



hyperhidrosis (*treatment*)

When considering cosmetic surgery, it is important that you are fully informed on all aspects of the procedure that you are seeking.

Overview

Sweating is necessary to control body temperature during times of exercise and in warm/hot surroundings. Sweating is regulated by the sympathetic nervous system. In up to 1.0% of the population, this system is revved up and works at a very high level, causing sweat to occur at inappropriate times in specific areas of the body. This condition is known as hyperhidrosis.

Symptoms

Hyperhidrosis can occur in many different areas of the body. Most commonly, hyperhidrosis appears of the palms. In this case it is known as Palmer hyperhidrosis. However the condition isn't just limited to the hands as it is also a problem on the soles of the feet, armpits, face, head, groin and back.

Regardless of where it is located, Hyperhidrosis presents an embarrassing problem to those afflicted with it. Shaking hands becomes uncomfortable, making business and day-to-day life a problem. Patients report that they are even embarrassed to hold the hands of those they love.

Hyperhidrosis is not a temporary condition. Many people have suffered for many years, usually from adolescence. Hot or cold, sweating is constant.

Causes

While doctors don't fully know why it starts, they have successfully linked it to over activity in the sympathetic nervous system. Specifically, it is the Thoracic Sympathetic Ganglion Chain, which runs along the vertebra of the spine inside the chest cavity. This chain controls the glands, known as the apocrine and eccrine glands, responsible for perspiration throughout the entire body. Depending on which part of the chain becomes overactive, different parts of the body become affected.

Sometimes people will sweat excessively because of illnesses such as hyperthyroidism, psychiatric disorders, menopause and obesity. These causes must be ruled out before Primary Hyperhidrosis can be diagnosed.

Treatments of Hyperhidrosis

Solutions in the past have included everything from psychotherapy to heavy applications of antiperspirants. Psychotherapy usually did not help the medical condition and proved to many, to be a heavy burden. Antiperspirants caused the same hardship. In order to work, they needed to be applied both regularly and liberally, making the average day quite a hassle.



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Drugs such as psychotropic (sedative) and anticholinergic (atropine, robinul) medicines looked promising for a while. Unfortunately these drugs presented risky and unnecessary side effects, such as dry mouth, urinary problems and an increased risk of heat stroke.

Doctors have long tried to deal with this problem. Until now, no plan of action has produced any completely satisfactory results.

What is the first course of action that I should take?

Initially, visit your doctor to confirm that you have hyperhidrosis. He or she will then probably start you a course of 'Aluminium Chloride' (Driclor) antiperspirant. It is not always successful but is worth trying, especially for hyperhidrosis of the axillae.

What is a Thoracic Sympathectomy?

It is generally successful, but it likely to cause sweating to occur in other parts of the body. This is known as 'compensatory sweating'. A general anaesthetic is required, and this treatment should be the last course of action if other treatments fail. It is mostly used for hyperhidrosis of the axillae.

What is the alternative?

Botox?

Botulinum Toxin, otherwise known as 'Botox', is a treatment given by injection into the skin. It is licensed in the UK for Axillary hyperhidrosis only. This drug has been used for many years to treat muscle spasms affecting the face, eyes and neck and for foot problems in children with cerebral palsy. It is also be used for cosmetic purposes.

It is a preparation of protein and when small doses are injected into the skin, it blocks the nerves that supply the eccrine glands; this prevents the glands from producing sweat.

Botox permanently blocks the nerve endings, but over about 6-12 weeks, new nerve endings grow to replace them. This means that the effects of the treatment last for a few months, but further treatment is necessary.

Botox is available in only a few NHS hospitals, but the procedure is mostly done in private hospitals or clinics.

Botox is not suitable for those who are allergic to any of its contents or for those who are pregnant or suffer from muscle problems. Those on antibiotics or any drugs used as muscle relaxants should also not have treatment.



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Side Effects

Although generally this treatment is very successful for the axillae, some patients have experienced an increase in sweating in another part of the body. Occasionally a small amount of Botox may spread out from the injection site and affect a nearby nerve that supplies the muscle causing temporary weakness of the arm.

Flu-like symptoms may occur after treatment and will disappear within a few days. The injection site can also be a bit sore for a while.

