

Greater Occipital Nerve Block

This leaflet explains about having a Greater Occipital Nerve Block, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to your clinician.

What is a Greater Occipital Nerve block?

The nerve block is an injection around the Greater Occipital Nerves. The injection contains a small amount of local anaesthetic (Lignocaine) and a steroid (Depo-Medrone) which are injected together around the nerve.

The Greater Occipital Nerves travel up on each side of the back of the head. This nerve is often oversensitive in people with frequent headaches and the Greater Occipital Nerve Block helps by reducing the level of the pain for a period. The injection may be on one or both sides depending on where your headache is. These injections are done commonly in headache services around the country.

Why should I have a Greater Occipital Nerve block?

It has been shown that in about 60% of patients with migraine this injection reduces the pain. In other types of headaches the percentage can be higher than that. 35% of patients with migraine do not have an improvement in their headache and in 5% it can worsen your headache temporarily for a few days, up to a week. The benefits can last from a few days up to 8 to 12 weeks.

What happens during the Greater Occipital Nerve block?

You will be sitting in a chair and the clinician will stand behind you. The area where the nerve is will be cleaned and then the injection is carried out. During the injection you may be able to feel the small amount of fluid being injected. After the injection the area will be massaged gently to disperse the fluid around the nerve.

Will I feel any pain?

The injection hurts briefly like any injection, but the pain goes quickly because of the local anaesthetic. You may have a small, bruised feeling or bump around the injection site(s) for a couple of days afterwards.

What happens after the Greater Occipital Nerve block?

We ask you to stay in the Day Unit for 15 minutes after the injection to make sure you feel well. When you are ready to go, please let our staff know that you are ready to leave.

What are the risks?

There is a small risk of a bruised feeling or a small bump around the injection site. This normally goes in a few days. There is also a small risk of hair loss (less than 2%) at the injection site only. The area is usually less than 2cm². After the injection very few people feel nauseous or light headed. This should clear quickly.

Are there any reasons why I might not be able to have a Greater Occipital Nerve block?

Yes, you could not have the nerve block if you had previously had surgery at the back of your head. If you are currently on Warfarin, we will not be able to carry out the injection unless you have discussed it with one of our headache team first on the contact number below.

Are there any alternatives?

Yes, there are many types of headache treatment. Please discuss alternative treatment plans with your clinician.

How can I prepare for a Greater Occipital Nerve block?

You do not need to prepare in any way for the nerve block.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

Can I drive home?

It is safe to drive after the injection if you feel well.

Will I have a follow-up appointment?

Your next appointment will be with the clinician who requested the Greater Occipital Nerve Block.

Useful sources of information

Migraine Trust

<https://www.migrainetrust.org/>

Contact us

If you have any questions or concerns about the Greater Occipital Nerve Block, please contact the Headache Service on 020 8725 4630 (Monday to Friday, 9am to 5pm).

For any booking queries relating to Greater Occipital Nerve blocks please call 020 8725 5188.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

References

Peres, MA Stiles, HC Siow, TD Rozen, WB Young, SD Silberstein (2016) Greater Occipital Nerve Blockade for Cluster Headache Cephalalgia Vol 22, Issue 7, pp. 520 - 522

Weibelt, S., Andress-Rothrock, D., King, W. and Rothrock, J. (2010), Suboccipital Nerve Blocks for Suppression of Chronic Migraine: Safety, Efficacy, and Predictors of Outcome. Headache: The Journal of Head and Face Pain, 50: 1041–1044.



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