What is an occipital nerve block?
An occipital nerve block is a procedure where a small amount of local anesthesia and steroid is injected near your occipital nerve in the back of the head.

Why would an occipital nerve block be performed?
An occipital nerve block may be performed if you are experiencing a headache caused by pressure or irritation of your occipital nerve. Your headache may be in the back part of your head and run towards the ears and forehead areas. Improvement of your headache once the block is performed confirms a diagnosis of occipital neuralgia.

What are reasons NOT to do an occipital nerve block?
An occipital nerve block will NOT be performed if you have an active infection at the site of injection, bleeding problems, allergy to the local anesthetics and steroid, and/or pregnancy.

What are the preparations for the procedure?
You must have someone of age to drive you home following your procedure, as you will not be permitted to drive a vehicle on the day of your procedure. Anyone who is taking a blood thinning medication such as coumadin will be required to stop that medication for a specified time period before the procedure. Otherwise, you may take your regularly prescribed medications the morning of your procedure with a sip of water. If you are a diabetic patient, you may eat a limited amount before your procedure to avoid hypoglycemia.

What will occur during the occipital nerve block procedure?
After the procedure and complications have been explained by the physician or physician assistant, an informed consent paper, (giving permission for the procedure), must be signed by the patient. Then, the patient is usually placed sitting in a chair with the head resting on a pillow on the examination table. The area to be injected will be cleaned using an antiseptic solution, which is usually betadine unless you are allergic to this. The physician will first feel for your occipital artery to find the area to be injected. Then, the physician will inject the needle just to the side of the artery near the occipital nerve, and a small amount of local anesthetics and steroid will be injected. When the numbing medication begins to work your headache should be resolved.

How long is the procedure?
Usually, the occipital nerve block lasts between 3-5 minutes.

What happens after the procedure?
After the procedure is completed, your head will be cleaned to remove the antiseptic
solution. You will be observed for a short time to see if your headache improves. Thereafter, you will be given discharge instructions and any follow-up information that is needed.

**What are possible complications from the procedure?**

This procedure does come with risks. Complications that can occur include but are not limited to post-block ecchymosis and hematoma formation, infection, subarachnoid injection, spinal anesthetic, and reaction to the steroid medication.

**What are possible side effects of the steroid medication?**

Administration of steroid medication can cause side effects. Side effects can include but not limited to hyperglycemia, altered menstrual cycle, fluid retention, bruising, insomnia, sweats, hot/cold flashes, flushing of the face, weight gain, epidural lipomatosis, steroid myopathy, avascular necrosis of bone, osteoporosis, and Cushings syndrome.

**Important Notes**

If you suspect you might be pregnant or know you are pregnant, please notify the physician or any staff member, as this is a reason NOT to do the occipital nerve block.

If you are a diabetic patient taking insulin or pills to manage your diabetes, the steroid used in the occipital nerve block can raise your blood sugar level temporarily. You should monitor your blood sugar level closely after your procedure. If your blood sugar level continues to be elevated then contact your primary care physician for suggestions on how to best manage this issue.

After the procedure, you should resume your regular medications as you are prescribed if those medications were stopped before the injection.

*If you do not understand any part of the above material, please discuss it with your physician or physician assistant*

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