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| Intervention | **077. Endoscopic thoracic sympathectomy (ETS)** |
| For the treatment of: | Hyperhidrosis |
| Commissioning position | This intervention is commissioned if:   * the person is suffering from severe and debilitating primary focal hyperhidrosis of the upper limb AND * the symptoms are refractory to other treatments (which may include topical agents, oral medication, botulinum injections and iontophoresis).   This intervention is not commissioned for generalised hyperhidrosis or focal hyperhidrosis of areas other than the upper limb. |
| Summary of Rationale | Sympathectomy has been shown to be effective for palmar sweating but is less effective for axillary symptoms.  Clinicians proposing this intervention must explain that:   * there is a risk of serious complications * hyperhidrosis elsewhere on the body is usual after the procedure: this can be severe and distressing, and some patients regret having had the procedure (especially because of subsequent and persistent hyperhidrosis elsewhere) * the procedure sometimes does not reduce upper limb hyperhidrosis.   Clinicians should also provide patients considering the procedure with clear written information.  In view of the risk of side effects, this procedure should only be considered in patients suffering from severe and debilitating primary hyperhidrosis that has been refractory to other treatments.  This procedure should only be undertaken by clinicians trained and experienced in thoracic endoscopy, and there should be the capacity to deal with intraoperative complications. |
| References | [IPG487 Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb (NICE)](https://www.nice.org.uk/guidance/ipg487/chapter/1-Recommendations)  [CKS Hyperhidrosis (NICE)](https://cks.nice.org.uk/topics/hyperhidrosis/management/management/)  [Primary Focal Hyperhidrosis (International Hyperhidrosis Society)](https://www.sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-axillary.html) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |