

E-OUAL EMERGENCY QUALITY NETWORK

Opioid Initiative Wave II – Occipital Nerve Blocks & Low Paraspinous Injections





Presenter



Katherine Vlasica, DO





Occipital nerve blocks and low paraspinous cervical injections

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US Epidemiology

- 2-3% of all ED visits
- 9% males, 20% females
- Higher incidence in:
 - Lower socioeconomic status
 - Elderly
 - Disabled

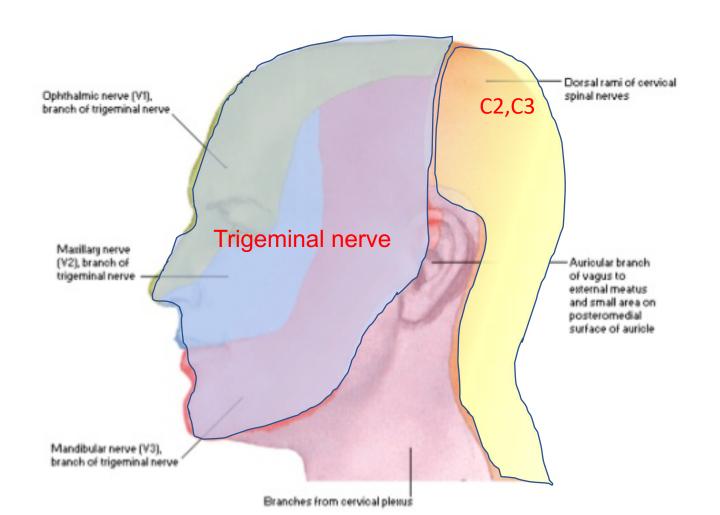








Dermatomes of head and face









Pain pathways

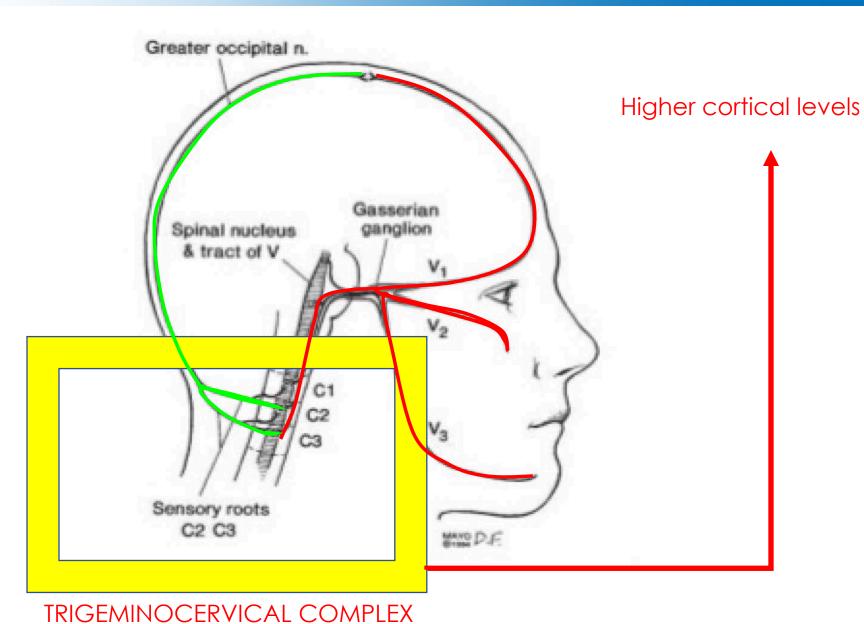
Trigeminal nerve

Occipital nerve

Facial nerve

Vagus nerve

Dorsal roots lower cervical spine







Occipital Nerve blocks Indications

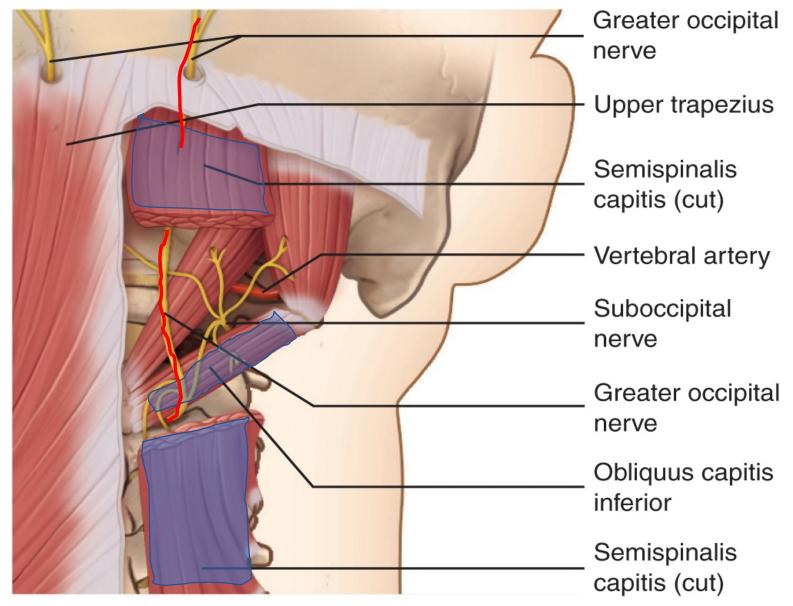
- Primary headache disorders
 - Migraine
 - ▶ Cluster
 - ▶ Chronic daily headache
- Secondary headache disorders
 - Cervicogenic
 - ▶ Post traumatic headache
 - Post Dural puncture headache
- Cranial neuralgias
 - Occipital neuralgia



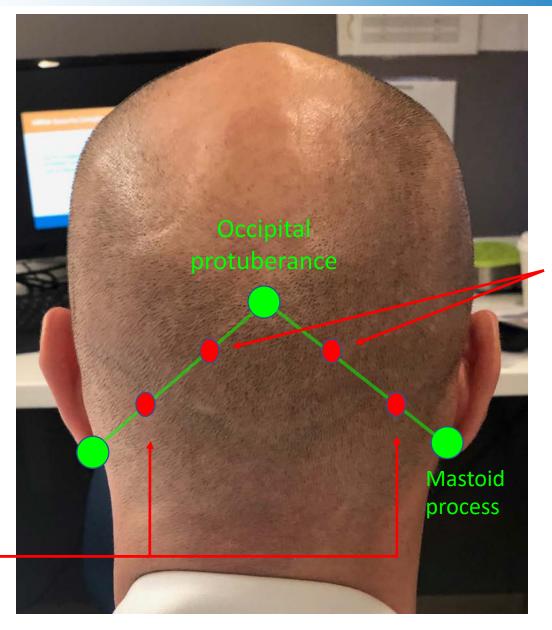


Risks and caution with:

- Allergy to local anesthetic
- Skin infection
- Injury to occipital artery
- Injury to occipital nerve
- Previous craniotomy or known skull defect
- Anticoagulant or antiplatelet use
- Pregnancy
- Prior vasovagal syncope







Greater occipital nerve injection site

Lesser occipital nerve injection site



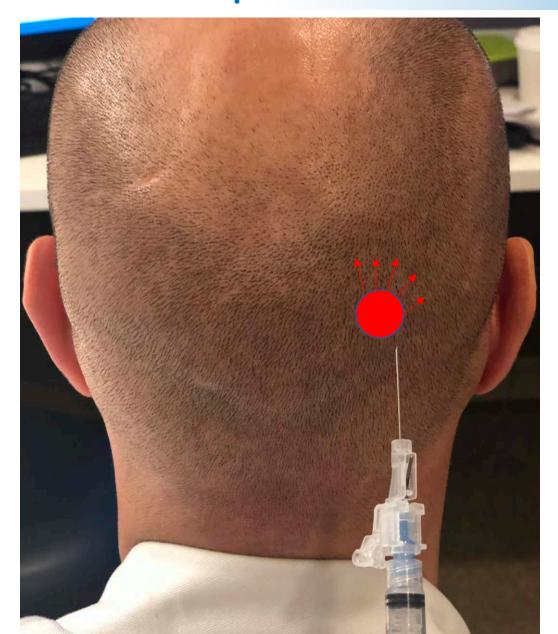


Materials:

- 0.25% or 0.5% bupivacaine or
 1-2% lidocaine
- Alcohol pad, gloves
- 5ml syringe
- 25 or 27 gauge 1.5" needle
- Consent







Aspirate prior to injection!

Localize point of maximum tenderness

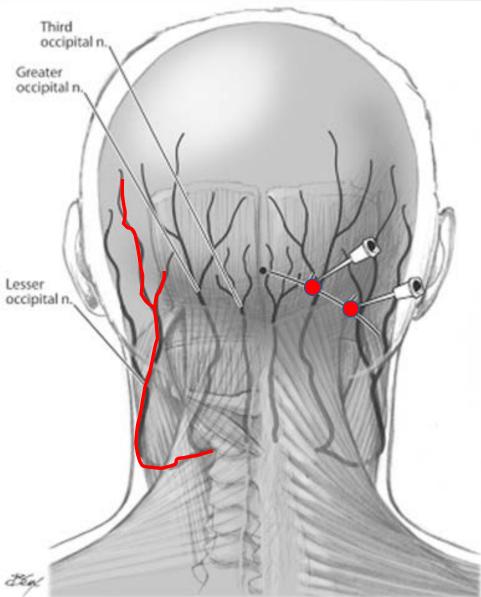
Insert needle pointing upward

Inject 1.5 – 3 ml of medication PER nerve









LESSER OCCIPITAL NERVE

Technique similar to GON injection









Regional Head and Face Pain Relief Following Lower Cervical Intramuscular Anesthetic Injection

Gary A. Mellick DO, Larry B. Mellick MD

First published: 24 November 2003 | https:

J Orofac Pain. 2008 Winter;22(1):57-64.

Treatment of acute orofacial pain with 1-year retrospective review of 114 pages.

Mellick LB¹, Mellick GA.





Treatment of Headaches in the ED With Lower Cervical Intramuscular Bupivacaine Injections: A 1-Year Retrospective Review of 417 Patients

CME

Larry B. Mellick MD, S. Timothy McIlrath MD, Gary A. Mellick DO

First published: 13 October 2006 | https://doi.org/10.1111/j.1526-4610.2006.00586.x | Cited by:14

For CME, visit http://www.headachejournal.org

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Indications:

- Migraine headaches
- Trigeminal neuralgia
- Orofacial pain
- Corneal abrasions
- Post LP headache
- Meningitis

NOT DIAGNOSTIC!





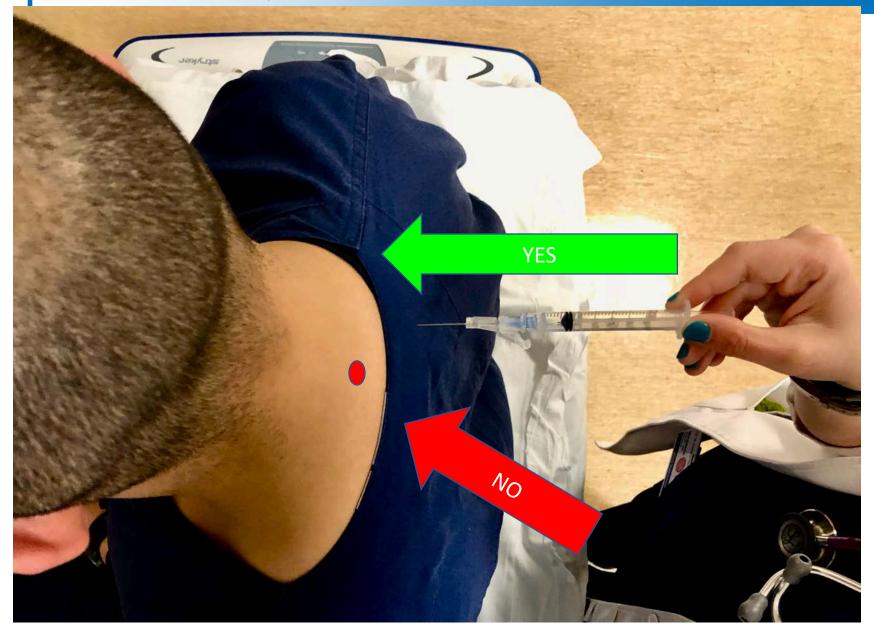


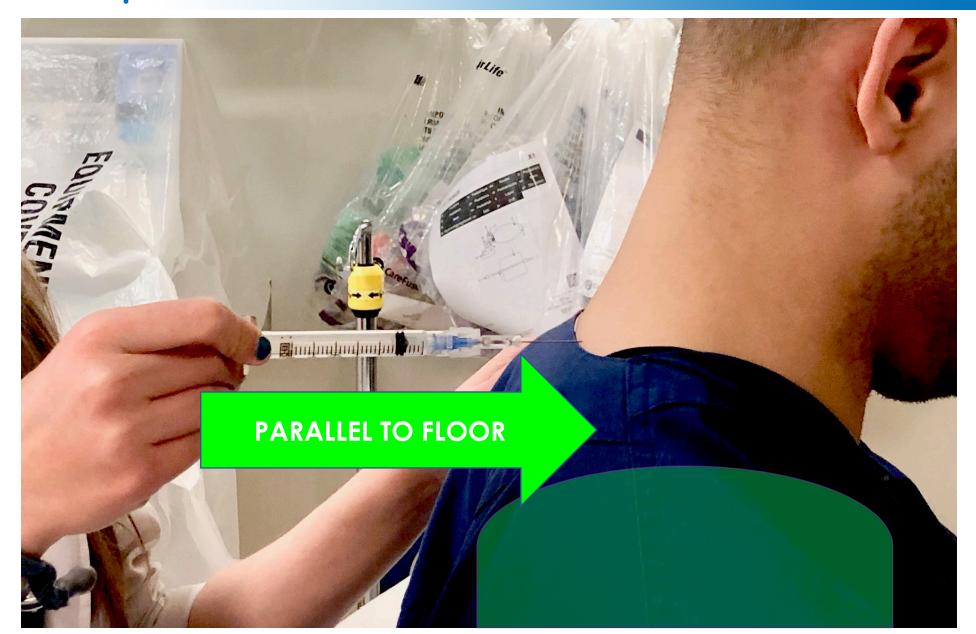
Equipment

- 3ml 0.5% bupivacaine
- 23 or 25 gauge **1.5**" needle
- nice to have: vapocoolant spray















Thank you!

Questions?

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For More Information

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