
Preface

Nearly 20 % of headache patients are suffering from “medically resistant” headaches, which by definition do not respond to available pharmacological management.

The rise of effective interventions has provided treatment options for individuals with this otherwise intractable headache. Over the past few years, interest in interventional headache management has quickly increased, as evidenced by the plethora of published papers in peer-reviewed journals as well as presentations at major national and international meetings. This prompted the creation of a special interest group on interventional headache management within the American Headache Society, which I am honored to have established in 2006. This special interest group is fast-growing, attracting the interest of many physicians with different backgrounds who are caring for headache patients.

When I first started performing head and neck blocks more than a decade ago, there was no single text on the subject, and that remains true today. There are many volumes on headache, but none addresses interventional approaches, and although pain medicine texts cover head pain, they do so in a very limited way. Most of my knowledge of the subject was gained from my senior mentors at The Cleveland Clinic and in the course of traveling overseas to learn from expert radiologists and anatomists. The rest was worked out by trial and error using dissected cadavers and confirming appropriate needle placement with fluoroscopy or CT scan. When I started teaching courses on interventional procedures for headache management, the overwhelmingly enthusiastic response from students persuaded me of the need for a comprehensive and easy-to-follow atlas of interventional headache blocks and procedures. That is how this book – the first to cover this exciting field – was born.

Some procedures are quite simple and easy to adopt in an office setting to help relieve otherwise medically resistant headaches. However, other procedures are associated with an extensive learning curve. The main objective of this atlas is to enable physicians who manage different face and head pain syndromes and are beginning to use interventional headache procedures to shorten the learning curve and to make the learning experience as enjoyable as possible. Among the target groups are neurologists, primary care physicians, internists, pain physicians, anesthesiologists, physiatrists, neurosurgeons, and interventional radiologists.

I was fortunate to gather almost all of the experts in interventional headache management to contribute to the book, each one writing about his or her area of subspecialty expertise, and for this reason, I am very proud of the book. Its central focus is on indications and techniques of different nerve blocks and interventional procedures for headache and face pain management.

The book comprises 20 chapters, organized into five sections, covering the whole spectrum from simple superficial nerve blocks to deep head and neck blocks, cervical spine injections and radiofrequency ablation, and advanced neuromodulation techniques.

The first section reviews the definition of intractable and medically resistant headaches, thus helping physicians to identify appropriate candidates for interventional procedures. It also includes a unique chapter devoted to suggested algorithms for different headache and face pain syndromes. The algorithms are based on the best available clinical outcome data as well as the experience of the editor and various authors.

The second section is also the largest and covers peripheral nerve, trigeminal nerve and ganglion, glossopharyngeal nerve, occipital nerve and sphenopalatine ganglion interventions.

All the different applications are well documented with simple illustrations and labeled sonograms and X-ray images to make it easy to follow the text.

The third section focuses on cervicogenic headaches. It starts with a chapter devoted to the clinical approach to the diagnosis and management of this much debated headache disorder and is followed by chapters on potential sources of cervicogenic headache and indications for radiofrequency ablation.

The fourth section addresses other common interventions for intractable headaches such as IV infusion therapy, Botox injections, as well as epidural blood patch. The fifth and final section covers advanced and new applications of neuromodulation in headache management and looks ahead to its future.

A couple of notes about the book – text has been kept to a minimum to allow for a maximal number of instructive illustrations, X-ray images, and sonograms, and the procedures described here are based on a review of the techniques described in the literature as well as the authors' experience.

The advancement of our understanding of headache disorders and the range of possible clinical circumstances may give rise to other, more appropriate indications or applications for interventional headache management. Until then, mastering the current approaches will take preparation, practice, and appropriate mentoring before the physician can comfortably perform the procedures independently. It is my hope that this book will encourage and stimulate all physicians interested in interventional headache management.

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