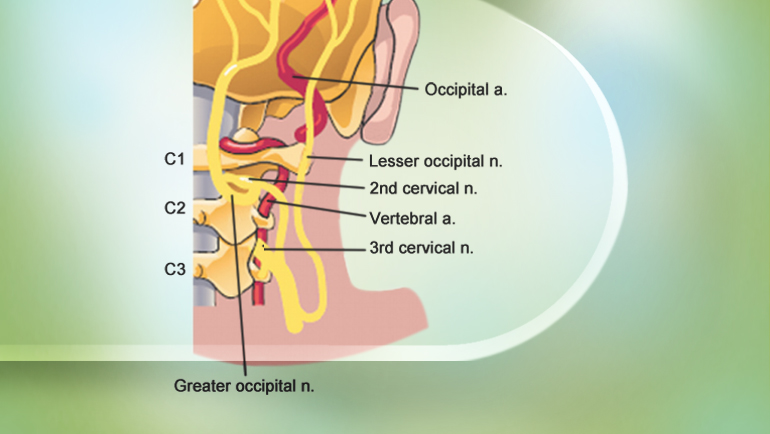
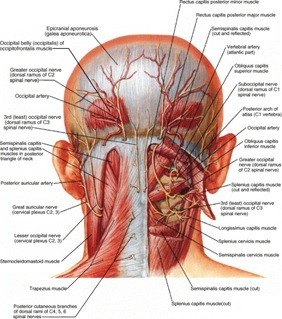
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DR TIM GRICE

INFORMATION SHEET and CONSENT for Pulsed Radiofrequency of the Greater occipital Nerve Injection under Sedation

**Anatomy of the Occipital Nerves**

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The Greater Occipital Nerve originates from the Upper Cervical Spine. The nerve arises from between the first and second [cervical vertebrae](https://en.wikipedia.org/wiki/Cervical_vertebrae), along with the [lesser occipital nerve](https://en.wikipedia.org/wiki/Lesser_occipital_nerve). It ascends after emerging from below the [sub-occipital triangle](https://en.wikipedia.org/wiki/Suboccipital_triangle) beneath the [obliquus capitis inferior](https://en.wikipedia.org/wiki/Obliquus_capitis_inferior) muscle. It then passes through the [trapezius](https://en.wikipedia.org/wiki/Trapezius) muscle and ascends to innervate the skin along the [posterior](https://en.wikipedia.org/wiki/Posterior_(anatomy)) part of the [scalp](https://en.wikipedia.org/wiki/Scalp) to the [vertex](https://en.wikipedia.org/wiki/Vertex_(anatomy)). It innervates the scalp at the top of the head, over the [ear](https://en.wikipedia.org/wiki/Ear) and over the [parotid glands](https://en.wikipedia.org/wiki/Parotid_glands). Disorder of this nerve is one of the causes of [cervicogenic headaches](https://en.wikipedia.org/wiki/Cervicogenic_headache), referred to as [occipital neuralgias](https://en.wikipedia.org/wiki/Occipital_neuralgia). A common site, and usually misdiagnosed area of entrapment for the greater occipital nerve is at the [obliquus capitis inferior](https://en.wikipedia.org/wiki/Obliquus_capitis_inferior) muscle

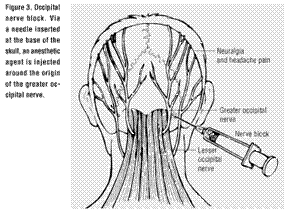
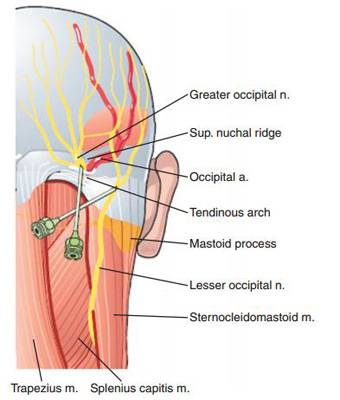
**Why do this procedure? (Indications)**

Pain felt around the occipital (back of head) region is often transmitted to the brain via the Greater Occipital Nerve. Patients suffering from this type of pain are good candidates for an injection to the Greater Occipital Nerve in order to disrupt the pain signals reaching the brain. If the injection contains a long acting steroid such as Betamethasone (Celestone) then patients may get long-term relief. If the patient does have relief from their pain after the injection has been performed but their pain returns at some stage then there are 2 options

1. Repeat the injection – especially if the patient obtained long term relief; or
2. Use the injection as the indication for Pulsed Radiofrequency to the Greater Occipital Nerve to possibly obtain longer term relief (this is a longer term treatment option)

**What is Pulsed Radiofrequency to the Greater Occipital Nerve?**

**The procedure can be performed under X-Ray Guidance (Image Intensifier) or use patient sensory testing. This involves the patient identifying when the needle is close to the needle allowing the procedure to be effective. It is a sterile procedure, which passes a needle through the skin along the bottom of the skull between the midline and the ear (Mastoid Process) Local anaesthetic is usually injected under the skin before the needle is inserted. Once the correct position has been confirmed an electric pulse is applied to the Greater Occipital Nerve in order to inhibit the transmission of pain signals.. If the procedure is successful; there is no way of knowing how long it will last.**



**How effective will it be?**

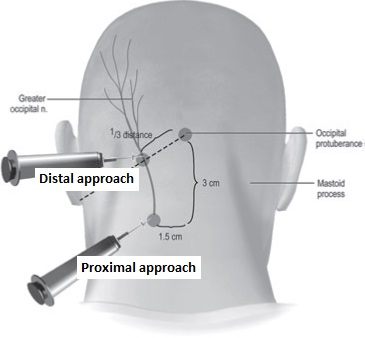
**It is not possible to predict or guarantee the effectiveness of any treatment. However, the fact that this procedure has been suggested means that it may be of use.**

**There are a number of possible outcomes:**

* **It may treat the pain and the pain does not return**
* **It may treat the pain for a short period of time (weeks to months) and then the pain returns either less or the same as before. In this case a repeat procedure could be indicated.**
* **There may be no effect on the pain (failure to confirm the source of the pain)**

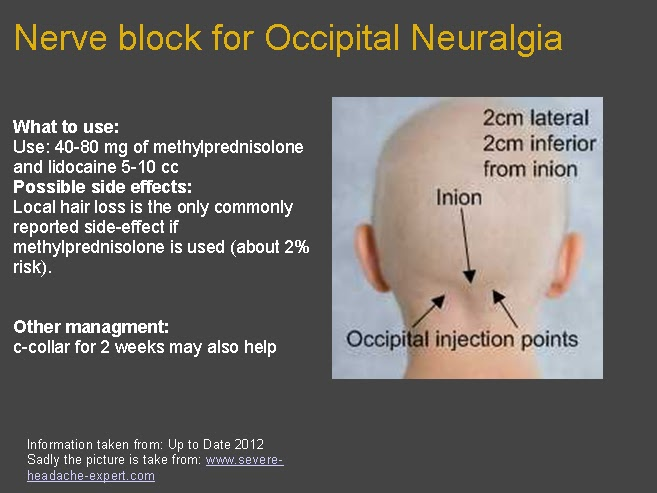
**How is the injection performed?**

**The procedure will be done as a clinic or rarely as a day patient. The** injections may be performed in day surgery using a mobile X-ray machine for guidance, or “blind” in clinic using anatomical landmarks. In theatre, you will be placed onto the procedure table face down, lying on some pillows for your comfort. We need to get you into the correct position before we start the procedure. **As this procedure is usually done under sedation, you will need to starve yourself beforehand, from midnight the night before or morning after a light breakfast if your procedure is in the afternoon or as directed. You may take all your usual painkillers and other medication unless specifically advised. If you are on blood thinning agents (warfarin), please let the doctor know well in advance as special arrangements will have to be made. Please also bring a list of your medications and any allergies. You will need someone to drive you home after the procedure.**

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**Procedure technique**

Before we start the procedure in the operating theatre, a small intravenous cannula will be placed into a vein in your hand. This is routine and allows us to administer any medication including medication for sedation or fluids if necessary. Your lower back will be uncovered and cleaned with an antiseptic solution to prevent infection. Local anaesthetic is then used to numb the skin before starting. Further anaesthetic will then be used to numb the space between the skull and the skin in the region of the Occipital Nerves. A needle is guided into the correct area. Once in the space, a mixture of steroid and dilute local anaesthetic is slowly injected. If you are awake, sometimes a feeling of pressure develops in the skull and neck region – this is usually only mild and temporary.



# After the injection

After the injection, you will be transferred on a trolley to the recovery area where a nurse will measure your blood pressure for approximately 30 minutes. During this time you will be kept lying flat. As long as your blood pressure is stable and there is no numbness or weakness in your legs from the anaesthetic, you will be allowed to mobilise and can go home. There may be some immediate relief in your symptoms due to the local anaesthetic that is injected. This may last a few hours after the injection. The steroid often can take a few days to have an effect so the pain may get worse again before it gets better. The following day someone will phone you to check there are no immediate concerns after your injection. Following this, a follow up appointment for review in the pain clinic will be arranged for you.

**COMPLICATIONS**

This procedure is usually safe and uneventful. However, as with any procedure there is always a small degree of risk.

**Common Complications**

* Continuing pain / no benefit
* Minor bleeding in the area injected
* Bruising in the area injected
* Temporary weakness or numbness from the local anaesthetic
* Brief increased pain that may fluctuate in intensity

**More Serious Side Effects**

* Damage to surrounding structures
* Infection
* Permanent nerve injury
* Allergy to the anaesthetic drugs used as part of the procedure
* Increase of any pre-existing medical condition such as cardiac conditions
* Bruising around the area from needle trauma
* Aspiration during sedation
* Eye injury while lying prone (face down)
* Serious anaesthetic / procedural complications and very rarely death
* Increased lifetime risk of cancer due to X-rays exposure
* Very rare risk of surgery due too injuries from the procedure

Please discuss with your doctor any other questions you may have about this procedure or this information sheet. If you agree to have the procedure, you will be asked to sign a consent form.

If you notice –

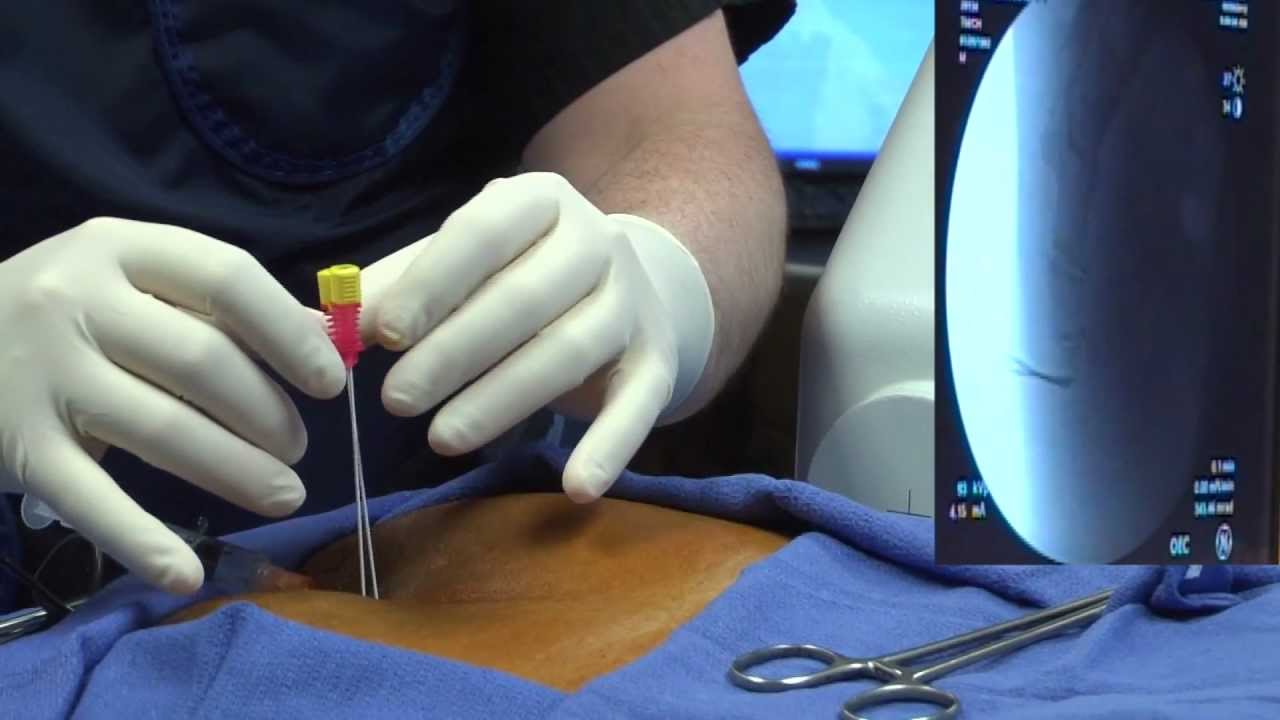
* Any swelling from the site,
* Any bleeding from the site, or
* Have any other concerns,

Please contact your General Practitioner, Queensland Pain Clinic, or the Emergency Department of your local hospital.

Dr Tim Grice Specialist Pain Medicine Physician

Queensland Pain Doctor Suite 4, Level 4. 123 Nerang St Southport, QLD 4215

Phone: 07 5532 0468 Fax: 07 5528 3850 Email: **[admin@qpdr.com.au](mailto:admin@qpdr.com.au)**



**CONSENT**

**I have had time to read and I understand the information and instructions provided to me regarding the Pulsed Radiofrequency to the Greater Occipital Nerve procedure; its risks and post-procedural care.**

**Common Complications:-** Continuing pain / no benefit**,** Minor bleeding in the area injected**,** Bruising in the area injected**,** Temporary weakness or numbness from the local anaesthetic**,** Brief increased pain that may fluctuate in intensity

**More Serious Complications:-** Damage to surrounding structures**,** Infection **,** Permanent nerve injury**,** Allergy to the anaesthetic drugs used as part of the procedure**,** Increase of any pre-existing medical condition such as cardiac conditions, Bruising around the area from needle trauma, Aspiration during sedation, Eye injury while lying prone (face down), Serious anaesthetic / procedural complications and very rarely death, Increased lifetime risk of cancer due to X-rays exposure, Very rare risk of surgery due too injuries from the procedure

**I understand that I have the right at any stage to change my mind even after I have signed this document.**

**I have had time to ask any questions and raise any concerns I have regarding this procedure and its risks with Dr Tim Grice.**

**I understand that there are alternatives to this procedure including; no –treatment, medication and psychological support.**

**I understand that if there were any immediate life threatening Incidents happen during the procedure that they will be treated as part of the procedure.**

**I understand and agree that a sample of my blood can be taken and tested should a member of staff have exposure to my bodily fluids as part of the procedure.**

**I believe that all my questions have been discussed and answered to my satisfactionI**

**I understand that this is not a permanent treatment and the pain may return but repeat procedures may be a treatment option in the future.**

**I consent to this procedure with / without sedation (delete one option)**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT DETAILS

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