



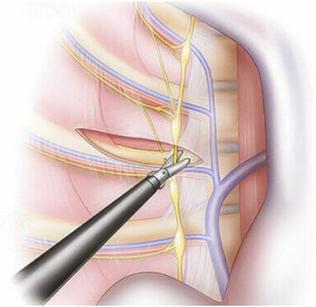
## Operation Information

### Thoracoscopic Sympathectomy

#### Introduction

Thoracoscopic sympathectomy is a minimally invasive surgical procedure for the treatment of excessive sweating (hyperhidrosis). The sweat gland is controlled by the sympathetic nervous system. This system may for some reason be overactive and cause excessive sweating. The most common areas affected are the hands, face, underarms, and sometimes feet. Excessive sweating can have a profound effect on quality of life, interfering with daily activities, and causing anxiety and embarrassment.

Thoracoscopic sympathectomy is done by using a thoroscope to see into the chest cavity. The doctor is able to access the sympathetic chain by making a few tiny incisions. By cauterizing or cutting a portion of the sympathetic nerve chain that runs along either side of the backbone in the chest, the pathway of the nerves that causes the body to sweat excessively is interrupted.



Source:  
<https://chestandlungsurgeon.com/wp-content/uploads/2021/03/Klipsli-ETS-750x465-1-750x375.jpg>

#### Outcomes

This operation is the most widely used type of surgery to treat severe hyperhidrosis. It helps to control and reduce the condition of excessive sweating in terms of relieving the feeling of embarrassment in daily social life activity.

#### Procedures

1. The operation is performed under general anaesthesia.
2. Two to three small incisions are made underneath the armpit, usually between the second and third ribs.
3. The lung on one side will be deflated to give doctor more room to work.
4. A thoroscope is then placed through the incision so that the nerve chain can be seen.
5. The nerve chain is then cut or destroyed at the appropriate level.
6. The lung will then be inflated again.
7. The wounds are closed with stitches.
8. The doctor will repeat step 2 to step 7 on the other side.

#### Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Hemothorax (Blood collection in the chest cavity)
4. Pneumothorax (Presence of air in the chest cavity)
5. Heart attack
6. Stroke
7. Damage to other organ(s)
8. Damage to arteries
9. Compensatory sweating (Increased sweating in other areas of the body)
10. Horner's Syndrome (Decreased pupil size, a drooping eyelid and decreased sweating on the affected side of the face)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of other organ(s) damage or post-operative haemorrhage or air leakage, further operations may be required.

### **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. Clipping of hair may be required at the incision site and axilla.
5. Nurse will supply surgical soap to you for washing your whole body, especially your chest area and axilla.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. The hospital stay is typically for 1-2 days which may vary with health condition of the patient.

#### **Wound Care**

1. The wound will be covered with a sterile dressing which must be kept dry.
2. You may take shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.

#### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

### **Advice on Discharge**

1. Please comply with the medication regime as prescribed by your doctor.
2. You must ensure the wound is kept clean and dry, change the dressing if necessary (as instructed by doctor).
3. Regular activities can be resumed gradually along with a balanced diet.
4. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, secretion of pus or blood seepage, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

