

Sympathectomy for Hyperhidrosis Position Statement by Curtis Dickman MD

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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 nondernervated regions of the body (the chest , trunk and legs). Excessive sweating on the nondernervated 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

- [Panhofer P, Zacherl J, Jakesz R, Bischof G, Neumayer C.](#) Improved quality of life after sympathetic block for upper limb hyperhidrosis. *Br J Surg.* 2006 May 93(5):582-6.
- [Moya J, Ramos R, Morera R, Villalonga R, Perna V, Macia I, Ferrer G.](#) Thoracic sympathicolysis for primary hyperhidrosis: a review of 918 procedures. *Surg Endosc.* 2006 Apr 20(4):598-602.
- [Gossot D, Galetta D, Pascal A, Debrosse D, Caliandro R, Girard P, Stern JB, Grunenwald D.](#) Long-term results of endoscopic thoracic sympathectomy for upper limb hyperhidrosis. *Ann Thorac Surg.* 2003 Apr 75(4):1075-9.
- [Lin TS, Kuo SJ, Chou MC.](#) Uniportal endoscopic thoracic sympathectomy for treatment of palmar and axillary hyperhidrosis: analysis of 2000 cases. *Neurosurgery.* 2002 Nov 51(5 Suppl):S84-7.
- [Reisfeld R, Nguyen R, Pnini A.](#) Endoscopic thoracic sympathectomy for hyperhidrosis: experience with both cauterization and clamping methods. *Surg Laparosc Endosc Percutan Tech.* 2002 Aug 12(4):255-67
- [Lin TS, Chou MC.](#) Needlescopic thoracic sympathetic block by clipping for craniofacial hyperhidrosis: an analysis of 28 cases. *Surg Endosc.* 2002 Jul 16(7):1055-8.
- [Gossot D, Kabiri H, Caliandro R, Debrosse D, Girard P, Grunenwald D.](#) Early complications of thoracic endoscopic sympathectomy: a prospective study of 940 procedures. *Ann Thorac Surg.* 2001 Apr 71(4):1116-9.
- [Lin TS, Fang HY.](#) Transthoracic endoscopic sympathectomy in the treatment of palmar hyperhidrosis--with emphasis on perioperative management (1,360 case analyses). *Surg Neurol.* 1999 Nov 52(5):453-7.
- [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.
- [Panhofer P, Zacherl J, Jakesz R, Bischof G, Neumayer C.](#) Improved quality of life after sympathetic block for upper limb hyperhidrosis. *Br J Surg.* 2006 May 93(5):582-6.
- [Eisenach JH, Atkinson JL, Fealey RD.](#) Hyperhidrosis: evolving therapies for a well-established phenomenon. *Mayo Clin Proc.* 2005 May 80(5):657-66.