Occipital Neuralgia

The Problem:
• Irritation of one of the occipital nerves causes nerve pain (neuralgia)
• The occipital nerves are located at the lower back of the head
• Pain spreads from the neck ending in the scalp, forehead or behind the eye
• Nerve injury may not be obvious when it occurs – often due to head position during sleep.
• Other causes include head-down position (such as desk work), trauma, arthritis and muscle strain.
• Relief of pain by local anesthetic nerve block is diagnostic of occipital neuralgia

Common Symptoms:
• Headache combined with nerve pain at the lower back of the scalp. Pain can be brief, sharp, jabbing, piercing, electrical or burning
• Pain is usually one-sided – both sides rarely - only if nerves on the left and right are affected at the same time
• Scalp is painful to press on
• Light touch over the scalp causes prickly pain. “My hair hurts”
• Light sensitivity
• One-sided eyelid fluttering or one-sided tearing and blurring of vision during painful jolts
• Severe jolts of pain when pressing on the nerve between the spine and lower back of the head
• Flexing your neck and head down and forward worsens symptoms
What Is Occipital Neuralgia?

Neuralgia means nerve pain. When the superficial nerve originating at the occipital notch (back of the head) is irritated, the term occipital neuralgia is used. There are actually three branches of the occipital nerve and the largest one – greater occipital nerve – is most often affected. Two nerves – left and right – originate at the back of the scalp and radiate over the skull ending just behind each eye. When the nerve is irritated, sharp, shooting, sudden pains are followed by squeezing scalp spasms. Most commonly, only one nerve is affected, so the pain is always on the same side, in the same area. Pain can center at the end of the nerve often causing pain in the temple or in or behind the eye.

Pain causes facial spasms, blurring of vision (due to tearing), and heaviness and twitching of the eyelid. Scalp tension and spasms may last for many minutes and may not clear up before the next nerve jolt hits.

Because pain is felt over the scalp and behind the eye, many people are unaware that the point of irritation is the back of the scalp. They are surprised to see how sore the nerve is when it is pressed against the occipital notch.
When pain is severe, almost continuous, both patients and physicians often mistake it for migraine. Migraine medications and analgesics have no effect on nerve pain – an unfortunate experience for many patients when treated in the emergency room.

Nerve pain is caused by a mechanical stretch or trauma where the nerve is pulled up too tightly against the bone. Simply falling asleep while sitting up, chin on chest, like in an airplane seat, can cause the problem. Most occipital neuralgias are the result of “sleeping wrong”, where people wake up with a stiff neck. Once the nerve is irritated, it becomes swollen and inflamed. Simply putting your head on a pillow can aggravate it and bending or twisting your neck can further irritate it. Patients have gone months and years with severe pain, unresponsive to treatment, simply because the problem was not recognized.

Untreated occipital neuralgia is a potent trigger for migraine and tension type headache and a common reason why those headaches fail to respond to appropriate therapy.
What Can I Do?

Sleep:
• Bed – use a neck splint while sleeping. Leave it on your pillow to remind you to put it on before falling asleep. Neck splint should not be worn when up and about.
• Avoid falling asleep while reading or watching TV unless wearing a neck splint. Otherwise your neck suffers - like falling asleep in an airplane seat.
• Sitting – wear neck splint if you fall asleep on the couch or recliner or if you read in bed. Place a separate neck splint at each site to remind you to put it on before you fall asleep.
• Pillows – don’t prop up pillows- use a single comfortable pillow to avoid bending your neck forward. If you are uncomfortable lying flat with a single pillow, elevate the legs of the head of the bed on 6-inch blocks to keep your head higher than your feet – you’ll breathe better.

Muscle Pain:
• Ice - freeze the occipital nerve at the occipital notch
• Neck muscles – use a neck splint while sleeping or falling asleep in a chair to prevent muscle sprain (similar to what happens to your neck when falling asleep in an airplane seat)
• Muscle sprain:
  - ice or heat to affected muscles
  - when sleeping elevate knees on pillows to relax the long muscles that run up and down your spine
  - analgesics – acetaminophen or non-steroidal anti-inflammatory
  - massage and gently stretch tight and painful muscles as tolerated
**Ergonomics:**

- **Seating** – adjust seating so you can lean back to support your shoulders – similar to sitting in a movie theater.
- **Desk** – use a chair without wheels so you can lean back without pushing away from the desk.
- **Keyboard** – place it on your lap or at lap level so you don’t have to keep your arms elevated.
- **Telephone** – use a wireless headset. Don’t hold the receiver between your ear and shoulder – heads up!
- **Foot rest** – use an angled foot rest to bend your knees and hips – it helps relax long muscles that run up and down your spine.
- **Close Work** – don’t bend over your work. Elevate your work to a comfortable level to take stress off of your neck and shoulders – i.e. sewing machine.
- **Driving** - adjust seat close to steering wheel so you can lean back and support your shoulders. Keep arms on the bottom of the wheel to relax shoulder muscles.

**What Your Healthcare Provider Can Do**

**Therapeutic Injection**

- Successful nerve block with Novocain is diagnostic and can immediately relieve pain. Blocks may need to be repeated.
- Prevention of reinjury and rest by wearing a chin splint and improving ergonomic and sleep environments can result in cure.
- Unfortunately no good pharmacologic treatments exist. Excessive use of over-the-counter analgesics increase the risk of medication overuse headache.