

Introduction

Thoracoscopic Sympathectomy is a minimally invasive surgical procedure for the treatment of excessive sweating. The sympathetic nervous system controls the body's sweat glands which help regulate body temperature. This system may become overactive resulting in excessive sweating, notably involving the hands, face, armpits, and sometimes feet.

The doctor will insert a thoracoscope via a few tiny incisions on chest wall to examine the chest cavity and access the sympathetic chain. By cauterizing or cutting a portion of the sympathetic nerve chain that runs along either side of the backbone in the chest cavity, the pathway of the nerves that causes the body to sweat excessively is interrupted.

The Operation / Procedure

1. General anesthesia.
2. Two small incisions made in the armpit, usually between the second and third ribs.
3. The lung on the operating side will be deflated to give doctor more room to work.
4. A thoracoscope is then inserted via the incision to visualize the operating space and the nerve chain.
5. The nerve chain is then cut or cauterized at appropriate level.
6. The lung will then be inflated.
7. The thoracoscope is removed and the incision is sutured.
8. The doctor will repeat the same procedure on the other side.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Shave both axillary hair and keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, intravenous line and antibiotic prophylaxis may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation, usually go home on operation day or day 2.
6. The patient should use a semi-recumbent position and change position regularly to facilitate lung expansion.
7. Deep breathing and coughing exercise, to enhance lung recuperation and prevent chest infection.

B. Wound care

Keep dressing clean and dry.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications

A. Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

B. Procedure related complications (not all possible complications are listed)

1. Bleeding / Infection.
2. Hemothorax / Pneumothorax.
3. Damage to other organ(s) / Damage to arteries and nerves.
4. Compensatory sweating.

** In the event of other organ(s) damage or post-operative haemorrhage or air leakage, further operations maybe required.

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain or redness around the wound, high fever over **38°C or 100°F**, etc.
2. Take analgesics prescribed by your doctor as necessary.
3. Keep the wound dressing clean and dry, change the dressing if necessary.
4. The breathing exercises should be continued to help with the recovery.
5. Resume daily activity gradually. Heavy lifting and strenuous exercises should be avoided for first 1-2 months.
6. Follow-up consultations should be attended as scheduled.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

MedlinePlus: “Endoscopic thoracic sympathectomy”
<https://medlineplus.gov/ency/article/007291.ht> (12-06-2023)