Jreissati Pancreatic Centre

Epworth

Managing pain

with pancreatic cancer

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Acknowledgements

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The Jreissati Pancreatic Centre at Epworth acknowledges the Traditional Custodians of Country across Australia. We recognise their continuing connection to land, waters, communities and culture.

We pay our respects to Aboriginal and Torres Strait Islander Peoples and to Elders past, present and emerging.

Note to readers

This booklet provides general information about pancreatic cancer. It is not intended to replace advice from your treating team or other qualified professionals. You should always speak with your doctor about decisions that may affect your health. If you require legal, financial or psychological support, we encourage you to seek advice from appropriately trained specialists.

Every effort has been made to ensure the information is accurate at the time of publication. However, evidence and clinical guidance relating to cancer care are continually evolving. The Jreissati Pancreatic Centre at Epworth is not responsible for any loss, injury or damage resulting from reliance on this material.

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VICTORIAN CANCER AGENCY

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About the Jreissati Pancreatic Centre at Epworth

Pancreatic cancer is the eighth most diagnosed cancer in Australia. In 2025, it was estimated that 4,825 people would receive a pancreatic cancer diagnosis. This would account for 2.8% of all cancer diagnoses in the country.[1]

The Jreissati family are all too familiar with the fear and uncertainty that follow a diagnosis of pancreatic cancer, having lived through the experience when Elias was diagnosed at age 54. Knowing the impact the disease has had on their family, Elias, his wife Colleen and the rest of the Jreissati family wanted to change the patient and family experience for others. This led to the establishment of the Jreissati Pancreatic Centre at Epworth in 2021. This Centre provides clinical care and support to patients with a diagnosis of pancreatic cancer, supports early diagnosis and better patient outcomes, advocates for patients and raises awareness and understanding of the disease. 100% of the funding it receives is directed into research, patient support and clinical care.

Our centre comprises three intersecting parts, each of which is integral to improving patient outcomes and experiences

- Comprehensive patient-centred clinical care
- Patient advocacy and support
- Clinical trials and research

We are a specialist centre offering a centralised model of care for pancreatic disease management. This means our patients have access to all healthcare professionals required for their care within a single centre and hospital network. International studies support the view that centralised care improves overall patient outcomes.[2] By managing patients through one main centre, case volume increases, which in turn enhances clinical expertise. This growing expertise drives innovation and leads to advances that will improve patient procedures and treatments in the future.

The **patient experience** is a central focus of our centre. Receiving a diagnosis of pancreatic cancer can be an overwhelming and emotional time, often bringing many questions and uncertainties. Knowing that you are not facing this alone, and understanding where to turn for support, is very important. Once you are referred to the centre, you will meet our pancreatic nurse coordinator, who will be there to guide and support you throughout your care at Epworth. They will be your first point of contact and are always available to answer any questions or concerns you or your family may have.

Managing pain with pancreatic cancer

This booklet explains how pain from pancreatic cancer can be managed. It outlines different treatment options, how to talk with your care team about pain, and where to find additional support.

Pain affects people in different ways. It may be caused by the cancer itself, side effects from treatment, or other health conditions. Whatever the cause, your care team can help you find ways to manage it and improve your comfort.

This resource supports open conversations about pain. It is also designed to help families and carers feel more confident in supporting you and knowing what relief is possible.

This resource does not replace medical advice. Always speak with your healthcare team about decisions that may affect your care.

Watch our video on managing pain here.

Understanding cancer-related pain

Pain is a common part of living with pancreatic cancer, but it is not something you need to endure without support.

There are many effective ways to reduce pain and improve comfort, even when the cancer cannot be cured.

Pain can affect your physical health, sleep, mood and appetite. It may come and go, or it may be more constant. However pain presents, the key message is that pain can often be managed, and you do not have to face it alone.

Why pain can happen in pancreatic cancer

Pain may be caused by the cancer itself, treatment side effects, or other related changes in the body. Common causes include:

- Pressure from the tumour on nearby organs or nerves
- Inflammation or blockage of structures such as the bile duct or small intestine
- Discomfort after surgery or from chemotherapy or radiotherapy
- Nerve involvement, which can cause sharp or burning pain that may spread to the back
- Digestive changes, including bloating or cramping if the pancreas is not producing enough enzymes

Each person's experience of pain is different. Some people have mild symptoms that are easily managed. Others may experience more complex pain that changes over time. Whatever your situation, support is available to help improve your comfort and quality of life.

Different types of pain

Understanding what kind of pain you have can help your team treat it more effectively.

Type of pain	What it may feel like
Visceral pain	A dull ache or cramping sensation in the upper abdomen. This is often related to internal organs.
Referred pain	Pain felt in a different area, such as the upper back. This may be caused by pressure or irritation near a nerve.
Neuropathic (nerve) pain	Sharp, burning or shooting pain, often caused by nerve involvement or inflammation
Post-surgical pain	Soreness or tightness around the wound site, usually improves with time
Bowel-related pain	Cramping, bloating or discomfort linked to digestion or changes in bowel habits

It's common to experience more than one type of pain at the same time.

Managing pain early can improve your quality of life, help you stay more active, and may reduce the need for stronger medications later. Unrelieved pain can affect every part of your wellbeing, so it is important to raise any concerns with your care team.

Talking about pain

Letting your care team know about your pain is one of the most important things you can do for your comfort and wellbeing. Pain is personal, and only you can describe what it feels like. The more your team understands, the better they can support you.

Even if the pain is mild or comes and goes, it is worth mentioning. You do not need to wait until it is severe or interfering with your daily life.

What to tell your care team

When talking about your pain, try to describe:

- Where the pain is
- What it feels like (e.g. sharp, dull, burning, cramping)
- How strong it is, such as rating it from 0 (no pain) to 10 (worst pain)
- When it happens – whether it is constant or comes and goes
- What makes it better or worse (e.g. eating, movement, time of day)
- How it affects your sleep, appetite, mood or ability to do daily tasks

Keeping track of pain

You may find it helpful to write things down between appointments. Options include:

- A pain diary or log
- Notes in your phone
- A calendar marking good and bad days
- A simple scale from 0 to 10
- Descriptions like ‘burning after meals’ or ‘worse at night’

Tracking your pain can help identify patterns and give your care team a clearer picture of what is happening.

Who to talk to

Different members of your care team can help manage pain, including:

- Your oncologist or GP
- A palliative care specialist (available at any stage of illness)
- A pain management service, if available
- A pancreatic nurse
- A pharmacist who can advise on medications and side effects

If your pain is not improving, or your current plan is not working, ask for a review. You can also request a referral to a pain specialist or palliative care service.

Procedures and specialist options

If pain becomes harder to manage with medication alone, there are other treatments that may help. These include targeted procedures and referrals to specialist services. These approaches are often used alongside regular medications and may be particularly helpful for pain caused by nerve involvement or tumour pressure.

When to consider additional support

Your care team may recommend extra options if:

- Pain continues despite regular medications
- You need increasing doses and experience more side effects
- Pain is concentrated in the back or spine (which may suggest nerve involvement)
- Pain affects your ability to eat, sleep, move, or concentrate
- You feel concerned about what the pain may mean

Palliative care specialists

Palliative care is not only for end-of-life care. Palliative care specialists focus on improving quality of life by managing symptoms such as pain, fatigue, nausea, or anxiety. They work alongside your doctors and can:

- Review and adjust medications
- Help manage complex or persistent symptoms
- Coordinate referrals to other services such as pain clinics, dietitians, or counsellors
- Provide support to both patients and families

Pain services and interventions

If needed, your oncologist or palliative care doctor may refer you to a pain management service or suggest a procedure to help relieve pain.

Some options include:

Option	What it is	Why it may help	Other details
Nerve blocks (e.g. coeliac plexus block)	An injection that targets nerves near the pancreas, usually done with sedation and guided imaging	Can reduce pain in the upper abdomen or back when medicines alone are not enough	May provide relief for weeks or months and reduce the need for strong painkillers
Radiotherapy for pain relief	A short course of targeted radiotherapy	Shrinks a tumour that is pressing on a nerve or nearby organ	Can reduce localised pain and improve comfort
Stents or drainage procedures	A small tube (stent) or drainage placed in the bile duct or digestive system	Relieves pressure and may reduce symptoms such as bloating, nausea or discomfort	May improve both pain and digestion if a blockage is present

Non-medication approaches

Medications are important for managing pain, but they are not the only option. Many people find additional relief through strategies that reduce tension, improve sleep, or help shift focus away from discomfort.

These approaches are not intended to treat the cause of pain on their own, but they can improve your comfort when used alongside medical treatments.

Simple physical strategies

What may help	Why
Heat packs or hot water bottles	Can ease muscle or cramping pain. Apply to the abdomen or back for short periods.
Gentle movement	Helps reduce stiffness and improve circulation. Short walks or light stretches may support comfort.
Massage	May help relax tense muscles and ease anxiety. Use light pressure and avoid sore or bruised areas.
Positioning	Lying on your side with a pillow between your knees, or sitting upright after meals, can reduce abdominal pressure
Pacing your day	Spreading out activities and resting before pain worsens may help prevent flare-ups

Mind-body approaches

Pain is influenced by physical, emotional and psychological factors. Techniques that support relaxation and reduce stress may help make pain feel more manageable.

You may find benefit from:

- Breathing exercises such as slow, steady breathing can reduce muscle tension and promote calm
- Guided relaxation or meditation through audio recordings, apps or videos
- Visualisation, such as imagining a peaceful or calming place can reduce stress and tension
- Mindfulness, including focusing on the present moment without judgement may help reduce emotional distress linked to pain

These strategies may not remove pain entirely, but they can help you feel more in control and less overwhelmed.

Psychological support

If pain is affecting your mood, sleep, relationships or daily outlook, additional support is available. You may wish to speak with:

- A psychologist experienced in pain or cancer care
- Your hospital's psychosocial support team or a counsellor
- A peer support group or network
- A pastoral care worker if you find comfort in spiritual or reflective support

Your care team can help refer you to appropriate services.

Key takeaways

Pain can change over time as your treatment progresses, as symptoms evolve, or as your energy levels shift. While not all pain can be prevented, managing it early and reviewing your plan regularly can make a significant difference to your comfort and quality of life.

Here are some key reminders:

- Pain can change over time, so regular review is important.
- Pain is treatable. You should not feel you have to put up with it.
- Act early: start with simple options and escalate if needed.
- Tell your care team if pain changes or medicines stop working.
- Keep a simple record to help guide treatment adjustments.
- Know who to contact during hours, after hours and in emergencies.
- Palliative care can support pain and symptom management at any stage.
- You are not alone. Support is available from your care team, family and services.

If you are unsure where to start, speak with your treating team. They can review your current plan, suggest new options, or refer you to a specialist pain or palliative care service.

Contact us

Jreissati Pancreatic Centre at Epworth

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Email EH-PancreaticCentre@epworth.org.au

pancreaticcentre.org.au

Glossary

Analgesic: A medicine used to relieve pain. This includes simple painkillers like paracetamol as well as stronger drugs such as opioids.

Breakthrough pain: A sudden flare of pain that happens even though you are taking regular pain medicine.

Coeliac plexus block: An injection that targets nerves near the pancreas to reduce pain in the abdomen or back.

Constipation: Difficulty passing bowel movements. This can be a side effect of pain medicines such as opioids.

Drainage procedure: A treatment that removes fluid or relieves pressure in the bile duct or digestive system, often by placing a stent.

Nerve block: An injection into or near a group of nerves to stop them sending pain signals.

Neuropathic pain: Pain caused by nerve damage or irritation. It may feel sharp, burning or shooting.

Oncologist: A doctor who specialises in treating cancer with therapies such as chemotherapy, radiotherapy and drug treatments.

Opioids: A group of strong pain-relieving medicines (such as morphine or oxycodone) used for moderate to severe cancer pain.

Palliative care: Specialised care that focuses on comfort and quality of life. It helps manage symptoms such as pain, fatigue and nausea at any stage of illness.

Pain diary: A record where you note details about your pain, such as when it happens, how strong it is, and what makes it better or worse.

Pain management service: A specialist team that focuses on controlling pain using medicines, procedures and supportive therapies.

Radiotherapy: A treatment that uses targeted radiation to shrink tumours. It may also be used to relieve pain caused by tumour pressure.

Referred pain: Pain felt in a different area of the body from where the problem is located. For example, pain from the pancreas may be felt in the back.

Stent: A small tube placed in a duct (such as the bile duct) to keep it open and relieve pressure or blockage.

Visceral pain: A dull, aching or cramping pain that comes from internal organs such as the pancreas.

Additional resources

General

Cancer Council

Cancer Council provides clear information on managing cancer pain, including medicines, side effects, and when to seek help. Free support is available through booklets, online resources and the 13 11 20 helpline.

www.cancer.org.au

Palliative Care Australia

Palliative Care Australia explains how palliative care can help manage pain and other symptoms. The website includes practical guides, patient stories, translated resources and links to local services.

palliativecare.org.au

Healthdirect Australia

Healthdirect is a government-funded health service providing reliable information about pain, medications and symptom relief. It also links to local services and after-hours care.

www.healthdirect.gov.au

Carer Gateway

Carer Gateway is a national service that supports carers with counselling, respite, and practical advice. It helps carers manage their role, including supporting someone experiencing cancer pain.

www.carergateway.gov.au

Financial and legal advice

Cancer Council's Financial Assistance Program

Provides advice and support on a variety of topics including legal issues, financial planning, small business accounting, workplace (HR or recruitment) advice.

13 11 20

cancer.org.au/support-and-services/practical-and-financial-assistance

Community Legal Centres Australia

Provides links to local community legal centres across Australia.

clcs.org.au/legal-help

Cancer Council's Dealing with Debt factsheet

Information for people who are having trouble paying their debts.

cancer.org.au/assets/pdf/dealing-with-debts

Services Australia's Financial Information Service

Information on employment, disability, sickness and carer payments.

132 850

servicesaustralia.gov.au

Type 'Financial Information Service' in the search box

Cancer Council's Help with Bills factsheet

Explains options to help you pay your utility bills, including rebates, discounts, and concessions

cancer.org.au/assets/pdf/help-with-bills-factsheet

Money Smart

Financial tips from the Australian Securities and Investments Commission (ASIC). Includes the Financial Advisers Register.

1300 300 630

moneysmart.gov.au

State Trustees

Public Trustees who can help you prepare a will and manage your finances. Contains links to public trustees by state and territory.

willshub.com.au/succession-law-resources/public-trustees/

Cancer Council's Superannuation and Cancer factsheet

Advice on finding and accessing super, tax implications of accessing super, and super-related insurance.

cancercouncil.com.au/wp-content/uploads/2022/09/Superannuation-and-Cancer.pdf

Counselling and mentoring services

Canteen

Free counselling and emotional support to young people and their families who are impacted by cancer.

1800 226 833

canteen.org.au

Care Search

Australian Government website that provides palliative care information and links to services for people affected by cancer.

caresearch.com.au

Kids Helpline

Telephone and online counselling service and crisis support for young people aged 5–25.

1800 55 1800

kidshelpline.com.au

Pancare support groups

Online and face-to-face support groups for patients and carers.

1300 881 698

pancare.org.au/living-well/support-groups/upper-gastrointestinal-cancer-support-groups

Pankind Support Navigator

(02) 7207 6970

support@pankind.org.au

Telephone support groups

The below telephone support groups are free, professionally facilitated support groups. They are open groups and you can join in whenever you feel well enough, on an ongoing basis, from anywhere in Australia.

Members are telephoned by Cancer Council so there are no costs to participate. You can be called on a landline or a mobile.

The Pancreatic Telephone Support Group meets the first and third Wednesdays of the month from 1.30pm–2.30pm (EST) and accepts new members at any time.

The Advanced Cancer Telephone Support Group meets the first and third Tuesday of the month from 1.30pm–2.30pm (EST) and is for people with a variety of cancers, including pancreatic cancer.

The Carers' Telephone Support Group meets the second and fourth Wednesdays of the month from 1.30pm–2.30pm (EST) and is for people caring for someone with any cancer, including pancreatic cancer.

To find out more about any of these telephone support groups, 1300 755 632 or email tsg@nswcc.org.au.

Medicare Safety Nets thresholds

Medicare Safety Nets have thresholds. When you spend certain amounts in gap and out-of-pocket costs, you may reach these thresholds. Once you've reached the thresholds, you'll begin to receive higher Medicare benefits. This means you'll receive more money back for certain Medicare-funded services.

servicesaustralia.gov.au/what-are-medicare-safety-nets-thresholds

Please make sure you register so that your payments are counted towards the threshold.

Information for carers

Carer Gateway

Links carers to local support services such as emergency respite care, counselling and peer support groups. Offers practical information, resources and support packages for carers.

1800 422 737

carergateway.gov.au

Carers Australia

National body working with state and territory Carers Associations to provide information and counselling for carers.

1800 242 636

carersaustralia.com.au

Advance care planning

Advance Care Planning Australia

Information about planning for your future healthcare, including advance care directives.

1300 208 582

advancecareplanning.org.au

My Values

A set of specially constructed statements designed to help you identify, consider and communicate your wishes about the medical treatment you would want in the later stages of life.

myvalues.org.au

Helpful guides and factsheets

Cancer Council's Employment and Cancer factsheet

This fact sheet answers some common questions people have about their rights. It explains federal employment laws and protections under anti-discrimination laws.

cancer.org.au/assets/pdf/employment-and-cancer

Cancer Council's Getting your Affairs in Order factsheet

Instructions on making a will, preparing documents that will help others to make decisions for you if you're not able to make them yourself, nominating a beneficiary for your superannuation and insurance, and sorting out legal and financial paperwork.

cancer.org.au/assets/pdf/getting-your-affairs-in-order-factsheet

My Aged Care

Established by the Australian Government to help you find and access the right government-funded aged care services.

You can call the My Aged Care Contact Centre on 1800 200 422.

Monday to Friday 8am to 8pm and Saturdays 10am to 2pm

myagedcare.gov.au

References

1. Cancer Australia, *Pancreatic cancer in Australia statistics*, Cancer Australia, 2025, accessed 1 December 2025.
2. OO Faluyi, JL Connor, M Chatterjee, C Ikin, H Wong and DH Palmer, 'Advanced pancreatic adenocarcinoma outcomes with transition from devolved to centralised care in a regional Cancer Centre', British Journal of Cancer, 2017, 116:424-431.

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epworth.org.au/giving

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CONSUMER REVIEWED

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