

Thoracoscopic Sympathectomy

What is Hyperhidrosis?

Hyperhidrosis is the medical term for excessive sweating. Everyone sweats to a certain extent, as this is the body's way of cooling down. It is only when the sweating is excessive and causes ruined clothing or extreme social embarrassment that it is called hyperhidrosis. Generalised sweating may be a result of systemic disease such as chronic infection or an over active thyroid. This sort of problem is not amenable to surgery. Localised sweating confined to the armpits (axillary hyperhidrosis) or hands (palmar hyperhidrosis) is not usually associated with any generalised disease and can sometimes be helped by surgery.

Do I need treatment?

Excessive sweating is not harmful in itself. Therefore treatment is only required if the sweating is so severe that it is causing embarrassment or difficulties at work.

What treatment is available for Hyperhidrosis?

The nerves that supply the sweat glands in the armpit and palms can be cut to reduce the amount of sweating. The traditional operation to divide them, using a neck or armpit incision, left a sizable scar and was often accompanied by complications. The operation was therefore only done in very severe cases. Today the operation is carried out by 'keyhole' surgery and the nerves can now be destroyed through 2 tiny (5 mm) holes in the chest using special instruments. This procedure is called a Thoracoscopic Sympathectomy.

How is the operation carried out?

You will have a general anaesthetic for the operation. When you are asleep 2 small holes are made in the axilla. (armpit). The lung, on the side being operated upon, is allowed to collapse a little to make some working room. A small camera on the end of a thin telescope is passed through one of these incisions into the chest to find the nerves, which are to be divided, and then an instrument is passed through the other incision to divide the nerves. The lung is then re-expanded and the instruments are removed. The wounds are closed with dissolvable sutures. It is usually possible to do both left and right at the same time if required.

How long do I have to be in hospital?

Although it is possible to have this operation as a day case, in most cases you will be kept in overnight after the operation. Occasionally, if the lung takes a bit of time to expand, you may have to stay in a bit longer. Rarely, a small chest drain (plastic tube) is needed to help the lung to expand. You may feel some back discomfort for a few days afterwards but this usually does not require anything other than mild painkillers. You may resume driving after 72 hours and go back to work after a few days.

How successful is thoracoscopic sympathectomy?

The operation usually gives a satisfactory reduction in sweating in over 90% of patients and in nearly all cases the result is permanent. The operation is usually more successful for sweating of the palms, than the armpits.

What are the risks/complications?

Stopping the palms and armpits sweating may result in extra sweating elsewhere. This is called 'compensatory' sweating and typically occurs on the chest or back and sometimes on the fronts of the thighs. It is usually not troublesome but does occur in around 50% of patients. Occasionally it can be more severe and is more likely to occur when the operation has been performed for excess sweating in the armpits as well as the hands. There is a very small risk, probably less than 1% of developing a condition called Horner's Syndrome. This results in drooping of the eyelid and narrowing of the pupil on the affected side and is due to damage of the nerves that supply the facial muscles. This is a rare complication of the keyhole operation, although was more commonly seen using before this technique became established. A chest drain may be required very rarely.

Is the operation helpful for facial blushing?

A side effect of thoracoscopic sympathectomy is a reduction in facial blushing in about 75% of patients undergoing the procedure. Excessive facial blushing, which can be socially embarrassing, is now an indication for the operation of thoracoscopic sympathectomy.

Are there any alternative treatments?

There is little else that is effective for palmar hyperhidrosis. Axillary sweating can sometimes be dealt with by strong aluminium based anti-perspirants but these often cause skin irritation. Botox injections are effective at relieving the symptoms of axillary sweating but the effects are temporary, usually wearing off within 6 months and repeated treatment is needed. For isolated axillary sweating Botox injections are the treatment of choice. For isolated palmar, or combined axillary and palmar hyperhidrosis surgery is a good option.

Where can I find more information?

You can get more information by visiting www.keyholesurgery.net

