

# 9<sup>th</sup> Indo Global Summit on **Cancer Therapy**

November 02-04, 2015 Hyderabad, India

## Proposed six step ladder for managing cancer pain

Pankaj N Surange<sup>1</sup> and Gautam Das<sup>2</sup>

<sup>1</sup>Interventional Pain and Spine Centre, India

<sup>2</sup>Daradia Pain Institute, India

A considerable number of patients with cancer suffer considerable pain during their disease. Preliminary findings of a recent study of pain prevalence at four major cancer hospitals in India underscored the importance of the amendments, the organizations said. The study was conducted by Pallium, India, Hyderabad Pain Relief and Palliative Care Society and Human Rights Watch, in collaboration with the Regional Cancer Centers in Hyderabad, Kolkata, Cuttack, and Ahmedabad. It found that almost 90 percent of cancer patients suffered from pain when they arrived at these institutions, almost 60 percent from moderate to severe pain. More than 90 percent of patients with moderate to severe pain were not receiving adequate pain medicines. Although the WHO Analgesic Ladder is effective for many cancer pains, addition of appropriate adjuvant drugs along with early intervention is needed for improved quality of life. The patho-physiology of cancer pain is complex: it involves inflammatory, neuropathic, ischaemic and compression mechanisms at multiple sites. Knowledge of these mechanisms and the ability to decide whether a pain is nociceptive, neuropathic; visceral or a combination of all three will lead to best practice in pain management. Effective cancer pain treatment requires a holistic approach with timely assessment, measurement of pain, pathophysiology involved in causing particular type of pain and understanding of drugs to relieve pain with timely inclusion of intervention. Interventional pain therapies are a diverse set of procedural techniques for controlling pain that may be useful when systemic analgesics failed to provide adequate control of cancer pain or when the adverse effects cannot be managed reasonably. Also at times, patient presents late with disease and with limited life expectancy. These patients usually are in severe pain with physiological disturbances and involvement of multiple organs, at times. Commonly used interventional therapies for cancer pain include neuro-axial, neurolytic including sympathetic block and para-vertebral block and epidural blocks; advanced pain procedures like spinal cord stimulator and intra-theal pumps; and in addition, neurosurgical procedures are used as last rescue once other techniques failed in order to achieve the highest possible success while minimizing potential complications and side effects. Where applied appropriately and carefully at the right time, these procedures can contribute enhanced pain relief, reduction of medication use and markedly improved quality of life. We propose a six step ladder for managing cancer pain with an access to each step directly depending on the severity of symptoms, general condition of patient and life expectancy.

### Biography

Pankaj N Surange is an FIPP Qualified (Budapest, Hungary) and World Institute of Pain certified Interventional Spine and Pain Specialist. He is accredited by many Pain societies, both national and international and is a member or a fellow of them. He is Vice-Chairman of World Institute of Pain, (India Chapter) and Visiting Faculty, Moderator and Editor of Daradia Pain Institute, Kolkata. He has special interest in minimally invasive interventions for PIVD/Slipped Disc, degenerated disc disease, spine and related pains, chronic and cancer pain, neuralgias and neuropathic pains and rheumatic pains.

[pankajnsurange@yahoo.co.in](mailto:pankajnsurange@yahoo.co.in)

### Notes: