

Trans-Cervical Resection of the Endometrium (TCRE)

Introduction

This leaflet is for women having a Trans-Cervical Resection of the Endometrium (TCRE) as a treatment for heavy periods.

The procedure is performed under a general anaesthetic as a day surgery procedure.

If there is anything you do not understand or if you have any other questions, please ask the clinic nurse or telephone us on the numbers at the end of this leaflet.

What is a TCRE?

A TCRE is an effective alternative to hysterectomy for women who have heavy periods. It involves the removal of the lining of the uterus/womb (the endometrium), which is the source of the bleeding.

How well does a TCRE work?

The surgeon will try to ensure that the procedure completely removes the uterine/womb lining leaving you with no periods at all, but sometimes a small amount of lining remains or grows back and you will continue to have light periods.

Five years after the operation:

- 4 out of 10 women will have no periods.
- 2 out of 10 women will be no better.
- This leaves another 4 out of 10 women who still have periods but they are much lighter.

If the procedure is not successful, a second TCRE can be considered which is usually successful. If the result is unsatisfactory a hysterectomy (surgery to remove the uterus) can still be done.

What are the alternatives to TCRE?

You should only consider having a TCRE if other medical treatments have failed or are otherwise undesirable. Such medical treatments include tablets like Mefenemic acid and Tranexamic acid (which can reduce bleeding by up to 50%), or hormonal treatments such as the contraceptive pill and the Mirena coil. If you have not been offered these treatments

already, you should discuss them with your doctor in more detail before deciding to have a TCRE.

If you are still considering further pregnancies then a TCRE is not the right procedure for you to have. Please discuss this further with the doctor to ensure that alternative management is considered.

How is the operation performed?

TCRE is performed under a general anaesthetic (i.e. you will be asleep). It is usually done as a day case (you will be going home the same day).

A narrow telescope (hysteroscope) is inserted through the vagina and cervix into the uterus. A camera attached to the hysteroscope allows the uterine cavity to be shown on a TV monitor during surgery. Your uterus is filled with a sterile, harmless liquid to give a better view. The lining of the uterus/womb (endometrium) is then stripped or burned away with a heat-generating instrument inserted through the hysteroscope.

What are the risks of TCRE?

No surgical operation is completely without risk. However, the risks with TCRE are small and include:

Puncture of the uterus – The hysteroscope can puncture the uterus. This is a rare complication (up to 2 in every 100 operations) but if it does, the operation will have to be abandoned and postponed until the uterus/womb has healed. On very, very rare occasions the perforation may damage the bowel. This would require additional surgery, a laparoscopy, to correct the problem.

Bleeding – Up to 2 in every 100 procedures may have heavy bleeding during the operation. This almost always settles. In the very rare cases where bleeding cannot be stopped it would require an emergency hysterectomy.

Fluid overload – If your body absorbs too much of the liquid used to fill up your uterus during the operation, the procedure will be discontinued. This occurs in about 2 in every 100 procedures.

Infection – The procedure can cause infection in the uterus (1 in every 100 operations). Antibiotics will be given during the operation to try and prevent this.

These risks sound dramatic; however, they are less than the risks associated with having a hysterectomy.

What are the benefits of TCRE?

Compared with a hysterectomy there are definite advantages:

- Shorter hospital stay.
- Quicker operation, therefore shorter anaesthetic.
- Less post-operative discomfort.
- Lower complication rate.
- Quicker return to normal activities, usually after only a few days.

What can I expect after the operation?

Cramping – You may experience some cramping for a day or two, for which you may require some simple painkillers, such as paracetamol. Follow the dosage instructions.

Bleeding – There is usually a blood-stained discharge lasting up to three weeks. Until it has stopped, avoid sexual intercourse and the use of tampons.

Infection - If you should develop an unpleasant, smelly discharge or the bleeding becomes heavier, this might indicate an infection. If this happens you will need some antibiotics from your GP.

Work – You should be able to go back to work after a few days. If required, a sick certificate for one week can be provided for your employer. You will need to ask the nurses for this when you arrive on the ward so that the certificate can be prepared in time for your discharge later in the day.

Sex – You can resume sex when you feel ready and comfortable. We would advise that you wait until any bleeding or discharge has completely stopped.

Can I still get pregnant?

Pregnancy is unlikely after a TCRE, but it can and has happened! You must continue to use contraception until you have entered the menopause.

Cervical smears

The operation does not remove the cervix (neck of the womb), so you still need to have smears at the recommended intervals.

Follow up appointment

Please keep any appointments made for you. These will either be given to you on leaving the ward or sent in the post.

Contact us

If you have any concerns or questions regarding your operation, you can contact us on:
Sonning Ward: 0118 322 7181 / 0118 322 8204.

Where can I get more information?

- NHS Choices www.nhs.uk/Conditions/Periods-heavy/Pages/Treatment.aspx
- Royal College of Obstetricians & Gynaecologists (www.rcog.org.uk/en/patients)
- Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and large print upon request.

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