

Laser ablation of axillary sweat glands for the treatment of severe focal axillary sweating.

Focal hyperhidrosis defined as localised excessive sweating commonly affects the hands (palmar), armpits (axillary) and feet (plantar). It usually causes extreme social embarrassment and impairs the quality of life of sufferers interfering with their activities of daily living significantly. Focal hyperhidrosis is said to affect about 1% of the population and of these approximately 50% will have axillary hyperhidrosis. Unfortunately many patients are not aware that satisfactory methods of treatment do exist. The gold standard for the treatment of isolated hand sweating (palmar hyperhidrosis) remains Endoscopic Thoracic Sympathectomy otherwise known as Video Assisted Thoracic Sympathectomy. Mr Onwudike carries out about 30 of these operations every year with a >95% cure rate and a 97% satisfaction rate. This procedure can also be used to treat axillary hyperhidrosis particularly in those who have equally severe axillary and palmar sweating. The major drawback when this operation is performed for axillary sweating is the issue of compensatory sweating (this is excessive sweating elsewhere in the body). This side effect is invariably present but the severity varies from person to person. It is more common when the operation has been done for axillary hyperhidrosis because the nerve supply which controls the sweat glands is divided at more levels than when the operation is done for isolated hand sweating. Even with these side effects only about 3% of patients who have had this operation regret having had the procedure because of the compensatory sweating. There are other methods of treating axillary hyperhidrosis and these include:

1. Botulinium Toxin injection.

This is relatively safe but the main drawback is that the treatment is not permanent and the control lasts on average for 6 months. After about 6 months the patient will have to have repeat injections. In the long run it becomes quite expensive.

2. Surgical excision.

There are different forms of surgical excision that have been advocated but they are often associated with significant scarring which may limit shoulder movement and also may become cosmetically unacceptable to the patient.

3. Subcutaneous curettage.

This has been used widely but has the main drawback of a high relapse rate and significant fluid collection under the skin. This may require repeated aspiration and drainage.

4. Laser ablation of the sweat glands.

This is a relatively new technique similar to the subcutaneous curettage described above but the use of laser to ablate the sweat glands has been shown to reduce the relapse rate and also the incidence of fluid collection and discomfort. The Nd-YAG laser has been most widely used for this procedure and so far it has shown very promising results. The results show a very high satisfaction rate amongst patients who are treated. The operation is done under local anaesthesia and involves 2 x 1 cms incisions in each armpit. This is planned as a one-off treatment except on the rare occasion where there is a relapse.

Reported complications include:

- Fluid collection which is reduced by wearing a pressure garment for the first 2 weeks after the procedure.
- About 6% have been known to have recurrent symptoms although the degree of sweating when there is a recurrence is much less than prior to treatment.
- There is a temporary reduction of hair growth in the armpits which affects about 50% of people treated.

If you are interested in knowing more about this treatment please contact Mr Onwudike's secretary on 01204 – 404446 or email Sharon.Easy@bmihealthcare.co.uk or contact Mr Onwudike directly on 07975991019 or email contact at vascularsurgical.co.uk