



# Occipital nerve block

**This information sheet explains about occipital nerve block injections and how they can reduce severe headaches in children. It also gives guidance on what the procedure involves and what to expect when your child comes to Great Ormond Street Hospital (GOSH) to have the injection.**

## **What is an occipital nerve block and why does my child need one?**

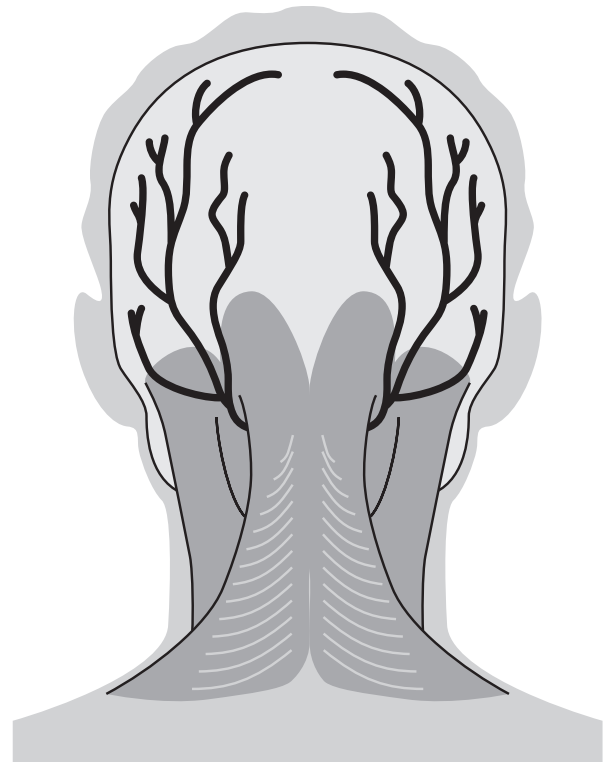
An occipital nerve block is an injection of steroid (methylprednisolone) and local anaesthetic (lidocaine) around the occipital nerve. The occipital nerve runs from the back of the neck, up and over the top of the head. The injection is carried out as a day case, that is, your child will have the injection and then be able to go home later that day.

An occipital nerve block injection is a minor procedure that can be very effective so is worth trying. They are particularly successful for children with one-sided headaches or headaches where the scalp is tender. However, they do not work for everyone, in which case, other treatments will be suggested.

## **What happens before the injection?**

You will have received information about how to prepare your child for the test in your admission letter. Your child should have a light breakfast and take his or her usual medicines as normal on the morning of admission. Please bring all your child's medicines with you when you come to GOSH. Your child will be checked by a nurse to make sure he or she is well enough for the injection.

The doctors will explain the procedure to you in detail and they will ask you to give permission for the injection by signing a



consent form. This will either already have been discussed before your child is admitted, or when your child's doctors see you when you arrive on the ward. If your child has any medical problems, including allergies, please tell the doctor. Sedation is not usually needed for the injection, but if your child is worried, please discuss this with the doctor.



## What does the injection involve?

Your child will be asked to sit on the bed and keep as still as possible for the injection. The doctor will clean the area with antiseptic solution which may feel a bit cold. He or she will then stand behind your child and inject a combination of local anaesthetic and steroid medicine around the occipital nerve. This can be uncomfortable as the injection irritates and numbs the nerve. The injection is done above the hairline.

## Are there any risks?

It is uncommon for children to have any problems following the injection as it is regarded as a fairly minor procedure. However, no procedure is risk-free, and there is a very small chance that the injection site could become infected as the skin is broken. There may be an allergic reaction to the medicines used in the injection, which would result in redness and itching. This is not serious but we will need to know if an allergic reaction occurs for future treatments. Please check the injection site daily and contact us if the injection site looks red or feels hotter than the surrounding skin. Your child may feel some discomfort around the injection site but this should only last a short time. If the pain lasts longer than a couple of days or is severe, please contact your family doctor (GP).

After the injection, some children feel dizzy, faint or have a stiff neck. These feelings can be helped by keeping moving.

There is a small chance of a small patch of baldness – about the size of a one pence coin – at the site of the injection.

## What happens afterwards?

Your child will be asked to lie down for a few minutes after the injection and then stay on the ward for an hour or two to make sure that he or she is well enough to go home. Your child should stay at home for the rest of the day, try to resume normal activities as much as possible but avoid doing anything too strenuous. He or she should take regular pain medicine as usual. The back of the head where the injection was given might ache a little but regular pain medicine is usually strong enough to deal with this.

As your child's pain decreases, he or she should gradually increase activity. Simple things like a daily walk, using an exercise bike or going for a swim will help muscle tone and strength. Your child should increase activity slowly and gradually, avoiding 'boom and bust', where he or she does too much exercise on a good day and feeling unable to do much the following day.

About two weeks after the injection, please ring the Children's Headache Clinic to discuss your child's progress.

## How will I know if the injection has been helpful?

After the procedure, the nurses will give you a form to fill in two to three weeks after the injection. The injection is judged to be successful if the severity or frequency of disability is halved.

### Useful numbers

**GOSH switchboard:** 020 7405 9200

**Children's Headache Clinic:** ext. 0182

**Clinical Nurse Specialist:** ext 1333

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