



THORACOSCOPIC SYMPATHECTOMY

GENERAL INFORMATION

A sympathectomy is the removal of some of the sympathetic nerves which are responsible for control of the perspiration from the upper limb. This is done by means of an endoscope which is inserted through the chest cavity.

COMMON SIGNS AND SYMPTOMS

The disease hyperhidrosis results in excessive perspiration usually of the hands but sometimes also of the armpits

DIAGNOSIS

- The diagnosis is made clinically
- There are no tests to be done to make this diagnosis.
- Sometimes your doctor may decide to do a pre-operative chest X-ray

TREATMENT

- No creams or medication really cure or control this condition
- Botox injections are sometimes used but these give only temporary relief and can not cure this condition
- Your doctor has advised you to have a thoracoscopic sympathectomy.

PRE-OPERATIVE PREPARATION

- Make sure your doctor knows what medicines you take, especially medicines which may affect blood clotting.
- Do not eat or drink anything for 6 hours before the operation.

OPERATION

- The operation will be done under general anaesthetic. Two or rarely three small incisions will be used on each side of your chest through which cannulae are inserted.
- An endoscope is used to view the sympathetic chain of nerves and the sympathetic ganglia at the back of the chest cavity by first collapsing the lung.
- This is a safer way of doing the operation than the previous way of doing the procedure through the neck.
- Two of the sympathetic ganglia are then divided or destroyed to interrupt the nerve impulses to the sweat glands of the hands. If the axilla is involved, then a third ganglion can be divided too.

POST OPERATIVE CARE

- After the operation you will be taken to a recovery room. When you are stable you will be taken to your regular hospital bed.
- Your doctor may decide to do a post-operative chest X-ray.
- Any pain, discomfort, or nausea will be controlled with medication.
- You can expect to be discharged a day or two after the operation.

COMPLICATIONS

- Serious complications are infrequent after a thoracoscopic sympathectomy. It is however important for you to remember that it is a major operation and complications may occur.
- Air may re-accumulate in your chest cavity after the operation forming a pneumothorax which may require a chest drain
- A bleed or an infection is always possible at the site of the small incisions.
- It is possible for the heart or lungs to be injured during this operation. This is rare. This may necessitate an open operation of the chest.
- A Horner's syndrome with a drooping eyelid is possible but rare
- The operation may not be successful. The original hyperhidrosis can recur after months or years
- The biggest problem after this operation is that there is mostly a measure of compensatory hyperhidrosis. One does not really have control of this. It often manifests as increased perspiration from the body, the face or from the feet.
- Systemic complications like venous thrombosis and pulmonary embolism are rare, but possible after any operation or anaesthetic.