Don't Sweat It Treating Hyperhidrosis

As the Head of IJN's Private Healthcare Division (PHD) and a Senior Consultant Cardiothoracic Surgeon, Prof. Dato' Dr Mohamed Ezani has overseen the treatment and care of patients at IJN for 25 years. One of his specialisations is treating Hyperhidrosis, a condition that causes abnormally excessive sweating that is not related to heat or exercise. He specialises in Endoscopic Thoracic Sympathectomy (ETS), a surgical procedure to treat excessive and abnormal sweating, a condition that is intrusive enough to disrupt daily activities and even trigger social anxiety and isolation in severe cases.

How does hyperhidrosis interfere with our everyday lives?

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The nervous system automatically triggers sweat glands when our body temperature rises. However primary hyperhidrosis will induce a patient to sweat abnormally from their palms and feet, regardless of the patient's physical condition, stress levels or the weather in that moment.

There are many cases where this is caused by hyperactivity within the sympathetic nervous system. This can be further induced by stress and emotional turbulence, for example in students who are sitting for an exam, or adults who live stressful lives. In many cases, it can also be due to hormonal changes or

Prof Dato' Dr Mohamed Ezani

MBBS, FRSC, Fellowship in Transplantation, AM, (MAL)

Head & Director of Operation,
Private Healthcare Division / Senior
Consultant Cardiothoracic Surgeon



imbalance in the body. There is no medical cause for this type of hyperhidrosis. Secondary hyperhidrosis is less common, but it has a more distinct cause that can be attributed to an overactive thyroid gland.

Excessive sweating is usually common in the tropics, so at first it might not appear as an urgent issue. But hyperhidrosis is unusual because it can happen at any time or place, regardless of the temperature.

As hyperhidrosis sufferers grow older, these conditions can make them drip excessively from their hands. It tends to cause unfortunate situations like wetting their exam papers or important documents.

In extreme cases such as stage 4 hyperhidrosis, patients start to socially isolate and experience more anxiety about having sweaty hands in public. This is usually the point where they seek treatment and realise that this is a legitimate medical condition.

> How do you begin to <u>diagnose</u> and treat hyperhidrosis?

If a patient is sweating abnormally, the first element of diagnosis is distinguishing between primary and secondary hyperhidrosis. A cardiothoracic surgeon will need to look into their medical history, do a physical examination, as well as carry out a thyroid function test because it remains the most common cause of secondary hyperhidrosis.

The ultimate treatment for hyperhidrosis is an Endoscopic Thoracic Sympathectomy (ETS). This removes the ganglion from the sympathetic chain, which is a nerve highway that originates from the lower part of your brain. It goes along the vertebral column on both the left and right sides of the spine, and then branches out into the nerve endings throughout the body, palms and feet.

Excessive sweating in the hands is caused by overactive thoracic ganglions 2 and 3, whereas those of the lower limbs are connected to ganglions 4 and 5. Cardiothoracic surgeons use ETS in a minimally invasive procedure, where a pencil-like telescope is inserted through a 1 cm cut on the hands or feet. Another device is inserted to induce very high heat and burn away at the problematic thoracic ganglions.

This is a big change for those who have been living with excessive sweating for years. Patients can now go out in public without worrying about the stigma of sweaty hands. Their palms which used to be drenched in sweat, are now dry as a bone and they can work and socialise without disruption or frustration.

Surgical treatment is the most definitive and long-lasting cure to this condition, with a small percentage of patients who experience compensatory sweating. Doctors will always advise their patients on the potential outcomes of this procedure and encourage them to think about how they will find their new balance.

