Insurance reimbursement is appropriate for thoracoscopic sympathectomy for the treatment of palmar and axillary hyperhidrosis. Severe palmar hyperhidrosis causes substantial functional impairment of individuals. This is not solely a cosmetic problem. It interferes with work and school performance (saturating paperwork and smudging ink, saturating computers and electrical devices); interferes with social and interpersonal interaction (withdrawal due to wet, cold hands); creates considerable anxiety; and interferes with recreational and sporting activity. Severe palmar hyperhidrosis permeates all aspects of the lives of people who are affected. Everyone and everything they touch are saturated by their palmar sweating. Patients with severe axillary hyperhidrosis are plagued with constant saturation of their clothing with sweat.

Nonsurgical measures (botox injections, topical agents i.e.: drysol, certain dry, anticholinergic medications, and iontophoresis [drionics]) are usually ineffective for severe forms of palmar and axillary hyperhidrosis. They usually provide temporary or partial relief of symptoms for a limited duration. Frequent maintenance of treatment is required.

Thoracoscopic sympathectomy provides permanent relief of palmar and axillary hyperhidrosis with a very high surgical success rate (99% palmar, 85% axillary). The results of surgery are durable; recurrent symptoms are extremely rare (less than 0.5%). The procedure may be performed on an outpatient basis.

The procedure produces an expected alteration in the distribution of sweating on the body. Patients do not sweat on the head, face, hands, arms, and axillae. They sweat on the nondenervated regions of the body (the chest, trunk and legs). Excessive sweating on the nondenervated regions of the body is called "compensatory hyperhidrosis." It occurs in a severe form in 5-10% of patients undergoing sympathectomy. Other complications are rare. Horner’s syndrome occurs in 1-5% of patients depending on the technique used.

Endoscopic sympathectomy is safe and highly effective for providing a permanent cure for palmar and axillary hyperhidrosis. These disorders impair the function and activities of daily living of affected individuals. Insurance reimbursement for this procedure is appropriate and justified.

References


Chou SH, Kao EL, Lin CC, Chang YT, Huang MF. The importance of classification in sympathetic surgery and a proposed mechanism for compensatory hyperhidrosis: experience with 464 cases.
