

Preface

Hoc opus, hic labor est

Publio Virgilio Marone, Eneide, VI, 129

This book does not intend to be a manual on a subject that is moreover very complex and difficult to talk about. It has been designed in order to provide a practical guide, which could be easily used in the daily clinical practice on the management of pelvic pain with neoplastic genesis. On account of this, the book's chapters examine step by step all the more meaningful and critical aspects through a consequential progression. Additionally, at the end of each chapter, or paragraph, we have summarized the “practical suggestions,” including recommended dosages and treatment strategies, with particular attention to side effects and possible complications. All topics refer to current literature, recent guidelines, and recommendations on the subject.

The discussion is divided into two parts: *Features and assessment* and *Treatments*. The features of pelvic pain in different cancer diseases and the pain assessment tools are two highly relevant basic themes on the matter. Several studies highlighted that two serious problems of healthcare professionals are the lack of knowledge about pain and the poor pain assessment.

A special issue concerns the pharmacological therapy. Analgesics, particularly opioids, are the mainstay of cancer pain treatment. Indeed, about 85 and 90 % of patients with advanced cancer can have their pain well controlled with the use of analgesic drugs and adjuvants, which usually can be

taken orally. Nevertheless, failure in controlling cancer pain with pharmacological management calls for employing multimodal management and invasive techniques, implementing the step 4 of the World Health Organization's three-step ladder. This issue also concerns pelvic cancer pain. By virtue of which, in this book, specific chapters concern the non-pharmacological approaches to cancer pelvic pain, including palliative radiotherapy, central neuraxial blocks, neurolytic sympathetic plexus blocks for pelvic visceral pain, and minimally invasive palliative procedures.

We also dedicated particular attention to the breakthrough cancer pain, "trying" to explain the clinical features and providing some suggestions for its management. Breakthrough cancer pain is a challenge in pain management. Our special interest is based on the evidence in the clinical experience of a high number of patients with cancer pelvic diseases who have to deal with this serious problem, especially those with pelvic bone lesions.

The emotional and behavioral changes are to be taken into account in both noncancer and cancer disease management. Pain significantly influences patients' quality of life and their psychological vulnerability, so specific chapters are spent on psychological and behavioral approaches to cancer pain management, and the role of palliative care team is also addressed. Many lines of evidence underline the effective role of psychological, behavioral, and rehabilitation approaches to cancer-related pain; moreover, when no cure of the cancer disease can be expected, pain management becomes an important component of the palliative care setting.

Because diagnostic and therapeutic approaches are common to more properly pelvic diseases, we thought it useful to include clinical features of tumors, such as anal cancer, which are classified among the diseases of the perineum.

This work is the result of our experience “in the pain”; thus, it is dedicated to all those who ask us for an answer, namely all patients who have been under our care for all these years: how much have we learned from them!

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Features and Management of the Pelvic Cancer Pain

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