



ISSS CHILE 2015

**11th World Symposium of International
Society of Sympathetic Surgery**



Universidad de
La Sabana



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OUTPATIENT

VIDEO THORACOSCOPIC

SYMPATHECTOMY

WHY OUTPATIENT

- Comfortable
 - Costs
 - Safe

PROBLEMS?

Pain

Bradycardia

Neumothorax

Other complications

Vomit

INPATIENT VS OUTPATIENT?

REFERENCES?

INPATIENT VS OUTPATIENT?

Multimodal approach to rapid
discharge after endoscopic
thoracic sympathectomy.

Cruvinel MG; Duarte JB; Castro CH; Costa JR; Kux
P. *Acta Anaesthesiologica Scandinavica*. 49(2):238-42, 2005
Feb.

INPATIENT VS OUTPATIENT?

Askary A, Kordzadeth A, Lee GH, Harvey M.
*Endoscopic thoracic sympatectomy for primary
hiperhidrosis: A 16 years follow up.*

The Surgeon II (2013) 130-133.

51 Patients

OUTPATIENT

The effects of thoracic sympathectomy on heart rate variability in patients with palmar hyperhidrosis.

Zhang TY; Wang L; Xu JJ. (South Korea)
Yonsei Medical Journal. 53(6):1081-4, 2012 Nov 1

(R3-R4) was transected, but the ganglia were left in position

No statistical difference in high frequencies, LF/HF ratio, or standard deviation for all normal RR intervals for the entire 24-h recording before and after

There was a significant improvement in heart rate variability in patients with palmar hyperhidrosis after thoracic sympathectomy

Improvement autonomic nervous system balance and parasympathetic predominance in the early postoperative stage

T2-T3 sympathectomy versus sympathicotomy for essential palmar hyperhidrosis: comparison of effects on cardio-respiratory function.

Fiorelli A; D'Aponte A; Canonico R; Palladino A; Vicidomini G; Limongelli F; Santini M.

European Journal of Cardio-Thoracic Surgery. 42(3):454-61, 2012 Sep.

45 patients randomized:

Conventional group, excision of T2 and T3 ganglia

Simplified group: only separation of the sympathetic chain was performed at the same level.

SG, forced expiratory volume in 1 s and forced vital capacity were significantly reduced at 2 weeks, but returned to similar baseline values 6 months after the procedure. No significant cardiac changes were observed.

CG, both FEV₁ and FVC were significantly reduced at 2 weeks and at 6 months after operation. A significant reduction in forced expiratory flow between 25 and 75% of vital capacity and a relevant increase in airway resistance during the entire postoperative course were also observed. Heart rates at rest and at peak exercise were significantly reduced at 2 weeks and significantly decreased 6 months after the procedure. The cardio-respiratory alterations remained at a sub-clinical level; all patients completed the exercise test without symptoms.

Sympathectomy may result in a disturbance of bronchomotor tone and cardiac function. Such changes remained at a sub-clinical level and seemed directly correlated with the extension of denervation.

VIDEO THORACOSCOPIC SYMPATECTOMY

Our Experience:

1150 patients

May 2000 – Sep 2015

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Our Experience:

- 1150 patients
- 1120 outpatient (97,4%)
 - 30 inpatient (2,6%)

OUTPATIENT?

Inpatient:

- 23 patients: year 2000)
- 7 complications (0,6%):
 - Neumothorax 4
 - Hemothorax 2
 - Pulmonar Edema 1

OUTPATIENT STRATEGY

Kind of patient:

- Young
- Healthy
- Cultural Level
- Where does he live?

OUTPATIENT STRATEGY

Initial consultation

Medic – Patient relationship

OUTPATIENT STRATEGY

INTRA SURGICAL:

- Anaesthesiologist “Our Staff”
 - Type of anaesthesia

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INTRA SURGICAL:

Surgical Technique

- Haemostasia

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POSTOPERATORY OBSERVATION
(Monitor)

3 Hours?

Thorax X Rays

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POSTOPERATORY OBSERVATION

Early Complications Solutions:

Residual pneumothorax

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Clarity in the Writing Instructions

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- Total availability for the patient
- Easy communications

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Pain Control

**OUTPATIENT
VIDEO THORACOSCOPIC
SYMPATHECTOMY**

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