Hyperhidrosis is an unusual condition which results in excessive sweating of the hands and feet. At times the face may be involved. This problem is socially embarrassing and presents functional problems for the sufferer as well. Excessive facial blushing can occur in some individuals. Although excessive sweating can result from certain chronic diseases such as diabetes, tuberculosis, and polyneuropathy, in the vast majority of individuals there is no known cause. The incidence is probably greater in Asians and rarely the disorder is familial.

In our experience, the impact of
HH
on the lives of patients is greatly underestimated by the medical community. Unfortunately, the ease and effectiveness of surgery is also largely unappreciated. The medical treatments for hyperhidrosis
include: psychotropic medications,
anti-cholinergic
medications, tap water
iontophoresis
, and aluminum chloride preparations (
DrySol
). These measures fail in the most refractory cases.

Hyperhidrosis
Surgery A simple, surgical procedure is available which permanently ends sweating in the hands: endoscopic thoracic
sympathectomy
(
ETS
). Interruption of the sympathetic nerves in the upper chest cavity stops hand sweating and reduces sweating in the face in the vast majority of patients. Pathological blushing responds as well.

Leriche
first described interruption of the sympathetic nerves to treat
HH
in 1934, and endoscopic techniques were initially developed by
Kux
and reported in 1954. Our experience with
ETS

began in 1990.
Sympathectomy
does not cause loss of sensation or weakness.

The surgeon introduces a small endoscope through a one-half inch incision under each arm. The appropriate nerve ganglion is coagulated and the patient returns home after a few hours' stay, usually the same day as surgery.

Virtually all patients immediately develop warm, dry hands and leave the hospital the same day as surgery. Complications are rare. Recurrence of sweating is less than 2%. Infections and other complications are very unusual. Horner's syndrome, drooping of the eye lid and a small pupil size, does not occur after interruption of the
T2
or
T3
ganglia. About one-third of individuals develop excessive sweating on the lower chest or abdominal wall, so-called compensatory
hyperhydrosis
. For most this is well-tolerated and accepted in lieu of sweaty hands.