

**#21 THORACODORSAL SYMPATHECTOMY FOR SEVERE  
HYPERHYDROSIS: POSTERIOR BILATERAL VERSUS  
UNILATERAL STAGED SYMPATHECTOMY**

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**Aim of the study:** To compare the results of simultaneous bilateral thoracodorsal sympathectomy in the prone position with those of anterolateral sympathectomy performed in two staged, separate procedures for the treatment of bilateral excessive sweating of the hands and axillae, and to describe our technique for bilateral, simultaneous thoracodorsal sympathectomy.

**Materials and Methods:** From July 1995 to March 2001, 202 thoracodorsal sympathectomies were done in 101 patients for severe hyperhidrosis. There were 79 females (age range 20 to 46) and 22 males (age range 19 to 65). In 52 patients, anterolateral sympathectomies were performed in the supine position, using unilateral lung collapse, with both sides operated in two separate, staged procedures. In 49 patients, bilateral sympathectomy was conducted during a single procedure, in the prone position, without using unilateral lung collapse.

**Results:** There were no operative deaths. There were 15 complications that delayed discharge, 8 in the staged procedures and 7 in the simultaneous procedures ( $p>0.05$ ). Transient (<24 hours) retro-sternal pain occurred in 40 of the simultaneous operations, but in none of the staged procedures. Hospital length of stay was less than 24 hours in 42 of 48 simultaneous, bilateral procedures and in 96 of 104 (2 admissions per patient) for the staged procedures ( $p>0.05$ ). Total hospital cost per patient was 2,024 Euros for the staged procedures and 922 Euros for simultaneous bilateral sympathectomies. Mean follow up was 45 months (range 28 to 62) for the staged procedures and of 26.4 months (range 1 to 28) for the simultaneous bilateral procedures. At last follow up visit, 93 patients had resolution of hand sweating, and 90 patients resolution of hand and axillary sweating. Mild compensatory sweating occurred in 22 patients (17 in the staged procedures). Poor results occurred in 8 patients, (7 in the staged procedures and one in the simultaneous procedures ( $p<0.05$ )) 4 because of persistent sweating and 4 for unbearable compensatory sweating.

**Conclusions:** Simultaneous bilateral thoracodorsal posterior sympathectomy, has comparable safety, may improve the results, decreases in half the number of hospital admissions, and produces a significant overall reduction in cost when compared with staged anterolateral sympathectomy for the treatment of severe hyperhidrosis.