Pain Management in Patients with Polycystic Kidney Disease

Many patients with polycystic kidney disease experience sudden and/or constant pain. There are many causes. Not every patient experiences the same type and intensity of pain. Understanding the cause of symptoms will help to manage pain. Where pain does not respond to conventional pain killers and enhanced pain control is needed, your doctor might refer to the Pain Management Clinic.

Sudden pain:

- ### Bleed in a cyst

Why?
As cysts gradually grow, the small fragile blood vessels in the cyst wall may become damaged, resulting in sudden bleeding into a cyst. This is very common and most patients with polycystic kidney disease will experience this at some point in their life. It can be very painful and sudden, and you may notice blood in your urine. Fortunately, almost all cases are self-limiting, and do not require any specific treatment or hospital admission.

Treatment: Bedrest with pain killers. Pain usually resolves in 2-7 days. A short course of paracetamol or stronger painkillers may be used.

- ### Cyst infection

Why?
This occurs when bacteria get into the kidney or cysts. Infections usually start from a urinary tract infection (water infection) and spread into the cysts. This causes sudden pain in your back, blood in the urine and feeling generally unwell with **a high temperature**.

Treatment: Prompt antibiotics and painkillers. You should contact your GP or kidney doctor.

- ### Kidney stones

What?
Up to 30% of patients with polycystic kidney disease will experience kidney stones in their life. Drinking plenty of water may help prevent stones from forming. Small stones (less than 7mm) usually pass by themselves in around 1-3 weeks. Larger stones may require a procedure to help dislodge the stone and allow it to pass. This procedure is performed by the urology department.

Treatment: Use pain killers and plenty of fluid. Your doctor may recommend referral to an urologist.

Constant pain:

- **Back pain**:

As cysts enlarge, they increase the pressure on the spine which speeds up the degeneration of protective discs in the spine.

Treatment: Physiotherapy, topical pain killers, corticosteroid injections offered by some GPs.

- **Feeling of general discomfort in your body:**

As cysts grow, they may press on and stretch nearby structures, causing a nagging discomfort sensation due to pressure. If the cysts press on the stomach or bowel, you may also experience early feeling of fullness or indigestion.

Treatment: Use stronger pain killers regularly. If predominantly large cysts are identified on scanning, these can sometimes be drained with improvement in pain. Rarely, if pain is severe and does not respond to pain killers and cyst drainage, your doctor may consider surgery to remove one or both kidneys.

- **Liver cysts**:

Liver cysts will eventually develop in most of patients with polycystic kidney disease. Liver cysts are usually small and do not cause problems but rarely, the cysts can be numerous and bulky, which can be uncomfortable or painful.

Treatment: Pain killers as for cysts in the kidneys.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.

The Pain Journey

☐ ***Step 1:*** **SUPPORTIVE**

- Topical pain relief

☐ ***Step 2:*** **SIMPLE PAINKILLERS**

- Paracetamol as and when needed, then regular

☐ ***Step 3:*** **STRONGER PAINKILLERS**

- Paracetamol + Codeine / Tramadol
- Paracetamol + Morphine / Oxycodone
- Paracetamol + Buprenorphine / Fentanyl

☐ ***Step 4:*** **INTERVENTIONAL**

- Nerve Block by pain team
- Cyst Drainage by Radiologist
- Surgery – remove kidney (/liver)