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THORACOSCOPIC CERVICAL SYMPATHECTOMY

This procedure is often done to prevent or reduce sweating in your hands and/or your armpits & face. The aim can also be to improve the circulation in the arm or hand but is also occasionally done to reduce pain in other conditions, where disease of blood vessels is not the primary problem. The procedure involves removal of the sympathetic nerve trunk from the neck and chest.

You need to know the following facts:

1. After this procedure your hand(s) should feel warmer and dry. This indicates a successful procedure. The armpits should be dry.
2. One patient in every five having this procedure will experience transient pain in outer part of the arm. If this happens to you, it will start within the first 10 days and will last from 2 to 6 weeks before disappearing. This is quite normal and is known as post sympathectomy neuralgia. You may have to take pain killers for nighttime comfort.
3. This is considered a very safe procedure, with very few problems other than the transient pain mentioned above. Nonetheless, you should know that there is a very small risk – not more than 1 chance in 2000 - that you may experience numbness or weakness in the hand from other nerve damage. A droopy eyelid and small pupil can also occur as a result of the procedure affecting the nerve supply to the eyelid (1%). Excessive sweating of the lower body will occur and this is known as compensatory sweating and can be quite marked. A stuffy nose may result and this change can be permanent spray for life. The face will feel dry after this procedure and this may be annoying. Failure to improve your condition or failure to remove the part of the nerve can occur and this is called a therapeutic failure and is therefore also a risk. Risk to life is < 0.01%.
4. For maximum precision and safety the operation will be performed through the chest with a telescope. This adds a risk of bleeding or lung damage causing an air leakage. Rarely the chest may have to be cut open for treatment.
5. The procedure will be performed in an operating theatre, but there will be no major cut or stitches needed. General anaesthesia is required and some post operative chest pain is common for 2 days. Normally both sides can be performed at one procedure however if technical difficulties occur the opposite side procedure may have to be postponed.