



ELPIS PAIN MANAGEMENT CENTER
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OCCIPITAL NERVE BLOCK

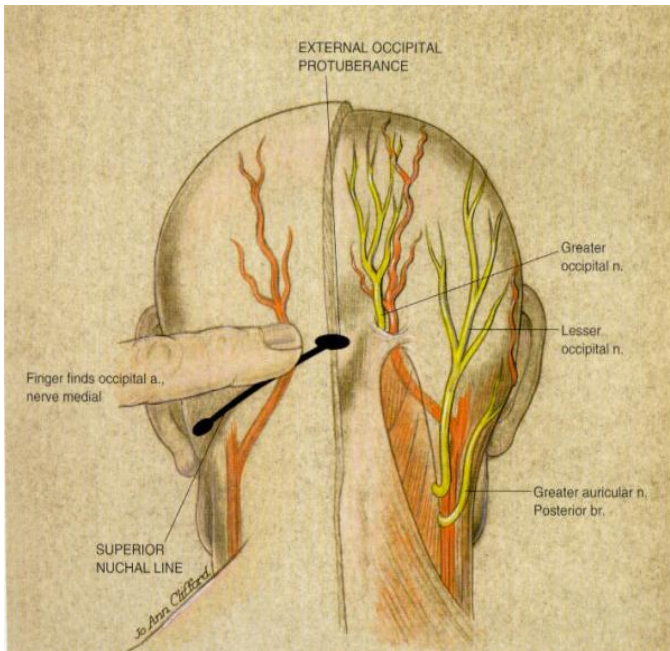
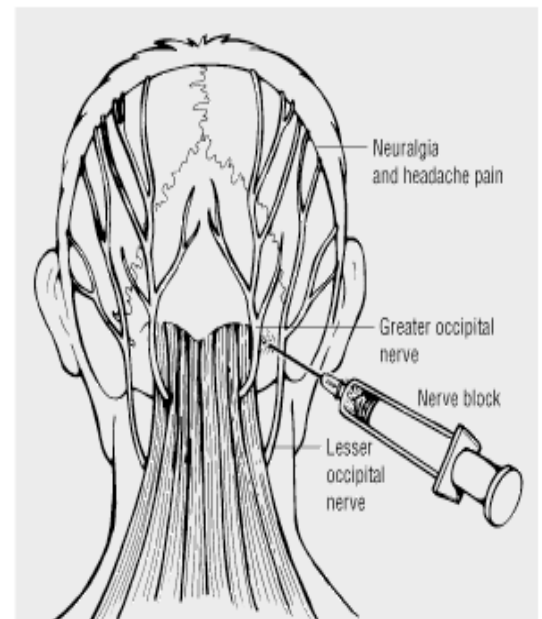


Figure 3. Occipital nerve block. Via a needle inserted at the base of the skull, an anesthetic agent is injected around the origin of the greater occipital nerve.



What is Occipital nerve?

The occipital nerve refers to one of two main nerves of the spine, specifically called the greater occipital nerve and the lesser occipital nerve. Both of these occipital nerves are important in supplying nerve connections to the head and scalp. They originate between the second and third vertebrae of the spine. The greater occipital nerve supplies the top of the scalp, and the area of the head above the ears and over the salivary glands. The lesser occipital nerve supplies the back of the scalp, in the area behind the ears.

What is Occipital nerve block?

Used as a diagnostic tool, the injection confirms if the Occipital nerve is the source of your pain. An anti-inflammatory steroid medication and local anesthetic is injected close to the Occipital nerve. The steroid shrinks swelling around the nerve roots and the local anesthetic numbs the inflamed areas.

What is the purpose of the Occipital nerve block?

The Occipital nerve block is used for both diagnostic purposes and to give a therapeutic response. Your response to the injection determines the next treatment option. One of three things may happen: 1) You receive no benefit – the pain does not go away; this means the pain is probably not coming from the Occipital nerve. 2) You receive some benefit – the pain goes away for a few hours but returns without any change in intensity; this means the pain is probably coming from

the Occipital nerve but the steroid was not beneficial. 3) You receive definite benefit – the pain goes away, may return, but gets better gradually over the next few days.

How is the Occipital nerve block performed?

The skin is cleansed with an anti-septic solution and numbed with anesthetic. This is felt as a stinging / burning sensation. The doctor will insert the needle into the appropriate location. The procedure takes about 5-10 minutes. You will be discharged when the physician authorizes.

What are the risks of the procedure?

Some risks, although remote include: bleeding, infection, organ injury, nerve injury and allergic reaction to the medication(s) etc. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1-2 weeks.

BEFORE YOUR PROCEDURE

1. **Bring your insurance card(s) with you. Leave your valuables at home.**
2. Arrive at **ELPIS PAIN MANEGEMENT CENTER, 4122 KEATON CROSSING BLVD, SUITE 102, O’FALLON, MISSOURI 63368.**
3. You will need a driver to bring you and wait for the duration of your stay here at the Pain Center. You need a driver due to the anesthetic used in the procedure, not due to sedation.
4. **If you prefer to have Intravenous (IV) sedation for your procedure** you are allowed to have solid foods (this includes milk and soup) as long as you **finish eating 8 hours before your procedure.** This means you can have a full breakfast at 6 am if you have a procedure at 2:00 pm. You can also have clear liquids (including jell-o, soda, water, certain clear juices like apple, cranberry grape and other without pulp – no orange or tomato juice) as long as you finish these 2 hours before your procedure. This means that you can have black coffee, jell-o or a glass of water at 12:30 pm before your 2:30 pm procedure.
5. You should take all your morning medicine (except diabetic medicine, if you are having IV sedation) with a sip of water atleast 3 hours before the procedure. We ask that you bring an up-to-date, current list of your medicines every time you come for a procedure or office visit. This is due to the fact many of our patients have multiple doctors and often have their medicines change.
6. Please notify us if you are **pregnant**, allergic to contrast dye, or iodine.
7. It is necessary for you to stop taking blood thinners for this procedure. (**Ibuprofen, aspirin, coumadin, heparin, lovenox, plavix, aggrenox, etc.**) Before stopping, you should discuss this with your primary doctor to make sure it is alright to do so. **IT IS EXTREMELY IMPORTANT FOR YOU TO NOTIFY US IF YOU ARE OR HAVE BEEN TAKING BLOOD THINNERS!!**

AFTER YOUR PROCEDURE

1. Pain relief may not be immediate. If pain relief is immediate, it may return within several hours. Sometimes, the pain becomes worse for the next day or two following the procedure. You are expected to recall the duration and effectiveness of the pain relief during and immediately after the procedure.
2. We will keep you in recovery until you are stable. Usually 15 minutes for patient’s not receiving IV sedation and 30 minutes for those who do. We will bring your driver or family member back to you in recovery.
3. Your vital signs will be monitored by the nursing staff and we will also make your next appointment for you before you leave.
4. **When you first begin to walk, it is important that you ask the nurse for assistance.**
5. You may not drive; operate heavy machinery or power tools for at least 8 hours after your injection.
6. You may resume your normal medications (except blood thinners-be sure to check with your nurse regarding when and if you may restart these medicines.) You may want to take it easy for the day of your injection; however normal everyday activity is encouraged for the days following.

WHAT TO EXPECT

How quickly can I expect pain relief?

Most patients can expect pain relief within the first 15 to 20 minutes after the injection of local anesthetic. This pain relief may only last several hours; however, if the physician has also used steroid medication, you may also receive some pain relief that will begin roughly 36 hours after the injection. Duration of pain relief is somewhat variable, as it differs from patient to patient.

How much relief will I get & how long will it last?

Relief varies from one person to the next. The steroid may take several days to work and peaks in about 2 weeks. Therefore, it may be several weeks before you feel a change in your pain. After the first day, you can perform activities as before and return to work.

You may notice your pain increase in the next day or two following the procedure. This is normal. If you experience severe neck or back pain, new numbness or weakness of your arms or legs, loss of control of your bladder or bowels, or have signs of infection (temperature greater than 99.9° , drainage, redness/heat at insertion site) – **CALL IMMEDIATELY**. If you experience pain at the injection site, you may apply ice to the affected area for 20 minutes every 2 hours. No heat is to be used on the injection area for the remainder of the day. No tub bath or soaking in water (pools/Jacuzzi, etc) for the remainder of the day. After the first day, you can perform activities as before & return to work. You may receive an appointment to have another injection or an office visit. If you have any questions at this time, don't hesitate to ask.

Please be aware that if you are a Diabetic the use of steroids will elevate your blood sugar, so close monitoring of your glucose by you and your PCP is recommended. If you are on Insulin, it is recommended to contact your PCP prior to the procedure for any adjustments in your Insulin dosing.

NOTE: YOUR PROCEDURE WILL BE CANCELLED IF:

You have an active infection, flu, cold, fever, or very high blood pressure.

You do not have a responsible driver to take you home, arrive late for your procedure

You are unable to follow the medication / fluid restrictions.

Call the office at (636) 329 - 9077 for procedure related questions.
