

Transcervical Resection of the Endometrium (TCRE)

Families Division
Patient Information Leaflet



What is TCRE?

TCRE is a procedure in which the lining (the endometrium) of the uterus (the womb) is removed. Once the lining has been removed, it is unlikely to grow back. This means that your periods will become lighter or may even stop altogether.

Why is TCRE performed?

TCRE is used to treat heavy bleeding, by removing the lining of the womb. Periods can become much lighter or in some cases stop altogether. The effects of the operation are thought to be long term, so this treatment is only offered to women who do not wish to have any more children.

How is a TCRE performed?

TCRE is usually performed under a general anaesthetic (when you are asleep during the procedure) as a day case. This means that you should be able to go home on the same day. You will receive a letter requesting that you come to a pre-operative assessment clinic, where we will check that you are fit and well enough to have a general anaesthetic.

When you receive the letter advising you of the date of your surgery, you will be reminded of when to stop eating and drinking.

On the day of your admission, you will be prepared for theatre by one of the nurses. The surgeon will explain the procedure and the anaesthetist will discuss the anaesthetic and pain relief with you. The surgeon or surgical care practitioner will then ask you to sign the consent form (if you have not already done so), to confirm you are happy for the procedure to go ahead. If you have any question or concerns, please speak to the surgeon before you sign the consent form.

When it is time for you to have your surgery we will take you to theatre, when you will be given the general anaesthetic. First of all, the cervix (neck of the womb) is gently stretched to approximately 10 millimetres. A special telescope known as a 'hysteroscope' is then inserted through the cervix into the uterus. The cavity of the uterus is then stretched open using a fluid, so that the shape and appearance can be examined with the hysteroscope.

The hysteroscope has an electrical loop at its end that is used to remove (or "resect") the uterus lining.

Fibroids (swellings arising from the muscular wall of the uterus and protruding into the uterus) and polyps (skin tags from increased thickening of the lining of the womb) can also be removed at the same time.

How does TCRE work?

Menstrual blood comes from the uterus lining. In TCRE the thickness of this lining is removed and so periods either stop altogether or become much lighter.

What will I experience after TCRE?

During and immediately after TCRE, the muscular wall of the uterus contracts; this closes off the blood vessels that open into the cavity of the uterus and may cause some period-like pains.

You may have bleeding that is heavier than a period for a few hours after TCRE. You will usually have bleeding that is less heavy than a period for up to a week and after this a pink or brown discharge for 4-5 weeks. During this time the cavity of the uterus is healing.

In 30-40% of women, periods will stop altogether. In nearly all other women periods will be much lighter with only a brown stain for between 2 to 7 days each month.

Although the likelihood of becoming pregnant is significantly reduced following TCRE, this procedure is not to be used as a contraceptive option. Permanent contraception must still be used to reduce the risk of a pregnancy. This issues of contraception should be discussed with your doctor as some women can still conceive following TCRE, and there appears to be an increased risk of ectopic pregnancy (a pregnancy in one of the fallopian tubes). Pregnancy can be dangerous after TCRE even if the pregnancy is within the uterus.

What are the risks of complications during TCRE?

- Complications during TCRE are rare. In 1 in 100 women, a hole (known as a perforation) may be made in the wall of the uterus, either during the stretching of the cervix or more rarely during the insertion of the hysteroscope. This seldom causes any damage to other organs but does prevent the inside of the uterus from being viewed. If this happens the procedure will have to be stopped. We will need you to stay in hospital overnight and have antibiotics, to make sure that there are no further complications. Before you go home, the doctor will talk to you about whether you will need to return for the procedure to be carried out again, or if we need to see you at an outpatient appointment instead.
- In approximately 1 in 1000 women, a perforation may occur during the actual resection. This is more likely to damage the bowel surrounding the uterus and it may then be necessary to open the abdomen to correct the damage.
- Significant bleeding is very uncommon during TCRE as the muscular wall of the uterus contracts and blocks off the blood vessels that are opened during the procedure.

- Occasionally the fluid used to expand the cavity of the uterus may enter an open blood vessel. The kidneys will remove this excess fluid from the body's circulation and a drug known as a diuretic can be given to help the kidneys work more efficiently.

What are the risks of complications after TCRE?

- Complications after TCRE are rare. If you experience heavy bleeding (more than a period) for longer than four hours after you are discharged from hospital, an increase in bleeding, and/or persistent pain (that isn't relieved by painkillers), then you should contact us on the numbers at back of this leaflet. These symptoms may be a sign of an infection of the uterus (a risk to 2 in every 100 women).
- Although periods will always be lighter, 2-5 in 100 women say they feel that their periods are still too heavy and may therefore request a repeat TCRE or a hysterectomy (removal of the womb).
- In approximately 1-2 in 100 women an area of the endometrium may re-grow but, due to scarring, the blood that is released each month may not be able to escape through the cervix. This leads to a build of blood, known as a haematoma. This causes a severe pain at the time of a period or, in women whose periods have stopped at the time the period would have occurred.

In this situation it may be possible to remove the remaining endometrium by performing a repeat TCRE, although some women request a hysterectomy instead.

Alternatives to TRCE

1. Mirena Intrauterine System (IUS)

The most popular and simplest reversible method is to use a hormone releasing intrauterine device (coil) known as a Mirena intrauterine system or IUS

Whereas conventional copper coils make periods heavier, the Mirena IUS makes periods much lighter and they may even stop completely. It is also a very effective method of contraception. However, the effects of the Mirena IUS only last for 5 years and it must be replaced after this time.

The Mirena IUS can usually be inserted in the Gynaecology Clinic, or by your GP. In women with a very narrow opening to the cervix it may be necessary to use a local or general anaesthetic to stretch before inserting the IUS.

When appropriate, a Mirena IUS can also be inserted at the time of a TCRE, to help further reduce any bleeding that may occur at the time of a period.

2. Endometrial Ablation

This method involves inserting a balloon into the cavity of the uterus, then pumping hot water into the balloon. This reduces the endometrium so that it does not re-grow. The procedure is known as 'Thermachoice'

3. Radio Frequency

Other techniques include freezing the endometrium or heating it with a microwave probe that is inserted into the cavity of the uterus. These techniques are not as effective as TCRE and cannot be used in women with fibroids that protrude into the cavity of the uterus.

Further Information

Women's Health Concern

Website: www.womens-health-concern.org

NHS choices

Website: www.nhs.uk/Pages/HomePages.aspx

Other sources of information:



Contacts:
01253 953995



Hospital switchboard
Telephone: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives.



You can contact them via tel: **01253 955589**
or by email: **bfwh.patientrelations@nhs.net**

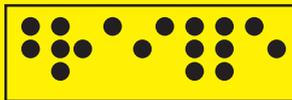


You can also write to us at: Patient Relations Department, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR



Further information is available on our website: **www.bfwh.nhs.uk**

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