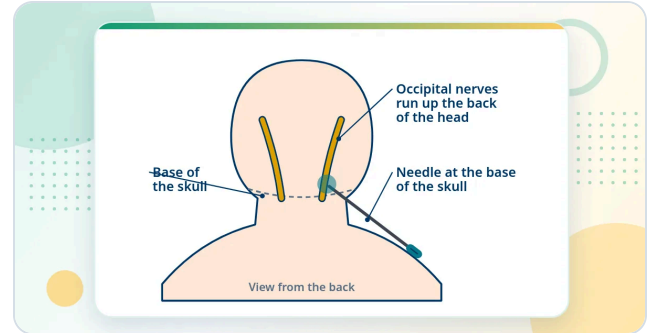


Occipital nerve block & RFA

The occipital nerves run from the top of the neck up into the scalp at the back of the head. When they are irritated, they can cause sharp, shooting or burning pain at the back of the head, called occipital neuralgia. Headaches can also start from the neck, called cervicogenic headache. An occipital nerve block places numbing medicine, and sometimes a steroid, near these nerves. It may ease pain and help confirm where the pain comes from. For some people whose relief from the block is short-lived, occipital nerve radiofrequency ablation (RFA) may be an option.



At GSMC: all GSMC providers evaluate patients and help decide which options may fit, at any of our 7 offices. Results vary.

What it is

- **Occipital nerve block:** an injection of numbing medicine, often with a steroid, near the greater and/or lesser occipital nerves at the back of the head. It is usually done in the office, often with ultrasound guidance.
- **Occipital nerve RFA:** uses radio waves to treat the nerve so it sends fewer pain signals. This may be done with heat (conventional RFA) or with short bursts of energy that do not destroy the nerve (pulsed RFA). For cervicogenic headache, RFA may instead target small nerves to the upper neck joints, such as the third occipital nerve, after a matching test block.

Research on occipital RFA is still limited, and it is usually considered only after blocks help but do not last.

Who it may help

Common symptoms include:

- Sharp, shooting, electric or burning pain starting at the base of the skull
- Pain that spreads over the back or side of the head, sometimes behind the eye
- Scalp tenderness, sometimes with pain when brushing hair or lying on a pillow
- Headache that starts in the neck and gets worse with certain neck movements or positions

A block may help people with occipital neuralgia or cervicogenic headache that has not improved enough with medicines, therapy or posture changes. RFA may be considered for some people who get clear but short-lived relief from blocks.

What to expect

Step 1: The occipital nerve block. 1. We review your headache history, exam and any imaging, and make sure other causes have been checked. 2. You sit or lie face down. The skin at the back of the head is cleaned. 3. Using ultrasound guidance or landmarks, your physician places a thin needle near the nerve and injects the medicine. This takes a few minutes. 4. You track your pain over the next hours and weeks.

Step 2: RFA, for some people. 1. If blocks give clear relief that does not last, RFA may be discussed. 2. The skin is numbed, and light sedation may be offered. 3. Using ultrasound or X-ray guidance, a thin RF needle is placed near the target nerve. A test confirms the position. 4. The nerve is treated with radiofrequency energy. You go home the same day with a driver.

Recovery

- After a block, numbness of the scalp is common for a few hours. Most people return to normal activities the same or next day.
- A steroid, if used, may take a few days to work.
- After RFA, soreness or a sunburn-like feeling on the scalp can last a few weeks. Relief, if it happens, may build over a few weeks.
- Keep a headache diary so we can judge the response.

Is it right for me?

May be a good fit: people with occipital neuralgia or cervicogenic headache whose exam points to these nerves or neck joints and who have not improved enough with other care.

A new or changing headache pattern needs a full evaluation first.

Risks

Block: soreness, bruising, brief dizziness, infection (uncommon) and, if a steroid is used, small patches of skin thinning or hair loss at the site (uncommon).

RFA: soreness, scalp numbness, a burning or sunburn-like feeling, and, rarely, nerve pain that is worse for a time (neuritis) or a painful nerve growth (neuroma). Pain may not improve, or may come back. We will review your specific risks.

Other options

Other options may include headache medicines, physical therapy and posture work, trigger point injections, Botox for some types of chronic headache, peripheral nerve stimulation or a referral to a neurologist.

Questions people ask

What is occipital neuralgia? It is sharp, shooting or burning pain from irritated occipital nerves, usually

starting at the base of the skull and spreading over the scalp.

What is cervicogenic headache? It is a headache that starts from a problem in the neck, such as the upper neck joints, and is felt in the head.

Insurance and cost

GSMC participates with all Aetna plans, including Aetna HMO, and many other plans. Coverage depends on your plan and may need prior authorization. Our team checks your benefits before treatment.

When to call us: fever or chills; redness, swelling or drainage where a needle or device was placed; new or worse pain, numbness or weakness. **Call 911** for chest pain, trouble breathing, or sudden loss of bladder or bowel control.

Call 732-202-3000

One number for all 7 GSMC offices:

Toms River · 1314 Hooper Ave, 1st Floor

Brick · 1608 NJ-88, Suite 102

Whiting · 1100 NJ-70, Entrance B

Barnegat · 249 S Main St, Suite 5

Manahawkin · 1109 Beacon Ave

Freehold · 322 Professional View Dr, 300 Bldg, 2nd Fl

West Long Branch · 100 NJ-36, Suite 1K

gsmedicalcenter.org/treatments/occipital-nerve-block-radiofrequency-ablation/



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