

QUALITY OF LIFE, BEFORE AND AFTER THORACIC SYMPATHECTOMY: REPORT ON 378 OPERATED PATIENTS. José Ribas Milanez de Campos, Paulo Kauffman, Eduardo de Campos Werebe, Laert Oliveira Andrade Filho, Sergio Kuzniek, Nelson Wolosker, Fábio Biscegli Jatene. **Ann Thorac Surg.** 2003;76(3):886-91.

Background. Thoracic sympathectomy is indicated to treat primary hyperhidrosis. The objective is to analyze the results and complications of thoracic sympathectomy and propose a questionnaire to assess the quality of life of patients. **Methods.** Between October 1995 and March 2002, 378 patients were evaluated. Sixty-two percent were female, with a mean age of 26.8 years old (range 9 to 70 years old). There were 57.4% patients with palmar-plantar hyperhidrosis; 25% with palmar, plantar, and axillary hyperhidrosis; 15.7% with pure axillary hyperhidrosis; and 6.5% with craniofacial hyperhidrosis. General anesthesia was used in 97.3%, epidural with sedation in 2.7%. The sympathetic chain was resected in 12.5%, thermal ablation with the electrical scalpel was performed in 66.3%, and with the harmonic scalpel in 21.2% of the patients. **Results.** Successful sympathectomies were performed in 90.3% of the patients; the follow-up was from 1 to 60 months (mean 12.4 ± 8.3 months). The recurrence rates were 8.2% for palmar hyperhidrosis, 13.7% for pure axillary hyperhidrosis, 27.5% of which were reoperated successfully. Improvement of the plantar hyperhidrosis was also registered in 58%. Horner's syndrome was reported in 1% with regression in half of them after 30 days. No mortality or serious complications were observed, nor the need to convert to thoracotomy. Of the total number of patients, 93.4% answered the quality of life questionnaire, 86.4% of whom noted improvement after the procedure. **Conclusions.** Thoracic sympathectomy is a simple, effective, safe method for the treatment of hyperhidrosis, resulting in an improved quality of life for patients. The questionnaire documents this change.