Thoracoscopic Sympathectomy (VATS)

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Thoracoscopic sympathectomy or also called video assisted thoracoscopic sympathectomy (VATS) has been practiced for several years to treat hand and underarm excessive sweating or hyperhidrosis.

Hyperhidrosis may be an embarrassing condition even causing disability, affecting predominantly young people [1], either in the daily life or even in special occasions like professional events or tasks.

VATS technique has evolved and at present time can be performed with two [2] or even one single thoracoscopic port [3,4]. Uncertainty exists about the most useful technique regarding the patient analgesic satisfaction on the postoperative period [5].

Surgery consists on the isolation and dissection of the thoracic sympathetic chain with cautereization and ablation or clipping, the corresponding roots that are responsible for the excessive sweating in certain body areas [6].

Operative related side effects might include: recurrence of palmar hyperhidrosis, Horner syndrome (oculosympathetic palsy), conversion to open surgery, residual pneumothorax, minimal hemothorax, compensatory hyperhidrosis in other body areas [7].

Quality of life generally improves in patients submitted to thoracoscopic sympathectomy, especially in young patients [8].

Anesthesia technique for VATS ranges from general anesthesia with one-lung ventilation, alternatively in both sides when a bilateral operation is to be performed, to a single port approach with spontaneous ventilation regional anesthesia and sedation [9,10].

One-lung ventilation using a double lumen tube appears to be the most used technique and usually provides the best surgical operating field; nevertheless, specially when a bilateral procedure is done, bilateral lung expansion and residual pneumothorax should be systematically monitored with a postoperative chest x-ray after emergence from anesthesia, with the patient fully awake and breathing spontaneously.

Several centers have engaged good clinical protocols for this procedure on a day-case basis [11,12]. Unexpected admission to a hospital impatent ward may range from 0% to 3% in several series, depending on the case mix included in these studies [12]. Main reasons for hospital admission include the complications usually pointed as more frequent, such as pneumothorax or hemothorax [7].

References

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