

Excluded: Procedure not routinely funded

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 25 **Hyperhidrosis (excessive sweating) – Botulinum Toxin A and Endoscopic Thoracic Sympathectomy**

Recommendation made by the Priorities Committee: **May 2015; reviewed July 2018¹**

Date of issue: **November 2015 / update January 2019**

Hyperhidrosis is where a person sweats excessively, and much more than the body needs to regulate its temperature. It may be either focal (affects certain areas such as armpits, palms, soles or scalp) or generalised (affects the whole of the body) and primary (no underlying cause) or secondary (underlying cause identified).

Management depends on severity. First line treatment includes advice on lifestyle measures and topical treatment with antiperspirants. The majority of patients are managed in primary care.

Botulinum toxin A is a purified neurotoxin complex and works by temporarily paralysing any muscle into which it is injected. The Thames Valley Priorities Committee has considered the evidence for the clinical and cost effectiveness of use of Botulinum Toxin A for severe hyperhidrosis and recommends that Botulinum Toxin A for severe hyperhidrosis is **not normally funded** on grounds of limited robust evidence.

Exceptional circumstances may be considered where there is evidence of significant health status impairment and ability to perform activities of daily living.

Endoscopic Thoracic Sympathectomy (ETS) is surgical treatment to relieve primary hyperhidrosis from areas such as the palms and axillae permanently by dividing the sympathetic nerves. It carries a number of risks including compensatory sweating at other body sites.

The Thames Valley Priorities Committee has considered the evidence for the clinical and cost effectiveness of use of Endoscopic Thoracic Sympathectomy for severe hyperhidrosis and recommends the following:

- Endoscopic Thoracic Sympathectomy for the treatment of severe hyperhidrosis is **not normally funded** on grounds of limited robust evidence and adverse side effects.
- It is recommended that other methods be sought to manage the symptoms.
- If the procedure is performed the patient should be informed before operating that the probability of compensatory sweating is extremely high and very likely.

¹ No changes have been made to this policy.

ICD10 Diagnosis Codes

R61.- Hyperhidrosis

OPCS Procedure Codes

X85.1 Torsion dystonias and other involuntary movements drugs Band 1 (this code describes a group of drugs).

A75.2 - Thoracic sympathectomy

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>