

Greater occipital nerve block

Information and advice for patients

Pain Management

Your doctor at the Pain Management clinic has suggested that a greater occipital nerve block may help ease your pain. This leaflet will briefly explain the treatment. It is important that you understand the treatment you will be receiving.

What are occipital nerves?

Occipital nerves travel from your spine, in the neck, to the back of the head and scalp.

What is a greater occipital nerve block?

A greater occipital nerve block is an injection of local anaesthetic and sometimes an anti-inflammatory medicine (steroid) given to the occipital nerves. It numbs the occipital nerves which can reduce their activity, giving pain relief from headaches, muscle spasm and tension that the nerves are associated with.

How long the pain relief lasts varies from person to person. It may last from a few days to a several months.

What are the benefits?

The benefit of the injection is that it may reduce the pain relief caused by the occipital nerves.

Are there any risks or side effects?

We are unable to state exact frequency of some of these occurring as there is little statistical data available from published clinical trials. However, possible risks include:

- Occasionally bruising may occur around the site of the injection.
- The steroid part of the injection can take several weeks to take full effect so the pain may worsen. This is normal and should settle
- Sometimes people can faint during, or after, the injection. We will monitor your blood pressure and ask you to rest after having the injection.
- There is between 1% and 2% risk of infection, and between 0.1% to 0.01% risk of severe infection. This risk is increased for people with diabetes.
- Allergic reaction to the injection although this is very uncommon and occurs in less than 1 in 7000 procedures. The reaction can be just a rash, or, even more rarely, a life threatening event. We will provide treatment for this if you have a reaction.
- If you have diabetes, we will monitor your blood sugar levels after the procedure as the steroid can increase them.

Are there any alternative treatments?

Alternative treatments may include different medications, use of a TENS machine or attending a Pain Management Programme.

Your doctor will discuss other options with you.

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Preparing for the procedure

Please let us know if you are taking anticoagulant medications (blood thinners) such as clopidogrel (Plavix), warfarin or dipyridamole. You may need to stop these before the procedure.

If you are taking Warfarin we will need to do a blood test before you have the procedure. Please be aware that this may cause a slight delay to your treatment.

You can continue to take all other medications as prescribed.

You may eat and drink as normal.

The procedure

You will be admitted to the Minor Ops unit in the Birmingham Treatment Centre. Please note that this is a mixed sex facility.

When you arrive, a nurse will check your blood pressure and give you a gown to put on. The doctor will then explain the procedure and ask you to sign a consent form. Please make sure that you understand the procedure and ask any question.

During the procedure

The whole procedure will take approximately 5-10 minutes.

1. The doctor will clean the area clean the area how?
2. The doctor will then inject the greater occipital nerve block into the back of your head.
Are they sitting, standing, lying down?

You may feel some discomfort when having the injection but this should only last briefly. The area injected may feel numb for up to 6 hours after the injection.

After the injection

You will be asked to wait for approximately 10-20 minutes to check that you feel alright. Once you feel ready, and the staff are satisfied with your condition, you may go home, accompanied by a friend or relative. You should not drive a vehicle yourself or travel on public transport for the rest of the day. You can continue with normal activities the day after. We advise you keep the area where the injection was given clean to reduce the risk of infection.

The area injected may feel numb

Follow up

After the procedure you will be discharged back to the care of your GP who will review your progress and can refer you back to the pain clinic in the future, if needed.

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Symptoms to report

If your pain becomes worse and you experience any redness, heat or swelling around the area where the injection was given, please contact your GP as you may have developed an infection.

Contact details

If you have any questions or concerns please contact us on:

Tel: 0121 507 4344 / 5602 / 4866

Monday - Friday 9am - 4pm

If you have any problems outside these times, or are experiencing severe side effects, please contact your GP.

Further information

More information with regards your condition, treatment options and support groups, can be found at:

- www.painrelieffoundation.org.uk
- www.painsociety.org
- www.painconcern.org.uk

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

Cheng J, 'Complications of joint, tendon, and muscle injections', Jul 2007

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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