

## **The outcome of ganglion clipping in hyperhidrosis and accidental wrong clipping**

**S-H. Chou<sup>1,2</sup>**, K Eing-Long<sup>1</sup>, L. Chien-Chih<sup>1</sup>, H. Meei-Feng<sup>1</sup>

<sup>1</sup>*Department of Surgery, Kaohsiung Medical University Hospital, Taiwan*

<sup>2</sup>*Department of Respiratory Therapy, College of Medicine, Kaohsiung Medical University, Taiwan*

Objective: The definite treatment for hyperhidrosis and facial blushing remains on surgery. This study is to assess the outcome, side effects and convey the concept of reflex sweating (RS) after sympathetic blockade (ESB) for the disorder. Methods: Between Aug 2001 and Dec 2003, data from 106 patients who underwent thoracoscopic ESB with clipping for various sympathetic disorders were retrospectively reviewed. In total, 69 patients had hyperhidrosis palmaris (HP), 30 hyperhidrosis craniofacialis (HCF) and 7 facial blushing (FB) were collected. Results: For HP, after T4 blockade, all successful with no reflex sweating. For HCF, after T3 blockade, all successful with mild reflex sweating. For FB, after T2 blockade, all successful with one patient intolerable reflex sweating (clipping reversed). There was no recurrence. Accidental finding of 4.4% of patients were unintentionally unilaterally clipped at wrong ganglion level→different feeling between two sides→confirmed by chest radiography→reclipped. Conclusions: The blocked level under the principle of Lin-Telaranta classification is of high successful rate, with very low side effects. Even an experienced surgeon would intervene the wrong ganglion and clipping provides a good marker for postoperative assessment.