

Hyperhidrosis Treatment

Exceptional Funding Request

All Patients

All treatments for hyperhidrosis, including but not exclusively those listed within this policy, are not routinely commissioned.

Patients presenting with hyperhidrosis should initially be assessed in primary care to determine if it is primary (idiopathic) or secondary to an underlying cause.

For advice on conservative management of primary hyperhidrosis and on investigation and treatment of secondary hyperhidrosis, please see the Hyperhidrosis page in Remedy. Before consideration of referral of patients with secondary hyperhidrosis, please consider use of advice and guidance services.

<https://remedy.bnssgccg.nhs.uk/>

Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option.

Hyperhidrosis Treatments – Plain Language Summary

Hyperhidrosis is a condition characterised by abnormally increased sweating. This means that a person sweats more than they need to keep a healthy body temperature.

It is estimated that hyperhidrosis affects one in every 100 people. Hyperhidrosis can develop at any age, although primary hyperhidrosis typically starts during childhood or soon after puberty.

Hyperhidrosis can be generalized or localised to specific parts of the body. Hands, feet, armpits, and the groin area are among the most active regions of sweat due to the relatively high concentration of sweat glands. When excessive sweating is localised it is referred to as primary or focal hyperhidrosis.

Generalised or secondary hyperhidrosis usually involves the whole body and is the result of an underlying condition.

This policy has been developed with the aid of the following references:

1. NICE (2018) Hyperhidrosis (Clinical Knowledge Summary) www.nice.org.uk
2. NICE (2014) Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb (Interventional procedures guidance - IPG487) www.nice.org.uk
3. National Health Service (2021) Health A to Z: Excessive sweating (hyperhidrosis) [online] www.nhs.uk/conditions
4. National Library of Medicine (2015) Hyperhidrosis - 25367139 (Online) www.pubmed.ncbi.nlm.nih.gov
5. National Library of Medicine (2014) The development and validation of a disease-specific quality of life measure in hyperhidrosis: the Hyperhidrosis Quality of Life Index (HidroQOL©) - 4366556 (Online) www.pubmed.ncbi.nlm.nih.gov

Connected Policies

N/A

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB is responsible, including policy development and review.

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OPCS Procedure codes

Must have any of (primary only):

A752,A753,A754,A755,A758,A759,A761,A762,A763,A764,A765,A768,A769,A771,A772,A773,A774,A775,A778,A779,A781,A782,A783,A784,A785,A788,A789,A791,A792,S041,S042,S043,S048,S049,S532,Y072,Y111,Y742,Y744

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