Oxford University Hospitals NHS
NHS Trust

Women's Centre

# Transcervical Resection of the Endometrium (TCRE)

## Information for women

This leaflet is for women who have been advised to have a transcervical resection of the endometrium (TCRE). It describes the procedure and why it is carried out, as well as the potential benefits and possible risks. It also describes what to expect afterwards.

If you have any questions about the information in this leaflet, or any concerns about the procedure, please telephone one of the numbers below and ask to speak to a member of the nursing staff.

**John Radcliffe Hospital, Oxford**

| | |
|---|---|
| Gynaecology Ward: | 01865 222 001 or 222 002<br>(24 hours, 7 days a week) |
| Day Surgical Unit: | 01865 222 014<br>(Monday to Friday, 7.30am to 8.00pm) |
| Outpatients' Clinic: | 01865 220 448<br>(Monday to Friday, 8.00am to 5.00pm) |

**Horton Hospital, Banbury**

| | |
|---|---|
| Pre-operative assessment: | 01295 229 375<br>(Monday to Friday, 8.00am to 5.00pm) |

**Women's Day Surgery**

| | |
|---|---|
| Diagnostic Unit: | 01295 229 088<br><br>(Monday to Friday, 7.30am to 8.00pm. At all other times please contact the Gynaecology Ward at the John Radcliffe Hospital.) |

## What is a 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.

This procedure is also known as Hysteroscopic Endometrial Resection and Hysteroscopic Endometrial Ablation.

## 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.

You will need to fast before the surgery and will be given details of when to stop eating and drinking both at the pre-operative assessment and in the letter advising you of the date of your surgery.

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 questions 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, where you will be given the general anaesthetic. First of all, the cervix (neck of the womb) is gently stretched to 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 called glycine, so that its 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) 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. Contraception must still be used to reduce the risk of a pregnancy. The issue 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, 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 the beginning 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 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 up of blood, known as a haematometra. 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.

## What are the alternatives to TCRE?

TCRE was first performed in Oxford in 1988 and has been shown to be a very effective operation for women with heavy periods. Some alternatives are described below.

**Mirena® Intrauterine System (IUS)**
Since the mid-1990s attempts have been made to develop simpler ways to correct heavy periods. 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 the cervix 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.

**Other methods**
TCRE is known as a "first generation" endometrial ablation technique. In recent years other methods of removing the endometrium to correct heavy periods have been developed. These are known as "second generation" techniques.

Currently the most popular of these other methods 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".

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/HomePage.aspx

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

Approved by Via Rai, Consultant Gynaecologist, Dr S Hayles, Clinical Liaison Officer, Miss J Moore, Consultant Gynaecologist.
May 2015
Review: May 2018
Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

OMI 11832P