**Greater and Lesser Occipital Nerve Blocks**

PREOPERATIVE DIAGNOSIS:----

POSTOPERATIVE DIAGNOSIS: ----

PROCEDURES:-

1.----

ASSISTANT: ----

COMPLICATIONS: ----

ESTIMATED BLOOD LOSS: ---

PREOPERATIVE PAIN LEVEL:----

POSTOPERATIVE PAIN LEVEL:---

RATIONALE :-----

PREOPERATIVE AREA:

  All the risks of injections were discussed with the patient in the preoperative area. Risks included but not limited to stroke, paralysis, infection, hematoma formation, were discussed. The temporary nature of the pain relief was also explained to the patient. The alternative options of conservative care were also discussed with the patient. Patient completely understood and consented for the procedure understanding the risks and the benefits. Patient was also appropriately marked for the planned procedure after obtaining full informed consent.  Patient was then transferred to the operating area.

OPERATIVE PROCEDURE: The patient was taken to the operating suite    he/she was identified by the head nurse and was placed in prone position on a radiolucent table.  Patient’s all bony prominences were padded. Patient is relevant studies were put on display his/ her vitals were being monitored, he/she was administered conscious sedation.  The patient was prepped and draped in the normal sterile fashion. Surgical time out was then performed to confirm the patient's identification, diagnosis, planned procedure and allergies. Surgical site was also properly marked for the planned procedure.

I was then able to go ahead and identify the bony landmarks between the tip of the mastoid process and the inion and I was able to draw a line between them. I was able to mark the entry point for lesser and greater occipital nerve block at the junction of the medial third and the middle third and at the junction of the lateral third and the middle third. I was then able to enter at the marked area with a 25 G needle and a syringe. I was able to infiltrate that area after confirming there was negative aspiration for any blood with around 2.5 mL with a mix of solution which had 1 mL of 1% lidocaine and 1 mL of 0.25% Marcaine and 0.5 mL of 40 mg per mL of Depo-Medrol at that location. Similar injection was carried out at the junction of the lateral third and the middle third. Again I confirmed with the needle that there was negative aspiration of any blood. I was then able to nicely dress the wound with a Band-Aid. There was no blood oozing at that time. The patient tolerated the procedure really well.

After injection the patient’s pain went down from --------- to ------------.  He/she was walking comfortably within half an hour after the injection. He/she was neurologically same as before. He/she was discharged home after observation. He/she was asked to contact us if any fever, increased pain, tingling, numbness or weakness or any signs of infection.  Discharge instructions were also handed over to him/her. He/she will also follow up with us in 1 week.  if any further questions concern in the meantime, they should contact us at Pain Center.