

# Transcervical resection of endometrium (TCRE)

Information and advice for patients

## *Gynaecology*

### **What is a Transcervical resection of endometrium (TCRE)?**

A TRCE is a procedure to remove the lining of the uterus (womb). It is performed to treat heavy periods when a woman:

- Has tried various medications and they have not worked
- Does not wish to have any more children

A TRCE may also be suggested as other alternatives are not suitable for you due to having:

- A long uterus
- Bicornuate (divided or heart shaped) uterus
- Fibroids or polyps in the uterus
- 2 or more previous caesarean sections

### **What are the benefits?**

The benefit of the procedure is that your period will stop altogether or in 85 out of 100 women they become a lot lighter.

Another benefit is that during the procedure the inside of the womb can be viewed and we can remove any fibroids or polyps at the same time.

### **What are the risks?**

The SCaT Centre provides the following services:

Risks during the procedure

- 1 in 100 women may get a small perforation (hole) in their womb. The treatment will have to stop and you will be admitted to hospital. Sometimes a camera may be passed into the stomach through an incision in your tummy to see if there is bleeding from the hole. Rarely an operation may be required to repair the hole and area around it.
- Significant bleeding – this is rare as the womb contracts squeezing the blood vessels shut.

Risks after the procedure

- 2 in 100 women may have persistent heavy bleeding. You should see your doctor if it still continues 2-3 weeks after the procedure as it may be due to infection.
- 1 in 100 women's lining may regrow and bleed with periods. If the blood cannot escape it will build up inside the womb. This is called a haematometra and can be painful during periods.

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### What are the risks of not having TCRE?

The risk of not having this procedure is that your heavy periods will continue.

### Are there any alternatives to TCRE?

Alternatives include:

- **Medications** – such as hormones or non-hormones to reduce bleeding.
- **Mirena Intrauterine System** – A hormone system can be fitted into the uterus and reduce bleeding for 5 years. Please ask a member of staff for 'The Mirena Intrauterine System (IUS)' leaflet for more information.
- **Thermachoice and Novasure** – These are newer techniques for removing the lining. They involve inserting a device into the womb and heating them up. They are not suitable for all women. Please ask a member of staff for the 'Thermachoice and Novasure: Treatments for Heavy Menstrual Bleeding' leaflet)

Your doctor will discuss these options in more detail with you.

### Preparing for the procedure

You must not eat from 8 hours before the procedure.

### During the procedure

When you arrive for the procedure, you will be asked to sign a consent form for the TCRE.

The procedure last between 20 - 45 min depending on the size of your uterus, and the number and size of fibroids/polyps.

Some patients may need a prostap or zoladex injection in the mouth to thin the lining of the womb. The doctor will explain to you if this is needed. You will also have a blood test to check your blood count.

1. The procedure is performed under general anaesthetic which the anaesthetist give will to you to put you to sleep.
2. Your cervix (neck of womb) will be expanded to allow the hysteroscope (camera) to pass into your uterus.
3. A liquid is used to expand you uterus so it can be viewed.
4. A thin electrical loop is used to remove the lining of the uterus.
5. Any fibroids or polyps on the uterus can be removed at the same time.

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### **After the procedure**

We will give you pain medication to take after the procedure and for when you go home.

You will need to stay in hospital for at least 2 hours after waking up. During this time a doctor will come and you will need to pass urine, and eat and drink a small amount.

### **Going home**

A relative or friend will need to take you home and we recommend that somebody stays with you for the first 24 hours after the procedure. You should rest when you get home.

### **Pain**

You may experience pain after the operation, this is normal and will resolve after a few days. We will also give you medication for this.

### **Discharge and bleeding**

You may experience vaginal bleeding for a few days following the procedure. You should avoid using tampons for 6 weeks after the procedure as this may lead to infection. Vaginal discharge may last up to 4 weeks, this is normal.

### **Normal activities**

**Most women can return to normal activities the next day.**

- You should avoid driving for 48 hours.
- Sex should be avoided for 2 weeks after the procedure.
- Depending on the type of work you do, you may need to take at least a week off and maybe more. Please ask a member of staff if you need a certificate.

### **Pregnancy and contraception**

TCRE is only recommended for women who do not wish to have any more children. There is still a chance you can get pregnant however and so you should still use contraception.

If you do become pregnant, it can result in a high risk condition called placenta accrete where the placenta can get attached to the womb and cause massive bleeding.

### **Follow-up**

#### **Symptoms to report**

If you experience heavy bleeding, pain that is not relieved by pain killers such as paracetamol and ibuprofen, or signs of infection such as a high temperature, you must contact your GP.

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### Contact details

If you have any questions or concerns, please contact your GP.

### Further information

For more information about our hospitals and services please see our website [www.swbh.nhs.uk](http://www.swbh.nhs.uk), follow us on Twitter @SWBHnhs and like us on Facebook [www.facebook.com/SWBHnhs](https://www.facebook.com/SWBHnhs).

### Sources of evidence used for the information in this leaflet

- Fergusson RJ et al, 'Endometrial resection and ablation versus hysterectomy for heavy menstrual bleeding', Cochrane Database, November 2013
- Ghazizadeh S et al, 'A randomized clinical trial to compare levonorgestrel-releasing intrauterine system (Mirena) VS trans-cervical endometrial resection for treatment of menorrhagia', International Journal of Womens Health, 2011
- Lethaby A et al, 'Endometrial resection/ablation techniques for heavy menstrual bleeding', Cochrane database, October 2009

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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