Understanding Sympathectomy

A sympathectomy is a procedure to cut or block a nerve in the middle of your body. It's done to treat problems such as severe sweating (hyperhidrosis) and severe facial blushing. During the procedure, the sympathetic nerve along your spine is cut, burned, or clipped. This prevents signals passing from your brain through the nerve and causing symptoms. Depending on what part of the nerve is treated, the procedure may be called endoscopic thoracic sympathectomy (ETS) or endoscopic lumbar sympathectomy.

How to say it

sim-puh-THEK-tuh-mee

Why sympathectomy is done

Sympathectomy is a type of surgery to treat severe excess sweating, a condition called hyperhidrosis. It's often a long-term (chronic) condition. Sweating is a normal process. It helps manage body temperature and other body processes. But excess sweating is enough to warrant this procedure.

Sympathectomy may also be done if you have chronic, severe facial blushing or Raynaud phenomenon. Raynaud phenomenon is a disorder that causes decreased blood flow to the fingers. In some cases, it also causes less blood flow to the ears, toes, nipples, knees, or nose. This happens because of blood vessel spasms in those areas. The spasms happen in response to cold, stress, or emotional upset.

The treatment may also be done for other problems. These include:

- Poor blood flow to the legs (vascular insufficiency)
- Chest pain (angina)
- Abnormal heart rhythms (arrhythmia)

After a sympathectomy, the brain can't send signals that cause the symptoms of these conditions. This procedure may be an option if other types of treatment haven't worked.

How sympathectomy is done

The treatment is done in a hospital and takes 1 to 2 hours. During the procedure:

- You'll lie on your side on a surgery table. Your arm will lie on a board and be moved out of the way so the surgeon can reach your ribcage.
- You're given medicine to make you sleep through the treatment.
- The surgeon will make 2 or 3 small cuts (incisions) on one side of your chest between your ribs. A thin tube with a light and camera at the end (endoscope) is put through one of the cuts. This is to help the surgeon see the tissues and nerves and do the procedure. Small tools are put through another cut.
- The surgeon deflates your lung and moves it aside. This is so they can reach the nerve along your spine.

- The surgeon cuts or burns the sympathetic nerve with heat. Or they may put one or more small clips on the nerve.
- The surgeon then re-inflates your lung. The scope and tools are removed, and the incisions are closed with stitches (sutures).
- You'll have a chest X-ray after the surgery. This is to make sure your lung is inflated back to normal.
- You will likely need to stay in the hospital overnight.

Risks of sympathectomy

- Pain
- Bleeding
- Infection
- Excess sweating in new areas (compensatory hyperhidrosis)
- Nerve injury that causes drooped eyelids and problems with the pupils (Horner syndrome)
- Numbness (paresthesia)
- Lung injury and collapsed lung (pneumothorax)
- Blood around the lung (hemothorax)
- Fluid around the lung (pleural effusion)
- Slow heartbeat (bradycardia)

If your surgeon finds that they can't complete the procedure using a laparoscope, they will need to make a large incision.