



Botox and Hyperhidrosis

What is hyperhidrosis?

Localized hyperhidrosis is a common disorder of sweating. The cause is unknown. The sweat glands are entirely normal, but they have a heightened response to stimulus. Most commonly affected are underarms, palms, and soles. In severe cases, sweat literally runs down the trunk or drips from the hands and feet.

What is Botox and how does it work?

Botox is one brand name for botulinum protein. In the late 1960's researchers began harnessing its powers to heal spastic muscle disorders. Minute doses of the drug were used to relax over-reacting nerves that caused muscle contraction. Acetylcholine, the chemical clocked by Botox, is the same neurotransmitter involved in sweating. In 1992, it was discovered that Botox could also be used to block acetylcholine from triggering sweat production. As a protein, Botox is eventually fully metabolized by the body. Treatment must be repeated at periodic intervals.

When does it take effect?

Sweating decreases within 48 hours. The full effect is seen within 1-2 weeks. With underarm treatments, there may be some associated reduction of odor. Reduction of odor is not 100% since skin bacteria and apocrine sweat, which is not affected by Botox, cause much of it.

Hyperhidrosis treatment options

Common treatment: aluminum salts (i.e., over-the-counter antiperspirants and prescription "Drysol"), Botox

Less common treatment: anticholinergic drugs (i.e., Robinul), iontophoresis (the "Drionic" device), surgical excision, transthoracic sympathectomy

How are Botox treatments done?

Fine gauge needles are used to inject Botox solution immediately beneath the skin surface. Pain is minimal because of the very fine needles used. Topical anesthetic creams are an option. When considering anesthesia, it is important to know that anesthetics dilate blood vessels, increasing blood flow and thereby possibly reducing the effect of Botox. Similarly to decrease spread of the injected Botox, exercise should be avoided for 12 hours, and the treated area should not be rubbed or massaged.

Risks and complications

- Bruising at injection sites
- Persistent focal area of sweating could occur. This would require a touch-up treatment.
- Botox results are temporary.
- High cost of Botox (and insurance may not cover it)
- Muscle weakness in area treated
- The long-term effects of Botox on sweat glands remain to be established.
- Possible compensatory hyperhidrosis in another location (i.e., another part of your body could have increased sweating)

Contraindications

- Muscle weakness or atrophy in the area targeted for injection
- Past spinal cord injury
- Prior surgical treatment of hyperhidrosis
- Allergy or sensitivity to any component of the medication or to any of the ingredients including to albumin.
- Any disease that might interfere with neuromuscular transmission (i.e., myasthenia gravis, Eaton Lambert syndrome, amyotrophic lateral sclerosis)

- Simultaneous use of drugs that interfere with neuromuscular transmission (i.e., aminoglycoside antibiotics or penicillamine)
- Pregnancy or breastfeeding

How long does Botox last?

Long-term studies of Botox use in spastic muscles disorders have shown that the duration of Botox action at the neuro-muscular junction is about three months on average. However, for unknown reasons, the effects seem to last significantly longer for hyperhidrosis. Most patients obtain 5-6 months of decreased sweating. In some, the effects can last as long as 8-10 months. Then injections can be repeated.

How to make appointment

First get written, prior approval from your insurance company (axillary hyperhidrosis codes are L74510 and CPT codes 64650 with J0585 x 200 units) and then make a 30 minute procedure appt.