

Occipital nerve block - Information leaflet

What is a Greater and Lesser Occipital Nerve Block?

Greater and Lesser Occipital Block is an injection of local anaesthetic next to the greater and lesser occipital nerves, which are located just beneath the scalp in the back of the head. Since these nerves are outside the skull, they are relatively easy to perform.

What is the purpose of it?

The injection blocks both the occipital nerves. This block is useful in diagnosing and treating occipital neuralgia, relieving or reducing pain in the back of the head in the scalp. The block may be done on either the left or right side of the back of the head, or both.

How long does the injection take?

The actual injection takes only 5-10 minutes.

What is actually injected?

The injection consists of a local anaesthetic (freezing injection). When treating occipital neuralgia or other painful conditions, steroid medication is often added to the local anaesthetic.

Will the injection hurt?

The procedure involves inserting a needle through the skin beneath the scalp and moving the needle in a fan-shaped pattern to block both occipital nerves, so some discomfort is involved. However, we may numb the skin in the injection area with a local anaesthetic using a very thin needle before inserting the block needle.

Will I be "put out" for this procedure?

No. This procedure is done under local anaesthesia.

How is the injection performed?

It is done while you sit with your head bend forward. You will be given a pillow to cuddle and someone will support you.

What should I expect after the injection?

Immediately after the injection the back of your head may feel warm. In addition, you may notice that your pain may be gone or lessened considerably.

What should I do after the procedure?

You should have someone to drive you home. We advise patients to take it easy for a day or so after this procedure. Perform normal activities as you can tolerate them.

Can I go to work the next day?

Unless there are complications, you should be able to return to your work the next day. The most common thing you may feel is soreness in the back of your head at

the injection site.

How long will the effects of the medication last?

The local anaesthetic wears off in a few hours. The cortisone starts working in about 3 to 7 days and its effect can last for several days to a few months.

How many injections do I need to have?

If you respond to the first injection, you will be recommended for repeat injections. Usually, a series of such injections is needed to treat the problem. Some may need 2 to 4 injections at 2-3 weeks interval. The response to such injections varies from patient to patient.

Will the Greater and Lesser Occipital Block help me?

If you do not get relief from the injections, you may not have occipital neuralgia. This means that the pain in the occipital region (in the back or back & side of your head) may not be due to damage or involvement of the occipital nerves.

It is very difficult to predict if the injection(s) will help you out or not. The patients who are treated earlier during their illness tend to respond better. Patients in the advanced stages of disease may not respond adequately. This is not permanent, but it may lessen the pain for several days, weeks, or months.

Is there anything else to help if the effects are short-lived?

A modification of the technique, whereby, instead of injecting medicine, application of strong electromagnetic field through the needle (pulsed radiofrequency) may provide longer-lasting pain relief.

What are the risks and side effects?

This procedure is generally safe. However, with any procedure there are risks, side effects and the possibility of complications. The most common side effect is pain – which is temporary. Since the scalp is highly vascular, having many tiny blood vessels near the surface of the skin, bleeding is common and to reduce it an icepack may be used after the procedure. The other risk involves bleeding, infections, spinal block and injection into blood vessels and surrounding nerves. Fortunately, the serious side effects and complications are uncommon.

Who should not have this injection?

If you are allergic to any of the medications to be injected, if you are on blood thinning medications (e.g. warfarin, clopidogrel), if you have an active infection going on near the injection site, or if you are, or could be pregnant you should not have the injection.