

Endoscopic Thoracic Sympathectomy for Hyperhidrosis Commissioning Policy

Intervention	Endoscopic Thoracic Sympathectomy
OPCS codes	R61*
For the treatment of:	Primary hyperhidrosis of the upper limb
Background	Endoscopic thoracic Sympathectomy (ETS) is a surgical procedure in which a portion of the sympathetic nerve trunk in the thoracic region is destroyed. ETS is used to treat focal hyperhidrosis, facial blushing, Raynaud’s disease and reflex sympathetic dystrophy. By far the most common complaint treated with ETS is palmar hyperhidrosis, colloquially known as ‘sweaty palms’. The intervention is controversial and illegal in some jurisdictions. Like any surgical procedure, it has risks; the endoscopic sympathetic block (ESB) procedure and those procedures that affect fewer nerves have lower risks.
Commissioning position	<p>NHS Scarborough & Ryedale and Vale of York CCGs do not routinely commission Endoscopic Thoracic Sympathectomy.</p> <p>Applications will only be considered by the individual Funding Request Panel (IFR) where exceptional clinical circumstances are demonstrated. All cases require prior approval.</p> <p>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. (These may include topical agents, oral medication, botulinum toxin injections and iontophoresis.)</p> <p>Endoscopic Thoracic Sympathectomy does not work as well for those with excessive axillary (armpit) sweating.</p>
Summary of evidence / rationale	<p>Recent NICE guidance (IPG 487 May 2014) indicates that the evidence base for the efficacy and safety of this procedure is “adequate” but there is a risk of serious complications (including death from major intrathoracic bleeding); it is not always effective; and it can cause hyperhidrosis (“compensatory”) elsewhere on the body (in around 80% of cases, of whom 33% reported symptoms that were “severe” or “incapacitating”).</p> <p>The primary indication is palmar hyperhidrosis because it is less effective for axillary symptoms. It should only be considered in patients suffering from severe and debilitating primary hyperhidrosis that has been refractory to other treatments.</p> <p>Further research is required to establish good patient selection and to identify which patient characteristics might predict severe side-effects.</p>
Date effective from	26 th March 2018
Date published	March 2018
Review date	March 2020

References

1. NICE Clinical Knowledge Summary – Hyperhidrosis
2. NICE IPG 487 (May 2014) Endoscopic Thoracic Sympathectomy for primary hyperhidrosis of the upper limb: guidance

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinician and Senior Service Imp Manager	Re-drafting of STP and SR/VoY policies. No changes to previous commissioning	n/a	01.02.18
2.0	Senior Service Improvement Manager	Share of new draft internally	Lead Clinicians – VoY and SR CCGs	01.02.18
FINAL	Senior Service Improvement Manager	Approval of threshold	SRCCG Business Committee VoY Clinical Executive	07.03.18 21.03.18