NHS
Cheshire and Merseyside

Clinical Commissioning Policy

Hyperhidrosis (excessive sweating), Surgical Management

Category 1 Intervention - Not routinely commissioned -

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Document control:		
Date:	**Version Number:**	**Section and Description of Change**
April 2023	1	Policy ratified by Cheshire & Merseyside ICB

1. Introduction

1.1 This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

1.2 This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined in Appendix 1.

1.3 At the time of publication, the evidence presented per procedure/treatment was the most current available.

2. Purpose

2.1 This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

3. Policy statement

3.1 Surgical interventions for hyperhidrosis are not routinely commissioned.

4. Exclusions

4.1 None

5. Rationale

5.1 This procedure is associated with serious complications, may not be effective in all cases and the hyperhidrosis may return on different parts of the body.

5.2 The procedure is considered to be highly specialised and is not appropriate for routine commissioning.

6. Underpinning evidence

6.1 Surgical options to treat hyperhidrosis include local treatments to the site of the sweat-producing skin, and major surgery to the nerves serving the arms, thoracic sympathectomy.

6.2 Local excision of sweat glands in the axillae by various methods: subcutaneous curettage, micro-cannula tumescent liposuction, laser, ultrasonic surgical aspiration, electrosurgery, cryosurgery, suction-curettage, aims to remove the maximum number of eccrine sweat glands with the least “collateral damage”, i.e. preserving the normal appearance of the axillae and mobility of the arms[1]. Such procedures can be useful for small areas of axillary hyperhidrosis[2], and have become relatively popular in private dermatology clinics in various parts of the world, but with a lack of published research on effectiveness or safety.

6.3 Sympathectomy can be done either by open or endoscopic approaches: endoscopic sympathectomy is now usually the preferred technique because it is associated with less pain, improved cosmesis and more rapid recovery than open sympathectomy. Endoscopic thoracic surgery (ETS) is usually done with the patient under general anaesthesia. Small incisions are made in the axilla and an endoscope is inserted. The lung is partially collapsed. The sympathetic chain, usually over the second or third ribs, is divided by electrocautery or endoscopic scissors, or surgical clips may be applied. The lung is allowed to re-expand, and the wounds are closed. The procedure is then usually repeated on the other side[3].

6.4 Although NICE states that the current evidence on the efficacy and safety of endoscopic thoracic sympathectomy (ETS) for primary hyperhidrosis of the upper limb (i.e. the palms of the hands) is adequate to support the use of this procedure with normal arrangements for clinical governance, consent and audit, it carries a high risk of serious complications. The hyperhidrosis is very often expressed elsewhere on the body after the procedure: this can be severe and distressing and some patients regret having had the procedure. In view of the risk of side effects this procedure should only be considered in patients suffering from severe and debilitating primary hyperhidrosis that has been refractory to other treatments[3].

6.5 A response from a local dermatologist at Countess of Chester stated “For hyperhidrosis we offer botox and previously iontophoresis (but not since the pandemic). Surgery is only offered at tertiary centres such as Liverpool Heart and Chest as would need highly experienced thoracic surgeons.”

6.6 It was concluded that the recommended policy position above doesn’t need further revision.

REFERENCES

[1] Rezende RM, Luz FB. Surgical treatment of axillary hyperhidrosis by suction-curettage of sweat glands [published correction appears in An Bras Dermatol. 2015 Mar-Apr;90(2):286]. *An Bras Dermatol*. 2014;89(6):940-954. doi:10.1590/abd1806-4841.20142873

[2] Hyperhidrosis: Scenario: Management. NICE CKS. Last revised May 2018. https://cks.nice.org.uk/topics/hyperhidrosis/management/management/

[3] NICE Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb**.** Interventional procedures guidance [IPG487]**.** Published: 27 May 2014**.** https://www.nice.org.uk/guidance/ipg487/chapter/1-Recommendations

7. Force

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

8. Coding

8.1 **Office of Population Censuses and Surveys (OPCS)**

S041 Excision of sweat gland bearing skin of axilla
S043 Excision of sweat gland bearing skin NEC
A752 Excision of thoracic sympathetic nerve
A762 Chemical destruction of thoracic sympathetic nerve
A772 Cryotherapy to thoracic sympathetic nerve
A782 Radiofrequency controlled thermal destruction of the thoracic sympathetic nerve
A792 Destruction of thoracic sympathetic nerve NEC

Could possibly be coded under:
A798 Other specified other destruction of sympathetic nerve
A799 Unspecified other destruction of sympathetic nerve NEC
A81 Other operations on sympathetic nerve

8.2 **International classification of diseases (ICD-10)**
Hyperhidrosis, hyperidrosis R61
R61.1 – generalized
R61.0 – localised
R61.9 - unspecified
F45.8 - psychogenic

9. Monitoring And Review

9.1 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

9.2 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

10. Quality and Equality Analysis

10.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

Appendix 1 - Core Objectives and Principles

Objectives

The main objective for having healthcare commissioning policies is to ensure that:

- Patients receive appropriate health treatments
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

Principles

This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

- Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
- Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
- Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

Core Eligibility Criteria

There are a number of circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for the procedures and treatments listed, regardless of whether they meet the criteria; or the procedure or treatment is not routinely commissioned.

These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
- NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients wishing to undergo Gender reassignment, this is the responsibility of NHS England and patients should be referred to a Gender Identity Clinic (GIC) as outlined in the Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14.

Cosmetic Surgery

Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

A summary of Cosmetic Surgery is provided by NHS Choices. Weblink:
http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and
http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

Diagnostic Procedures

Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

Clinical Trials

The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

Clinical Exceptionality

If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy.