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NEWSLETTER



VOLUME 2

NUMBER 6

Greater Occipital Nerve Block Helpful for Occipital Neuralgia

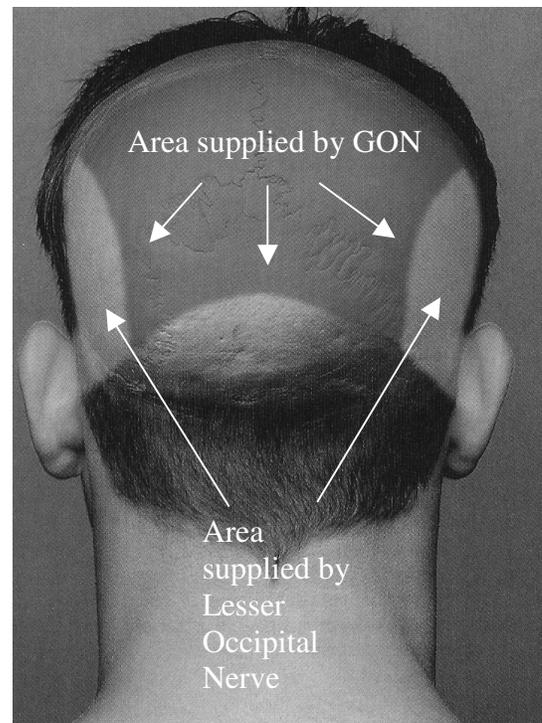
The greater occipital nerve (GON) arises from fibers of the dorsal primary ramus of the second cervical nerve and to a lesser extent from fibers of the third cervical nerve. The nerve then travels past the nuchal ridge along with the occipital artery. It supplies sensation to the medial portion of the posterior scalp up to the vertex.

Greater occipital nerve block (GONB) has been used for decades in the diagnosis and management of occipital neuralgia. We have also used the technique to alleviate pain arising from cervicogenic and tension headaches. The block can also be used in the treatment of whiplash injuries but strong clinical evidence does not support its use.

The technique of GONB is relatively straightforward. The patient is placed in a sitting position with the cervical spine flexed and the forehead on a padded bedside table. A total of 6-8 ml of local anesthetic combined with a small quantity of depo steroid is injected. The occipital artery is palpated at the level of the nuchal ridge and a 25 gauge 1.5 inch needle

is inserted perpendicular to the skin. A fanlike injection is then carried out from medial to lateral taking care not to enter the foramen magnum.

Side effects and complications are very low however post-block ecchymosis and hematoma formation may occur. Because of the proximity of vascular structures, local anesthetic toxicity may occur with inadvertent vascular injection. The block is also generally painful due to the non-distensible nature of the fascia at this location.



For Information and Referrals:

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