

Pain Management For Headaches

TMJ

Patients with pain or dysfunction in their TMJ or surrounding musculature could be candidates for either steroid injection or Botox injection. If imaging shows arthritis, deformity, or damage from an injury, a steroid injection into the joint would provide pain relief by decreasing inflammation in that area. If imaging of TMJs proves negative and patient's history includes grinding, clenching or pain over the TMJ, a Botox injection may be effective to relieve pain caused from muscle tension.

BOTOX for CH/CM

Botox works by entering the nerves and blocking the release of chemicals involved in pain transmission. In controlled amounts, Botox can be used for patients suffering from chronic headaches or migraines that have 15 or more migraine headaches per month lasting 4 or more hours per day. Following a predetermined protocol developed specifically to treat CH/CM, radiologists inject Botox into multiple areas in the head and neck with an option to add additional units to areas of increased pain. Patients should have at least 2 rounds of Botox injections 12 weeks apart, and if the treatment is effective, further therapy can be continued.

SPG

The sphenopalatine ganglion is situated at the back of the nasal cavity and is closely associated with the trigeminal nerve, the main nerve involved in frontal headaches and facial pain. Using topical anesthetic, a small catheter is inserted into the nose to access the SPG. This ganglion can be blocked using an analgesic or a steroid and is always performed bilaterally (both sides) to ensure good blockage of the ganglion.

G+L OCCIP/3rd OCCIP/ C2/3 FACETS

As these nerves all originate from a similar area, patients may need to try different injections before determining which nerve or joint is causing their pain. One, two, or all three of these injections may be required to eliminate a patient's pain.

The greater and lesser occipital nerves run along the back of the skull and can be the source of painful tension or cluster headaches, as well as some migraines. A steroid injection to one, or both, sides of the occipital area is common to decrease inflammation around these nerves, which should in turn decrease pain to the back of the head and upper neck and relieve headaches.

The 3rd occipital nerve is closely tied to the C2/3 facet joint as it innervates this joint. If a patient presents with pain or headaches due to whiplash, MVA or neck injury we can inject either of these sites to determine if they are the cause of the patient's pain. Local anesthetic and/or steroids can both be used to help alleviate pain coming from these areas, and if the 3rd occipital nerve block relieves the pain, it is possible to perform a radiofrequency neurotomy (RFN) on that nerve.



Exceptional patient care
for a *healthier you*

Locations

These Canada Diagnostic Centres locations provide Pain Management for headaches services.

Calgary and Area

Northwest

Symons Valley

32-12192 Symons Valley Road NW, T3P 0A3
(Creekside Shopping Centre)

Ph: 403.212.5640 | Fax: 403.212.5642

Services: Botox for CH/CM

Northeast

Marlborough

411 Marlborough Way NE, T2A 7E7
Ph: 403.273.9002 | Fax: 403.215.2920

Services: Botox for CH/CM

Pacific Place

959-999 36 Street NE, T2A 7X6
Ph: 403.215.2900 | Fax: 403.215.2920

Services: All options available

Southwest

Chinook

1-6020 1A Street SW, T2H 0G3
Ph: 403.253.4666 | Fax: 403.301.2073

Services: C-spine facets

Calgary Women's Imaging Centre

20 Richard Way SW, T3E 7M9
Ph: 403.685.3123 | Fax: 403.685.3235

Services: All options available

Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have health care card and requisition form available. There are locations throughout Alberta please visit us online for a full list of locations.



Phone

Toll-Free Tel 1.877.420.4232
Toll-Free Fax 1.877.919.3291



Online

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