

HYPERHIDROSIS



Dr Javier Gallego

EXCESSIVE SWEATING AND FACIAL FLUSHING

PERSPIRATION is necessary in order to control body temperature, although when it is excessive it can cause discomfort and embarrassment.

Perspiration is controlled by the 'sympathetic system'. About 0.5% to 1% of the population has a malfunctioning 'sympathetic system', which causes an exaggerated stimulation of sweat glands, which, in turn, produces intense and unnecessary sweating in certain areas of the body. This is known as hyperhidrosis.

Hyperhidrosis affects the hands, feet and armpits in particular.

The most common and most annoying form of hyperhidrosis is when it affects the palms of the hands, causing problems in social relationships (shaking hand), and professionally when handling certain goods (electrical components, delicate merchandise, etc.).

This problem creates total insecurity when sufferers come into contact with people and consequently the tendency is to conceal the problem.

Hyperhidrosis is not psychological but organic, although in long-term sufferers it eventually affects the patient psychologically.

Patients experience significant difficulties both in social and emotional relationships and tend to use handkerchiefs and napkins in order to greet others, write, use a computer etc.

Although at present this disease is relatively well-known, there are

still many people who do not know that there is a definitive treatment for hyperhidrosis with consequent good results. There are still families and health professionals who minimise the importance of the problem, when simple, safe and permanent treatment is available. A simple surgery will solve a very unpleasant and very personal problem.

As far as the treatment of facial flushing is concerned, surgery is also possible and is very similar to that of hyperhidrosis. The most important thing is to reach a correct diagnosis.

It is important to differentiate between pathological flushing, normally associated with excessive sweating of the hands, armpits or feet, and blushing which is psychological.

In cases of pathological facial flushing, surgical results are excellent and patients report a decrease in 'hot flushes'. This results in increased confidence and has a positive psychological effect on the patient, to the point that he forgets that he suffers from facial flushes.

In cases where surgery is not an option, there is medical treatment that improves the daily lives of patients on a temporary basis, for specific situations such as public speaking or social relationships.

Treatment

The definitive treatment of hyperhidrosis is upper chest bilateral sympatectomy. This is not a



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recent discovery but until recently it was a traumatic surgery and not as simple as it is today.

Video-assisted thoracic surgery (VATS) has revolutionised the treatment of hyperhidrosis and allows the interruption of the sympathetic innervation selectively. It is a minimally invasive surgery, for sweating hands, armpits and feet. It has a 99% success rate in the case of the hands and good results for underarms and feet.

How is the surgery performed?

A Thoracic Sympatectomy keyhole surgery is performed under general anaesthesia lasting approximately 30 minutes. Nerve ablation of the sympathetic nerve between T3 and T5 is performed, causing an immediate decrease in the sweating of hands, feet and underarms.

In the case of hyperhidrosis and facial flushing, a reversible technique with titanium clips in T2 is performed. The incision is sutured with an intradermal suture with excellent cosmetic results.

Are there side effects?

Some patients might experience increased perspiration, or compensatory sweating, in the back and abdomen. This is usually very well tolerated and is preferred over the hand and underarm perspiration.

With the keyhole surgery technique, compensatory hyperhidrosis is residual and reported by very few patients.

What are the risks of surgery?

Any surgery has risks inherent to surgery, but postoperative

complications are rare. Haemorrhage or pneumothorax have been reported and as a form of prevention, patients will leave the operating theatre with a chest tube (to monitor the first few hours after surgery), which is removed the next morning. In our experience we have never encountered complications.

What is the hospitalisation period and how long off work?

If there are no complications, patients spend only one night in hospital and are discharged the following day before lunch. The patient can resume work after two days. In order to minimise the patient's time off work, these surgeries are performed during the weekend.

Is there any medical treatment?

Botulinum toxin is an alternative treatment to surgery. It is applied under local anaesthesia, or sedation, via injections in cases of hyperhidrosis of the hands or armpits. After one week, perspiration disappears. However, sweating is again abundant after three to five months, therefore it is necessary to re-inject botulinum toxin.

In cases of facial flushing, medical treatment is also possible but temporary. There is an improvement in most cases particularly in stress situations, especially in severe cases of facial flushing.

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