 'background' strong painkiller and also a short acting medicine for '**breakthrough pain**'. (It is possible to have pain at times despite being on regular long-acting painkillers – this is known as '**breakthrough pain**').

Many people worry about morphine being 'addictive' or that they will become 'tolerant' to its pain killing effects. In fact, when morphine is used to treat pain, 'addiction' and 'tolerance' are very unlikely.

There is no upper limit to the dose of morphine. Different people vary in how much morphine they might need to control their pain.

Other painkillers

For nerve pain: for example, amitriptyline, gabapentin, pregabalin, duloxetine or ketamine.

For bowel spasm pain: for example, Buscopan® (hyoscine butylbromide).

Steroids: sometimes your doctor may also prescribe a course of steroids (for example, dexamethasone) to help with certain types of pain.

Syringe drivers

In some cases, pain medicine is given via a small syringe pump called a syringe driver. Syringe drivers are sometimes used for 'difficult to control' pain or in situations where there may be difficulties in swallowing painkilling tablets.

Amitriptyline

When do we use it?

Amitriptyline is a commonly used for pain caused by damaged nerves.

How should it be taken?

Amitriptyline is often taken at night, one to two hours before going to bed but you can take it as early as 6pm if you prefer.

How much can I take?

You should not go beyond the dose prescribed. It may be possible to increase the dose in steps as advised by your doctor.

What are the most common side effects?

Amitriptyline sometimes causes drowsiness and can cause a dry mouth. It can occasionally cause problems with passing urine (hesitancy) and constipation.

Can I take it with my other painkillers?

Yes. Amitriptyline can be taken alongside your other painkillers.

Note: In higher doses amitriptyline is used as an anti-depressant. It has a separate effect on nerve pain and is used in smaller doses for this.

Codeine

When do we use it?

Codeine is commonly used to treat mild to moderate general pain.

How should it be taken?

Codeine can be taken to relieve pain as needed or regularly if pain persists.

How much can I take?

You can take 30mg to 60mg every four to six hours if needed for pain relief. You should not take more than 240mg in 24 hours.

What are the most common side effects?

Codeine commonly causes constipation so you are likely to need laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off.

Can I take it with my other painkillers?

Yes. Codeine can be used alongside your other painkillers. Check with your doctor if you are already taking tramadol or dihydrocodeine.

Co-codamol

(brands include *Tylenol*[®], *Solpadol*[®] or *Kapake*[®])

When do we use it?

Co-codamol contains codeine and paracetamol and is used to treat mild to moderate pain.

How should it be taken?

Co-codamol is available in three different strengths and also as soluble tablets.

- 8/500 (where the 8 corresponds to 8mg of codeine and the 500 corresponds to 500mg of paracetamol in each tablet)
- 15/500 (where the 15 corresponds to 15mg of codeine and the 500 corresponds to 500mg of paracetamol in each tablet)
- 30/500 (where the 30 corresponds to 30mg of codeine and the 500 corresponds to 500mg of paracetamol in each tablet)

Co-codamol can be taken to relieve pain as needed or regularly if pain persists.

How much can I take?

You can take ONE or TWO tablets up to four times a day. You must **not** take more than 8 tablets in 24 hours.

What are the most common side effects?

Co-codamol may cause constipation so you may need to take laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off.

Can I take it with my other painkillers?

Yes. Co-codamol can be taken alongside your other painkillers as long as they do not contain paracetamol (for example, paracetamol is contained in *Tramacet*[®] and *co-dydramol*).

Please note that some over-the-counter cold and flu remedies may contain codeine and/or paracetamol. So check with your pharmacist before taking other medicines.

Co-dydramol (brands include Paramol®)

When do we use it?

Co-dydramol contains dihydrocodeine and paracetamol and is used to treat mild to moderate pain.

How should it be taken?

Co-dydramol is available in three different strengths and as soluble tablets.

- 10/500 (where the 10 corresponds to 10mg of dihydrocodeine and the 500 corresponds to 500mg of paracetamol in each tablet)
- 20/500 (where the 20 corresponds to 20mg of dihydrocodeine and the 500 corresponds to 500mg of paracetamol in each tablet)
- 30/500 (where the 30 corresponds to 30mg of dihydrocodeine and the 500 corresponds to 500mg of paracetamol in each tablet)

Co-dydramol can be taken as needed to relieve pain or used regularly if pain persists.

How much can I take?

You can take ONE or TWO tablets up to four times a day. You must **not** take more than 8 tablets in 24 hours.

What are the most common side effects?

Co-dydramol may cause constipation so you may need to take laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off.

Can I take it with my other painkillers?

Yes. Co-dydramol can be taken alongside your other painkillers as long as they do not contain paracetamol (for example, paracetamol is contained in Tramacet® and co-codamol).

Please note that some over-the-counter cold and flu remedies may contain codeine and/or paracetamol. So check with your pharmacist before taking other medicines.

Diclofenac

(brands include Voltarol[®] or Diclofex[®])

When do we use it?

Diclofenac is an anti-inflammatory.

How should it be taken?

Diclofenac can be taken as needed to relieve pain or regularly where pain persists. It should be taken with food where possible.

How much can I take?

You can take up to 150mg in 24 hours in two or three divided doses.

What are the most common side effects?

The most common tend to be indigestion and heartburn. If you experience these symptoms, please consult your doctor for advice.

Can I take it with my other painkillers?

Yes. Diclofenac can be taken alongside your other painkillers, but **not** with other anti-inflammatories, for example, ibuprofen, naproxen or ketorolac. Your doctor may prescribe another tablet to prevent stomach acid with this medication.

Always check with your doctor before taking over-the-counter anti-inflammatories.

Dihydrocodeine

When do we use it?

Dihydrocodeine is commonly used to treat mild to moderate general pain.

How should it be taken?

Dihydrocodeine can be taken to relieve pain as needed or regularly if pain persists. It is available as tablets only.

How much can I take?

You can take 30mg to 60mg every four to six hours if needed for pain relief. You should not take more than 240mg in 24 hours.

Are there any side effects?

Dihydrocodeine commonly causes constipation, so you are likely to need laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off.

Can I take it with my other painkillers?

Yes. Dihydrocodeine can be taken alongside your other painkillers.

Duloxetine (also called Cymbalta®)



When do we use it?

Duloxetine is sometimes used to treat pain caused by damaged nerves.

How should it be taken?

Duloxetine is a capsule, usually taken once a day. Your doctor or nurse may increase the dose to two capsules per day if necessary.

How much can I take?

You must not go beyond the dose prescribed by your doctor or nurse.

What are the most common side effects?

Duloxetine sometimes causes nausea, insomnia and drowsiness. You may also experience a dry mouth.

Can I take it with my other painkillers?

Yes. Duloxetine can be taken alongside your other painkillers.

Note: Duloxetine is also used as an anti-depressant. It increases the levels of chemicals in the body (serotonin and noradrenaline) which help to increase mood.

Fentanyl Instant Release Tablets (also called Abstral®)

When do we use it?

Abstral® is used for breakthrough pain. It works quickly to help with pain that is not controlled by your regular painkillers.

How should it be taken?

Abstral® tablets are placed under the tongue. They usually dissolve within a few seconds.

It is important not to suck, chew or swallow these tablets while they are still dissolving.

How much can I take?

Your doctor or nurse may advise you to take one or two tablets per dose. You can take up to four doses of Abstral® in one day.

If you need more than this amount, the dose of your regular painkillers may need to be increased.

Are there any side effects?

Abstral® can sometimes cause dizziness, drowsiness, headaches and nausea.

Can I take it with my other painkillers?

Yes. You can take Abstral® alongside your other painkillers. You should not use Abstral® with other fentanyl instant release preparations. In some cases, your doctor may advise using Oxynorm® or Oramorph® Liquid, or Sevredol® tablets in between doses of Abstral®.

Fentanyl Instant Release Tablets (also called Effentora®)

When do we use it?

Effentora® is used for breakthrough pain. It works quickly to help with pain that is not controlled by your regular painkillers.

How should it be taken?

Effentora® tablets are placed between your upper gum and your cheek. Your doctor may suggest placing the tablet under your tongue as an alternative. Effentora® will start working within 10 minutes but may take longer than this to dissolve. It is important not to suck, chew or swallow these tablets while they are still dissolving.

How much can I take?

Your doctor or nurse may advise you to take one or two tablets per dose. You can take up to four doses of Effentora® in one day. There should be a minimum of 4 hours between each dose.

If you need more than this amount, the dose of your regular painkillers may need to be increased.

Are there any side effects?

Effentora® can sometimes cause dizziness, drowsiness, headaches and nausea.

Can I take it with my other painkillers?

Yes. You can take Effentora® alongside your other painkillers. You should not use Effentora® with other fentanyl instant release preparations. In some cases, your doctor may advise using Oxynorm® or Oramorph® Liquid, or Sevredol® tablets in between doses of Effentora®.

Fentanyl Nasal Sprays (also called Instanyl®)

When do we use it?

Instanyl® Nasal Spray is used for 'breakthrough pain' (see page 3). It works quickly to help with pain that is not controlled by your regular painkillers.

How should it be taken?

Instanyl® is sprayed through a nostril. The medication is absorbed into small blood vessels and delivered around your body.

As with any other medication, it is important to follow the instructions that come with Instanyl®.

How much can I take?

Your doctor or nurse may ask you to use one or two sprays for each dose. You can take up to four doses of Instanyl® in one day. Leave at least 4 hours between each dose.

If you feel you need more than this amount, please consult your doctor or nurse.

What are the most common side effects?

As with other strong painkillers, Instanyl® can cause constipation, nausea and vomiting, and drowsiness. You may also experience some dizziness or confusion. Nasal sprays can sometimes cause irritation or discomfort in the nose.

Can I take it with my other painkillers?

Yes. You can take Instanyl® alongside your other painkillers. You should not use Instanyl® with other fentanyl instant release preparations. In some cases, your doctor may advise using Oxynorm® or Oramorph® Liquid, or Sevredol® tablets in between doses of Instanyl®.

Fentanyl Nasal Sprays (also called Pecfent®)

When do we use it?

Pecfent® Nasal Spray is used for 'breakthrough pain' (see page 3). It works quickly to help with pain that is not controlled by your regular painkillers.

How should it be taken?

Pecfent® is sprayed through a nostril. The medication is absorbed into small blood vessels and delivered around your body.

As with any other medication, it is important to follow the instructions that come with Pecfent®.

How much can I take?

Your doctor or nurse may ask you to use one or two sprays for each dose. You can take up to four doses of Pecfent® in one day. Leave at least 4 hours between each dose.

If you feel you need more than this amount, please consult your doctor or nurse.

What are the most common side effects?

As with other strong painkillers, Pecfent® can cause constipation, nausea and vomiting, and drowsiness. You may also experience some dizziness or confusion. Nasal sprays can sometimes cause irritation or discomfort in the nose.

Can I take it with my other painkillers?

Yes. You can take Pecfent® alongside your other painkillers. You should not use Pecfent® with other fentanyl instant release preparations. In some cases, your doctor may advise using Oxynorm® or Oramorph® Liquid, or Sevredol® tablets in between doses of Pecfent®.

Fentanyl patches

(brands include Matrifen[®], Durogesic[®] or Durogesic[®] D-Trans[®])

When do we use it?

Fentanyl is used for moderate to severe pain.

How should it be used?

Fentanyl patches are applied to a clean, hair-free area of skin. The patches release the medicine slowly through the skin and into the body over 72 hours.

The patches can be applied to the chest, back or upper arms. You will also need a supply of immediate release strong painkillers (such as Oramorph[®] or Fentanyl tablets) for 'breakthrough pain' (see page 3).

How many can I use?

After the dose has been decided by your doctor, a patch (or more than one patch depending on the dose) is applied and then changed every 72 hours. The new patch (or patches) should be applied to a different area of skin. Make sure you take off your old patch.

What are the most common side effects?

Fentanyl can cause constipation. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off.

Can I take it with my other painkillers?

Yes. Fentanyl can be taken alongside your other painkillers.

Gabapentin (also called Neurontin®)

When do we use it?

Gabapentin is commonly used for pain caused by damaged nerves. It can help with pain that is burning or shooting in nature.

How should it be taken?

Gabapentin is usually taken one to three times a day.

How much can I take?

Start the first dose at bedtime. The dose of gabapentin is increased further if needed to help with pain control. You must not go beyond the dose prescribed by doctor/nurse.

What are the most common side effects?

Gabapentin sometimes causes drowsiness, a dry mouth or dizziness. Occasionally gabapentin causes swollen legs.

Can I take it with my other painkillers?

Yes. Gabapentin can be taken alongside your other painkillers. Do not stop taking gabapentin suddenly as the dose should be gradually reduced.

Hyoscine Butylbromide (also called *Buscopan*[®])

When do we use it?

Buscopan[®] is commonly used to treat bowel spasms or cramping pain.

How should it be taken?

Buscopan[®] can be taken to relieve pain as needed or regularly if pain persists.

How much can I take?

You can take ONE or TWO tablets up to four times a day.

What are the most common side effects?

Occasionally a dry mouth or blurred vision.

Can I take it with my other painkillers?

Yes. Buscopan[®] can be taken alongside your other painkillers.

Ibuprofen

(also called *Brufen*[®] or *Nurofen*[®])

When do we use it?

Ibuprofen is an anti-inflammatory. It is used for certain types of mild to moderate pain.

How should it be taken?

Ibuprofen can be taken as needed to relieve symptoms in minor conditions or regularly where symptoms persist. Always try to take ibuprofen with food.

How much can I take?

Do not exceed the recommended daily dose prescribed by your doctor or nurse.

What are the most common side effects?

The most common tend to be indigestion and heartburn. If you experience these symptoms, please consult your doctor for advice.

Can I take it with my other painkillers?

Yes. Ibuprofen can be taken alongside your other painkillers but not with other anti-inflammatories, for example, diclofenac (Voltarol[®]), naproxen or ketorolac). Your doctor may prescribe another tablet to prevent stomach acid with this medication.

Always check with your doctor before taking over-the-counter anti-inflammatories.

Ketamine

When do we use it?

Ketamine is occasionally used for pain caused by damaged nerves. It can only be prescribed by specialist doctors or nurses (pain or palliative care teams).

How should it be taken?

Ketamine is usually taken four times a day. It is only available as a liquid. A supply of ketamine needs to be arranged through your local chemist as it is not stocked routinely. Once opened, the ketamine only lasts for a month, so you may need to get a repeat prescription.

How much can I take?

You must not go beyond the dose prescribed by your specialist doctor or nurse.

What are the most common side effects?

Ketamine sometimes causes vivid dreams or nightmares. You may be prescribed a tablet at night to counteract this. It occasionally causes hallucinations or an 'odd' feeling. If this happens, stop taking the ketamine and seek advice as the dose may need to be reduced.

Although this is not common, please be aware that you will need to seek medical advice if you develop urinary symptoms such as blood in the urine, frequency or pain.

Can I take it with my other painkillers?

Yes. Ketamine can be taken alongside your other painkillers.

Lidocaine Plasters (also called *Versatis*[®])

When do we use it?

Lidocaine plasters are used to treat pain caused by damaged nerves.



How should it be taken?

Lidocaine plasters (also called *Versatis*[®] medicated plasters) are applied to a clean, hair-free and dry area of skin, directly over the site of pain. The plasters release the medicine into the skin and onto the damaged nerves.

The plasters can be cut to size.

How much can I take?

Up to three plasters can be applied over the affected area for 12 hours, after which there should be a period of 12 hours plaster-free.

Sometimes the plasters can have an instant effect. Other times they may take a few days or even weeks.

What are the most common side effects?

Lidocaine plasters can cause redness, itching or rashes close to where they are applied.

Can I take it with my other painkillers?

Yes. Lidocaine plasters can be used alongside your other painkillers.

Morphine

Slow release: MST® or Zomorph®

Quick release: Oramorph® or Sevredol®

When do we use it?

Morphine is frequently used for moderate to severe pain.

How should it be taken?

There are two types of morphine preparation: slow release (called MST® or Zomorph®) and immediate release (called Sevredol® or Oramorph®). Slow release tablets work slowly through the day and night to help keep pain away. Immediate release tablets or liquid work quickly for 'breakthrough pain' (see page 3).

How much can I take?

Your slow release morphine capsules or tablets (Zomorph® or MST®) should be taken twice a day and not more. Only increase the dose on advice from your doctor or nurse.

Immediate release morphine (Sevredol® / Oramorph®) tablets or liquid can be used as needed for 'breakthrough pain'. There is no real limit to how often these can be taken, provided they are helping your pain. If you need several doses each day to help your pain, please consult your doctor or nurse.

What are the most common side effects?

Morphine commonly causes constipation so you are likely to need laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off. Some people need anti-sickness medicines to help the nausea. Occasionally, the type of morphine tablet needs to be changed to avoid side effects.

Can I take it with my other painkillers?

Yes. Morphine can be taken alongside your other painkillers.

Oxycodone

Slow release: OxyContin®

Quick release: OxyNorm®

When do we use it?

Oxycodone is often used as an alternative to morphine for moderate to severe pain.

How should it be taken?

There are two types of oxycodone preparations: slow release (called OxyContin®) and immediate release (called OxyNorm®). Slow release tablets work slowly through the day and night to help keep pain away. Immediate release tablets or liquid work quickly for 'breakthrough pain' (see page 3).

How much can I take?

Your slow release oxycodone tablets (OxyContin®) should be taken twice a day and not more. Only increase the dose on advice of your doctor or nurse.

Immediate release oxycodone capsules or liquid (OxyNorm®) can be used as needed for 'breakthrough pain'. There is no real limit to how often these can be taken, provided they are helping your pain. If you need several doses each day to help your pain, your slow release oxycodone dose may need to be increased.

What are the most common side effects?

Oxycodone commonly causes constipation so you are likely to need laxative tablets or syrup. During the first few days, you may feel drowsy or nauseated, but these effects tend to wear off. Some people need anti-sickness medicines to help the nausea.

Can I take it with my other painkillers?

Yes. Oxycodone can be taken alongside your other painkillers.

Paracetamol

When do we use it?

Paracetamol is often taken for headaches and mild pain. However, it can also be used with stronger painkillers to increase their effect.

How should it be taken?

Paracetamol is usually taken four times a day. Paracetamol is available as a liquid, a soluble tablet or tablets that are swallowed whole.

How much can I take?

You must not take more than 4 grams of paracetamol in 24 hours (that is a maximum of 8 x 500mg tablets).

What are the most common side effects?

Paracetamol rarely causes side effects unless the maximum dose is exceeded – an overdose can cause liver damage.

Can I take it with my other painkillers?

Yes. Paracetamol can be taken alongside your other painkillers, so long as they do not contain paracetamol. Do not exceed the maximum dose. Drugs which contain paracetamol include Tramacet®, co-dydramol and co-codamol.

Pregabalin (also called *Lyrica*®)

When do we use it?

Pregabalin is commonly used for pain caused by damaged nerves. Pregabalin can help with pain that is burning or shooting.

How should it be taken?

Pregabalin is usually taken two to three times a day.

How much can I take?

The dose of pregabalin is increased gradually over the first few days. The dose may be increased further if needed to help with pain control. You must not go beyond the dose prescribed by your doctor/nurse.

What are the most common side effects?

Pregabalin sometimes cause drowsiness, a dry mouth, constipation, nausea and vomiting, dizziness and blurred vision.

Can I take it with my other painkillers?

Yes. Pregabalin can be taken alongside your other painkillers.

Note: Pregabalin is also used as an anti-epileptic. It works in a similar way when used for nerve pain. It dampens down signals from damaged nerves.

Tapentadol (also called *Palexia*®)

When do we use it?

Tapentadol (also called *Palexia*®) can be used to treat moderate to severe pain.

It is designed to help with different types of pain, including pain caused by damaged nerves.

How should it be taken?

There are two types of Tapentadol preparation: slow release (*Palexia*® SR) and immediate release (called *Palexia*® IR). Slow release tablets work through the day and night to help keep pain away. Immediate release tablets work quickly for 'breakthrough pain' (see page 3).

How much can I take?

Palexia® slow release tablets are usually taken twice a day. *Palexia*® instant release tablets for 'breakthrough pain' are usually given as one tablet every four to six hours as needed. You should not take more than four tablets of *Palexia*® instant release.

What are the most common side effects?

Tapentadol can make you feel nauseated. Some people need anti-sickness medications to help with this. You may also experience constipation, drowsiness and headache.

Can I take it with my other painkillers?

Yes. Tapentadol can be taken alongside your other painkillers.

Tramadol

When do we use it?

Tramadol is commonly used for moderate to severe pain.

How should it be taken?

A number of preparations of tramadol are available:

- immediate release capsules (called tramadol, Zamadol® or Zydol®)
- slow release capsules or tablets (called Dromadol® SR, Zamadol® SR, Zydol® SR or Zydol® XL)
- effervescent powder sachets (called Tramake Insts®)
- a combination tablet containing tramadol and paracetamol (called Tramacet®).

How much can I take?

You must not take more than 400mg in 24 hours.

What are the most common side effects?

Tramadol sometimes causes nausea, abdominal discomfort, diarrhoea, dizziness and confusion.

Can I take it with my other painkillers?

Yes. Tramadol can be taken alongside your other painkillers.

Caution: Do not take extra paracetamol (or drugs containing paracetamol such as co-codamol or co-dydramol) if you are taking Tramacet® as this contains paracetamol (see above).

What to do if pain is a problem at home...

1. Take a dose of your 'breakthrough' medication (see page 3).
If you do not have 'breakthrough' medication or you are not sure, see the contact information below and ask for advice.
 2. If this helps, use it as needed. Keep a note of how often you need these extra 'breakthrough' doses to show to your doctor or nurse.
 3. If the pain is no better after 30 minutes, take another 'breakthrough' dose.
 4. If the pain is not settling after 2 breakthrough doses:
between 9-5pm contact: your Macmillan Nurse or your GP
after hours contact: the out-of-hours GP service (the phone number should be on your local GP surgery's answerphone).
- Remember to tell your doctor about any pain problems you have had at home when you next visit The Christie.
 - Make a list of your pain medicines or bring them with you to your next appointment.

Interventional pain management

Sometimes you may need additional help with your pain relief. This might be because the type of pain you are experiencing does not respond well to your painkillers, or there are side effects from your pain medications.

Interventional pain management often involves injections around nerves to help block pain signals.

If you would like to know more about interventional pain management, please ask your doctor or nurse specialist.

What about complementary therapies?

Some people find that complementary therapies such as massage, aromatherapy or relaxation can help their pain. Complementary therapies are generally viewed as therapies which are given **alongside** conventional treatments. Complementary therapies are free to The Christie inpatients and may be available for those coming in on a daily basis for treatment and for outpatients when attending appointments (Complementary therapy service 0161 446 8236).

The Christie pain and symptom outpatient clinic

The Christie has a weekly clinic to help patients with pain and symptom problems. The clinic is staffed by consultants and registrars in palliative medicine, a consultant in pain medicine and anaesthesia, and specialist nurses. Complementary therapy is also available in the clinic.

If you would like an appointment at the pain and symptom clinic, please discuss this with your oncologist or nurse specialist.



**Contact numbers for general help and advice
about your pain medicines:**

The Christie Pharmacy 0161 446 3433

The Christie Palliative Care Team 0161 446 3072

Pain team 0161 446 8050

For general advice www.macmillan.org.uk

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **Patient.Information@christie.nhs.uk**



Visit the Cancer Information Centre on
the glass link corridor near Oak Road

Open: Monday to Friday

Tel: 0161 446 8100

Opening times can vary, please ring to
check before making a special journey

The Christie NHS Foundation Trust,
Wilmslow Road, Manchester,
M20 4BX, United Kingdom

T. 0161 446 3000

F. 0161 446 3977

Email: enquiries@christie.nhs.uk

Web: www.christie.nhs.uk

The Christie Patient Information Service
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