

INFORMATION ABOUT YOUR PROCEDURE

GREATER OCCIPITAL NERVE BLOCK

How we do the procedure

A **greater occipital nerve block** is performed at the base of the skull in the back of your head in order to treat headaches or neck pain associated with occipital neuralgia which commonly occurs as a result of irritation from chronically tense neck muscles (trapezius muscle is usually involved). A local anesthetic and long-acting steroid (NOT the kind that increases muscle size in athletes) are injected to bathe the inflamed nerve to decrease your pain by reducing the inflammation.

What to expect

A small needle will be used to perform the injection. The back or your skull and top of your head may be numb for several hours from the local anesthetic that is injected around the nerve. A steroid (NOT the kind used to increase muscle mass) may be injected and will begin to work in 1-5 days. If no substantial effects are obtained after one or two injections, we will discuss other alternatives.

Risks

The risks include bleeding, infection and a reaction to any of the medications used for the procedure. We use sterile technique to avoid infections. If you are taking a "blood thinner" (anticoagulant), we will give you special instructions before the procedure to avoid excess bleeding.

Safety Precautions

Injected steroids occasionally cause nervousness, difficulty sleeping, a flushed feeling (like hot flashes), an increased appetite, an elevated blood sugar, or a "moonface" (rounded face) for several days. Steroids are not always used for this procedure.