

Occipital Neuralgia

A Cause of Neck Pain and Headaches

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Condition Sheet



If you are experiencing neck pain and pain in the back of your head that shoots to the top of your head, you may be suffering from occipital neuralgia.

Patients with occipital neuralgia can go undiagnosed and suffer for many years because symptoms can mimic more common headaches such as migraines. However, the treatment for occipital neuralgia is specific, making an accurate diagnosis essential for pain relief.

Once diagnosed, occipital neuralgia typically responds well to treatment. Our network of pain management physicians can offer you the most advanced non-surgical options available, enabling you to return to an active lifestyle.

What is occipital neuralgia?

Much of the feeling in the back and top of the head is transmitted to the brain by the two occipital nerves, which emerge from the spine in the upper neck and travel to the top of the head.

Irritation of an occipital nerve anywhere along its course can cause a shooting or stabbing pain in the neck, radiating over the head. Between bouts of shooting pain, there also can be a constant ache. Sometimes, the pain is referred to behind the eyes. Other symptoms can include dizziness and nausea.

Occipital neuralgia is the neck/head pain that results from injury or irritation to the occipital nerves. It can be caused by trauma, such as a car accident, by a pinched nerve

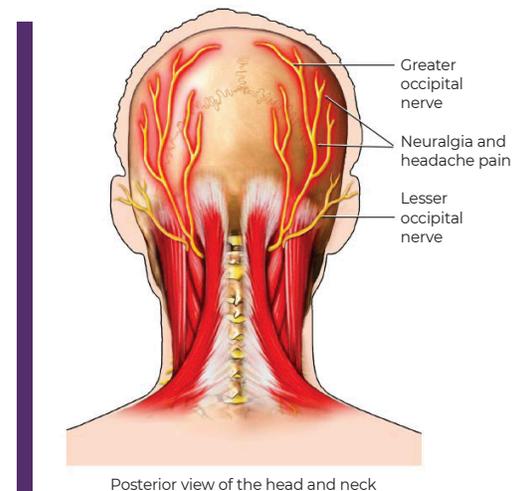
root in the neck (from arthritis, for example) or by “tight” muscles at the back of the head that entrap the nerves.

The need for an accurate diagnosis

Because it may be difficult to distinguish occipital neuralgia from other types of headaches, diagnosis can be challenging. Your physician will take your complete medical history and perform a physical examination to aid in diagnosis. Imaging studies (MRI, CT scan, etc.) are sometimes useful in identifying correctable causes of this type of headache.

The importance of treatment

The goal of treatment is to alleviate the pain. Sometimes, symptoms



Posterior view of the head and neck

will improve with the use of anti-inflammatory medications and physical therapy.

If these more conservative measures fail, an occipital nerve block enables the physician to precisely identify the exact source of the pain. The nerve block injection places temporary numbing medicine in the area of the nerve believed to be causing the pain. If the result is pain relief, the source of pain can be confirmed. The injection also contains a corticosteroid medication to reduce inflammation and provide long-lasting relief.

Although the corticosteroid medication does not change

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the underlying problem, it can break the cycle of irritation and pain, allowing the body to begin healing. The injection is guided by fluoroscopy (live x-ray) to ensure accurate needle placement. Pain relief usually occurs within 48 hours.

In addition to injections, a radiofrequency neurolysis* procedure may be recommended to offer prolonged relief that you may not otherwise achieve. Radiofrequency uses heat created by a special generator

to desensitize specific nerves and interfere with their ability to transmit pain signals. A radiofrequency procedure typically provides relief for 6 to 12 months, and for some up to two years and beyond.

Another option might be occipital nerve stimulation, which uses a small implanted electrical device to interrupt pain signals to the brain. The device is usually permanent, although it can be easily removed.

The headaches and inflammation caused by chronic occipital neuralgia can be disabling if left untreated. Our network of board-certified physicians are experts in diagnosing and treating a variety of headache pain and specialize in difficult-to-treat conditions such as occipital neuralgia.

**For more details, ask for an information sheet specific to this condition or procedure.*

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