Royal Berkshire Vein Clinic

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Specialist treatment of leg and facial veins using surgery, sclerotherapy and Veinwave
Thoracoscopic sympathectomy for hyperhidrosis

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Hyperhidrosis - Excessive Sweating

Thoracoscopic Sympathectomy and BotulinumToxin (Botox)

Information for patients, December 2006

Hyperhidrosis or excessive sweating

What is hyperhidrosis?

All of us sweat and when it is hot, when we are anxious we sweat more. This is normal and it is only when the sweating is excessive and causes ruined clothing or extreme social embarrassment that it is called hyperhidrosis. Generalised hyperhidrosis may be the result of systemic disease such as chronic infection or an over active thyroid. Localised sweating confined to the armpits or hands is not usually associated with any generalised problems.

Where does sweat come from?

There are thousands of little glands in the skin that produce sweat. Sweat is one of the ways which the body uses to cool itself. The amount of sweat depends on how hot it is and on stimulation of the sweat glands by the nerves that supply them.

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?

You may initially be prescribed a strong antiperspirant called aluminium chloride. This is applied at night and washed off in the morning. Antiperspirants work better in the armpits than on the hands. If medical treatment is unsuccessful in controlling the excessive hand sweating, then an operation to divide the nerves that supply the sweat glands may be needed (Thoracoscopic Sympathectomy). If armpit sweating is severe then botulinum toxin injections may be indicated.

What is a thoracoscopic sympathectomy?

The nerves that supply the sweat glands in the armpit and palms can be cut to reduce the amount of sweating. These nerves lie deep in the neck, close to the spine and the traditional operation to divide them, using a neck or armpit incision, left a sizeable scar and were often accompanied by complications. The operation was therefore only done in very severe cases. However, thanks to the development of "keyhole" surgery the nerves can now be divided through 2 tiny holes in the armpit using special instruments. This procedure is called a thoracoscopic sympathectomy.

How is a thoracoscopic sympathectomy carried out?

You will have a general anaesthetic for the operation. When you are asleep, a small hole is made in the armpit. The lung, on the side being operated upon, is allowed to collapse a little to make some working room. Meanwhile your other lung is capable of doing all the work. A camera on a thin telescope is then put into the chest to find the nerves which are to be divided Another small cut in the armpit is made to put in an

instrument to divide the nerves. The lung is then re-expanded and the instruments removed. It is usual to do one side at one sitting, a second operation is required to tackle the other side.

How long do I have to be in hospital?

In most cases you will be kept in overnight after the operation. Rarely, a small drain (plastic tube) is needed to help the lung expand this is removed the day after the operation.

How successful is thoracoscopic sympathectomy?

This operation usually gives a satisfactory reduction in hand sweating in over 95% of patients and in nearly all cases the results are permanent. The operation is more successful for sweating of the palms, than the armpits. Sometimes the palms are so dry after the operation that moisturising cream is needed to prevent cracking of the skin. Stopping the palms sweating may result in extra sweating elsewhere. This "compensatory" sweating commonly occurs on the back below the shoulder blade.

Are there any special complications of thoracoscopic sympathectomy?
All complications are rare. One in particular is a drooping of the eyelid on the side of the operation (Horner·s Syndrome). Although this can be permanent it usually recovers.

Sometimes the ribs where the telescope was inserted into the chest are sore for a few weeks and hurt on breathing in deeply or coughing. This is due to bruising of the ribs and gradually improves.

Botulinum Toxin Injections

This is the same technique as used to try to banish facial wrinkles or treat tight neck muscles. The injections are used for excessive sweating of the armpits rather than the hands. The injections prevent the small nerves within the skin from telling the sweat gland to produce sweat.

The procedure takes only 10 minutes and is done in your surgeon's consulting rooms. You may resume everyday activities immediately after the treatment.

Botulinum toxin injections, available as Botox or Dysport, take a few days to work. The effect is satisfactory in the vast majority of patients. However, the beneficial reduction in sweating is not permanent, it may last from 3 to 9 months. Reinjection is possible when the effects wear off.

Side effects are uncommon. Sometimes the patient may feel a little flu'ish for 24 hours afterwards. Allergy to the injections has been reported. Muscle weakness occurs with facial injections but is unheard of after armpit injections. Very rarely indeed the treatment may not work at all.

This information is general in nature. It is for guidance only, your surgeon can advise you on specific information relating to your condition.

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