

ASCENSION ST VINCENTS

OCCIPITAL NERVE BLOCK PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An occipital nerve block is a procedure used to help treat headaches and neck pain by numbing one or both occipital nerves in the back of the head. This procedure is commonly performed for occipital neuralgia, migraines, tension headaches, or pain that starts in the neck and radiates toward the scalp.
- During the procedure, a radiologist targets one or both occipital nerves in the back of the head. The skin is cleaned with antiseptic, and local anesthetic is used to numb the skin. A small needle is then advanced to the area around the occipital nerve. A mixture of long-acting anesthetic and steroid is injected to reduce inflammation and block pain signals.
- The procedure usually takes about 10–20 minutes.
- Many patients experience pain relief shortly after the injection due to the anesthetic. Steroid medication may take 1–3 days (sometimes longer) to provide longer-lasting relief.

Benefits:

- Can reduce headache and neck pain associated with occipital neuralgia, migraines, or tension headaches.
- Minimally invasive procedure performed with a small needle.
- May provide rapid pain relief from the injected anesthetic.
- Steroid medication may provide longer-lasting relief by reducing inflammation.
- May decrease the need for oral pain medications in some patients.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby blood vessels or nerves can occur but is uncommon.
- Headache, dizziness, temporary numbness or tingling of the scalp or surrounding area, and temporary weakness or altered sensation in nearby areas can occur.
- A brief increase in pain (“steroid flare”) can occur for 1–2 days in patients receiving steroid medication.
- Hair thinning or skin color changes at the injection site can rarely occur with repeated steroid injections.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.

- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.

Alternatives:

- Oral medications such as anti-inflammatory drugs, muscle relaxants, or headache medications.
- Physical therapy or massage therapy for neck-related pain.
- Other injection therapies or nerve blocks, depending on the source of pain.
- Botulinum toxin (Botox) injections for chronic migraine in select patients.
- Lifestyle modifications and headache management strategies.
- Neurology or pain management consultation for additional treatment options.
- Some patients choose no further treatment; however, this may allow symptoms to persist and is generally not recommended.

Aftercare:

- A bandage may be applied over the procedure site. You may remove the bandaging after 24 hours.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Gradually increase your activity level as tolerated.
- It is normal to experience mild pain and bruising after your procedure. You may take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin), or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen, or naproxen soon after your procedure; however, you may experience increased bruising if you do so.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: persistent or significant bleeding; significant swelling; significant pain not responding to over-the-counter medications; signs of possible infection (significant redness or purulent drainage at the site, significant pain, fever, or chills). Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay), 691-1297 (St Johns) or Optimal Imaging (450-6960). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.