

ENDOSCOPIC THORACIC SYMPATHECTOMY

I am writing because I wish to explore the *possibility* that some people who suffer from social anxiety are being surgically exploited.

In July 2008, I underwent an irreversible Endoscopic Thoracic Sympathectomy surgical operation which was carried out at a private hospital. I underwent this surgery because I believed it would rid me of facial flushing. I had been afflicted with facial flushing for at least 10 years, and I was finding this distressing. The simplest and most basic of social interactions with my colleagues at work would often provoke my flushing, and I constantly laboured under a dual, persistent obsessive fear. Firstly, I would dread having to talk to my colleagues, fearing an episode of facial flushing. Secondly, I was ashamed that they might perceive me as someone weird and defective as a result of this episode. Indeed, there were times when I felt intensely weird. In order to avoid an incident of flushing, I refrained from talking to most of my colleagues. Although this was a successful coping mechanism short term, it was of course no solution since I went home feeling depressed.

My fear of flushing was at the forefront of my mind at work, and thinking about it seemed to make it worse. In May 2008 I started a new job. After a week, I felt so deeply frustrated because I was unable to bond with work colleagues. I decided to pay for and undergo an Endoscopic Thoracic Sympathectomy. I had known about this surgery for some time, though previously I had resolved to avoid it due to the risks and complications involved. However, at the time I was desperate and longed to be rid of the fear of flushing. After some searching on the internet I managed to secure an appointment to undergo surgery in July 2008. The operation involved the cutting of some of the nerves which comprise the sympathetic nervous system.

I have had a lot of time to reflect on the nature of the mental distress I have been suffering and the surgery I underwent. I have experienced profound insights into it. Pre-surgery I believed that it was facial flushing and my fear of facial flushing which was causing my distress. I thought the removal of the physiological features responsible for flushing would remove my distress. I now expect that the causal processes involved are much more complex than this. Although the Endoscopic Thoracic Sympathectomy did seem to reduce my flushing and fear of flushing, which allows me to interact more frequently with my colleagues, I still experience anxiety in social situations at work. I now believe my facial flushing developed, those many years ago, as a symptom of underlying social anxiety.

Before surgery I believed that it was the flushing that caused my anxiety. I now firmly believe it was an underlying anxiety which was causing the symptom of flushing and at some point the causal processes became bi-directional. My condition had deteriorated to such an extent that the flushing symptom had become very significant and distressing in itself. This explains my obsessive and painful self-consciousness surrounding it, and I mistook it for the root cause of my distress. My fear of flushing constituted what some psychologists refer to as meta-anxiety, which is fear of appearing nervous, or anxious about appearing anxious.

Since the operation 2 years ago, I still experience flushing *and* fear of flushing, though less frequently and not as intensely. But most saliently, I now still experience anxiety related to how others may be negatively evaluating my appearance and behaviour. In essence, I still feel anxious about others perceiving me to be weird or defective. This strongly suggests that my anxiety is deeply rooted in negative beliefs about myself. If I could have my time over again, I would have used part of the £5000 I spent on the operation to pay for Cognitive Behavioural Therapy as a means of healing from my fears.

Emotions such as anxiety and shame cannot be surgically removed; surgeons are merely able to offer a partial alleviation of the symptoms arising from these emotions, whereas psychological therapy can address the underlying issues. Moreover, psychological therapy can promote the development of social skills, confidence, self-assertiveness and the growth of self-esteem, all of which I believe are vital to long-lasting recovery from social anxiety.

I am now passionately motivated to make sure that people who are currently suffering from an obsessive fear of flushing are aware of my experience and of the alternative choices of intervention which are available to them. The surgeons who offer the Endoscopic Thoracic Sympathectomy may indeed have altruistic intentions. They actively promote this procedure as a cure for facial flushing, but in my view since flushing is merely a symptom of the underlying anxiety, the surgery does not offer a long-term cure of the sufferer's distress. In addition, during my consultation prior to surgery, I was told that there has never been a concerted attempt to evaluate the long-term consequences of this surgical procedure through longitudinal research. I was told this was because a lot of the people who undergo this surgery either cannot be located once a significant time period has elapsed, or refuse to take part. I find this dearth of research quite disturbing from an ethical standpoint, since it suggests that surgeons are willing to perform incisions on the sympathetic nervous system without any real knowledge of the long-term consequences.

One unpleasant side effect of the surgery that I now have to live with is that my body's ability to regulate its temperature has been affected. I seem to feel the cold more in the winter and I suffer from 'compensatory sweating' on my legs and chest. In warm or hot weather, this sweating can be profuse and a great inconvenience.

I believe the Endoscopic Thoracic Sympathectomy has been abolished in many countries throughout the world, but is still legal in England. I am not campaigning for the total abolition of this procedure, but I would like to see this surgery become a final resort. I would like sufferers of facial flushing arising from social anxiety to be strongly encouraged to commit to an appropriate psychological or psychotherapeutic intervention, such as Cognitive Behavioural Therapy. I would like to assert with confidence that the Endoscopic Thoracic Sympathectomy did not make a significant impact on my underlying anxiety. I now place my confidence in psychological or psychotherapeutic interventions, which purport to heal the underlying condition. If I find that the headway I can make on my own through increased efforts and self-help books such as 'Teach Yourself Cognitive Behavioural Therapy' is limited, then I will need to save enough money to seek professional therapeutic help. I wish that I had used the money I spent on the surgery for this purpose. It was all too easy to be persuaded by the allure of the quick-fix solution.