

Occipital Nerve Steroid Injection LAND MARK GUIDED

GP Referral and Patient Information/Consent Form

GENERAL PRACTITIONER REFERRAL SECTION

1. Patient's Name: _____
2. Patient's D.O.B: _____ Patient's phone no: _____
3. Symptomatic side of occiput: Right Left Bilateral
4. Brief history of complaint: _____

5. Unilateral or bilateral pain in the occipital distribution: No Yes
6. Paroxysmal pain lasting seconds to minutes: No Yes
7. Severe shooting or sharp pain: No Yes
8. Dysthesia or pain during scalp stimulation No Yes
9. Tenderness over the affected nerve branches No Yes
10. Is the patient on anti-platelet or anticoagulation? No Yes
If yes: Name and dose medication _____
Indication for medication _____
11. Is the patient diabetic? No Yes
If yes: Is this patient on insulin? _____
What is the BSL control? _____
12. Is this patient on immunosuppressants? No Yes
13. Any other relevant clinical history? _____

GP Name: _____ GP Signature: _____ Date: _____

Occipital Nerve Steroid Injection LAND MARK GUIDED

PATIENT INFORMATION and CONSENT SECTION

What is occipital neuralgia?

Our current understanding of occipital neuralgia is that injury to the occipital nerves causes pain across the back of the head (the occipital area). The occipital nerves may be injured through chronic instability, entrapment, trauma or inflammation. The pain of occipital neuralgia usually has a sudden onset and is described as severe, stabbing or shock-like. The pain tends to spread from the top of the neck to the crown of the scalp. Pain may come on spontaneously or be triggered by brushing the scalp or neck movement. The pain usually affects one side of the head (unilateral) but may also affect both sides (bilateral).

What is an occipital nerve injection?

An occipital nerve injection may be recommended by your doctor to both help diagnose and treat occipital neuralgia. If the injection temporarily eases the pain in the back of the head, the diagnosis of occipital neuralgia is confirmed.

During this injection, a mixture of local anaesthetic and steroid is introduced to the area around greater and lesser occipital nerves. The local anaesthetic may give some immediate pain relief, but will wear off after some hours. The steroid is designed to reduce inflammation around the nerves and give more lasting pain relief. The effect of the steroid may lag by 1-2 days.

Ultrasound guided versus landmark guided injection

The injection can be performed with ultrasound guidance or using anatomical landmarks to guide the injection. To date, research has not demonstrated that one technique is significantly more effective than the other. At the Pioneer Health Musculoskeletal Injection Clinic we prefer to guide the injection by using anatomical landmarks. If you wish for an ultrasound guided injection, please ask your GP to refer you to the local specialist radiology provider.

What can I expect from an occipital nerve steroid injection?

The proposed injection is a minor, practice based procedure performed by an experienced clinician. After completing the informed consent process, your doctor will examine the back of your head, and using anatomical landmarks, mark the location of the occipital nerve branches. The doctor will then use a sterile technique, which involves cleaning the skin over the injection site with antiseptic solution. The injection is slightly painful. A mixture of local anaesthetic and steroid is injected at two locations.

Following the injection, pain relief from the local anaesthetic may be immediate, but will wear off after some hours. The effect of the steroid may lag by 1 to 2 days. It is important to understand this injection does not come with a guarantee of symptom relief. Most patients have significant relief, but this does not apply to all patients. Also, the length of pain relief varies from patient to patient. Some patients obtain pain relief of some months. Others have more short term pain relief of some days to weeks.

What are the risks of an occipital nerve steroid injection?

Like any procedure, this injection does have potential complications. These are:

- **FAILURE** A small number of patients may gain no pain relief, or only short term pain relief. This may be because the injection was not correctly sited, or because there is another condition causing occipital pain, such as arthritis of the neck.
- **BRUISING AND BLEEDING** A small bruise may form around the injection. More severe bleeding complications, such as a haematoma, may occur if you are on blood thinners or have a bleeding disorder. If you are taking blood thinners, please discuss this with your doctor before the injection. You may be advised to stop your blood thinner some days before the injection and then restart the blood thinner immediately after the injection. However, such advice will be individualized to your specific circumstances.
- **INFECTION** This is probably the most severe potential complication. The incidence of the injection introducing infection is very low. We give the injection using a sterile technique to avoid this complication.
- **DISRUPTION OF BLOOD SUGARS** This is generally only an issue for diabetic patients. If you have diabetes, please be aware that your blood sugars may run higher some days after the injection.

How much will the occipital nerve injection cost?

Fee	Medicare Rebate	Out-of-pocket cost
\$120	\$39.10	\$80.90

This price will cover the doctor's and nurse's time, all consumables and the local anaesthetic and steroid to be injected.

What should I do after my occipital nerve injection?

- You should be able to return to normal activities after your injection.
- If you have obtained significant pain relief following your occipital nerve injection, then it is likely that you have occipital neuralgia.
- If you have stopped a blood thinner ahead of your injection, please restart this blood thinner promptly following the injection.
- If after your injection you experience increasing pain or swelling of the neck or back of head, or develop fevers, please promptly contact the Musculoskeletal Injection Clinic at Pioneer Health Albany.
- Finally, we would like to hear if your injection has helped with your symptoms. We will be contacting you via a phone call in one week to see how you are progressing. Please let our reception know if you do not wish to be contacted.

If you have any questions about the above, please discuss these with your GP or with the doctor on the day of the injection.

I have read and understood the above and hereby consent to proceed with the procedure of occipital nerve steroid injection.

Patient Name: _____ Patient Signature: _____ Date: _____

Doctor Name: _____ Doctor Signature: _____ Date: _____