

SYMPATHECTOMY

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

Thoracoscopic Sympathectomy: If the sympathetic nerves to the hands and armpit are to be divided, this is usually done using keyhole surgery to divide the sympathetic chain in the chest. This is done by making 2 small incisions in the armpit and then collapsing the lung under controlled conditions and inserting a telescope into the chest to allow vision of all of the structures in the chest. An instrument is then inserted through the second incision to divide the chain and cauterize the nerves. The lung is then re-expanded under direct vision and the instruments removed from the chest before closing the skin incisions. Both sides can be operated upon sequentially as a special technique is used to allow each individual lung to be collapsed separately without causing any danger to the patient.

Lumbar Sympathectomy: If the sympathetic nerves to the feet are to be divided (lumbar sympathectomy) a small cut is made on each side of the abdomen and the nerves are exposed next to the spine where they are cut and cauterized. This incision is then closed to prevent the development of a hernia.

WHY IS THIS OPERATION NECESSARY?

The sympathetic nerves are part of your nervous system which provide the automatic regulatory processes necessary for maintenance of body temperature, heart rate, breathing rate etc. One of the functions of the sympathetic nerves is to control the size of the small arteries in the skin and also to cause sweating. These processes are designed to regulate the body temperature. The sympathetic nerves to the arms and legs arise from the sympathetic chain which starts in the lower part of the neck and runs down the inside of all of your ribs close to where they join the spine. This sympathetic chain sends fine nerve fibres back to the spine and these fibres ultimately pass down the blood vessels into the hand or foot. Overactivity of this system may lead to excessive sweating in the hands or feet and interruption of these fibres can cure this problem. Interrup-

tion of these fibres may also be indicated in certain cases of vascular disease where there is gangrene or severe impairment of circulation to the fingers or toes.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

You may initially be prescribed a strong antiperspirant called aluminium chloride. This is applied at night and washed off in the morning. Antiperspirants work better in the armpits than on the hands. If medical treatment is unsuccessful in controlling the sweating, then an operation to divide the nerves that supply the sweat glands may be needed (Sympathectomy).

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

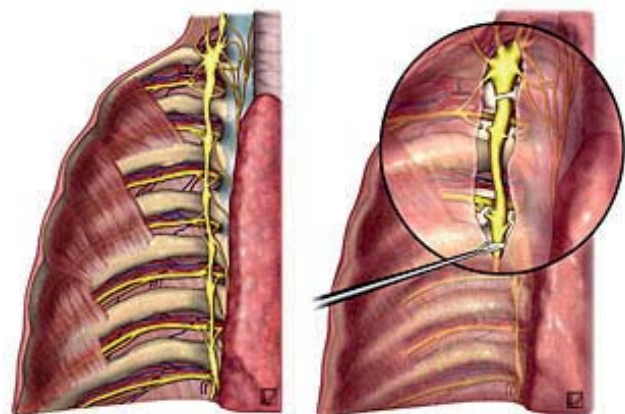
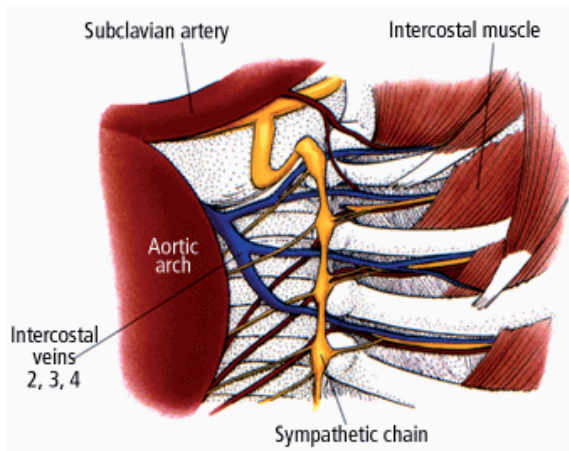
WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

- **CERVICAL SYMPATHECTOMY:**

The commonest complications after this operation are for the lung not to expand fully, requiring insertion of the drain which may keep you in hospital for a day or 2 more but very rarely requires any further treatment than this. A second complication is the development of a Horner's syndrome which may occur if the chain is divided to high. This may be a temporary phenomenon or very, very rarely may be permanent. With a Horner's syndrome the pupil will be constricted, the eyelid may droop



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

a little and there may be a slightly sunken eye. There is also a possibility of dryness of the mouth and lack of sweating on the cheek. This occurs in approximately 1 in 500 cervical sympathectomies and is avoided by very careful identification of the correct level at which to divide the chain. Horner's syndrome may be temporary if the electric current used to cauterize the nerves travels up the sympathetic chain and in this case will normally resolve after 24 to 48 hours. Longer term complications after the operation include the development of compensatory sweating which may occur on the face, trunk or scalp. This occurs in approximately 15-30% of people after this operation through excessive sweating but is not normally a major problem at all. It may resolve spontaneously.

Months to years after the operation it is possible for the nerves to re-grow and so cause sweating to commence again, although this is very uncommon. It is important to remember that the sympathetic nerves are not the only stimuli to a causation of sweating on the hands. So although a sympathectomy does remove the excessive sweating it does not stop the hands sweating altogether. In situation where the hands do begin to sweat again it is possible to repeat the operation using keyhole surgery again in the majority of cases. In a few rare situations where it is not possible to perform the operation through the chest, e.g. previous surgery to the chest or previous severe infections such as TB or pneumonia, then the sympathetic nerves can be divided by making an incision above the collar bone and dividing the nerves by this route. This would be the standard way of dividing the nerves in the event that keyhole surgery were not possible.

• LUMBAR SYMPATHECTOMY:

Complications after lumbar sympathectomy are rare but include haematoma formation in the wound which may require drainage or the development of an ileus which is where the intestine stops functioning for a short while after the operation. This would be considered a normal post-operative event and would be watched carefully by your doctor over the next day or two before allowing you to eat again. Wound infection is very uncommon.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your

anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 90 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may have a moderate amount of pain, especially when breathing, and a sore throat.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

Almost immediately after a Thoracoscopic sympathectomy. After a Lumbar Sympathectomy, it may be a day or two before your bowels are recovered enough to take in food.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You will start to mobilise and walk the day after surgery. A physiotherapist will assist initially. You will receive intensive chest physio.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 1 to 4 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wounds. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

If there is increasing wound pain or swelling, if you notice fresh blood on the dressings, you must contact the surgeon immediately. If you become suddenly short of breath, call immediately.

HOW SOON CAN I START EXERCISE?

You should not exert yourself much until your surgeon allows you to. You should walk as much as you can every day.

HOW SOON CAN I DRIVE A CAR?

10 days

HOW LONG WILL I BE OFF WORK?

Usually between 7 to 10 days.

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.



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