Transcervical Resection of the Endometrium (TCRE)

Information for patients
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 222001 or 222002
- Day Surgical Unit: 01865 222014
- Outpatients’ Clinic: 01865 220448

**Horton Hospital, Banbury**
- Pre-operative assessment: 01295 229375
- Gynaecology Ward: 01295 229088
- Day Case Unit: 01295 229155
What is a TCRE?
TCRE is a procedure in which the lining (the endometrium) of the uterus (the womb) is removed.

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

Why is TCRE performed?
TCRE is performed to treat very heavy periods (menorrhagia) in women who do not wish to have more children.

How is a TCRE performed?
TCRE is usually performed under a general anaesthetic as a day case procedure. First of all the cervix (neck of the womb) is gently stretched to 10 millimetres and 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 endometrial cavity) 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 and this closes off the blood vessels that open into the cavity of the uterus. This 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 the periods will be much lighter, with only a brown stain for between 2 to 7 days each month.

The likelihood of getting pregnant after a TCRE is even less than after a sterilisation procedure. The procedure is therefore only recommended for women who have completed their family.

**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 and the procedure would therefore have to be abandoned.

- 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 endometrial cavity 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 your kidneys work more efficiently.

If the procedure is not completed successfully sterility cannot be guaranteed.

What are the risks of complications after TCRE?

• Complications after TCRE are rare. If you experience persistent heavy bleeding (more than a period) or persistent pain then you should seek medical advice as these symptoms may indicate an infection of the uterus (2 in 100 women).

• Although periods will always be lighter, 2 - 5 in 100 women 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 the period or, in women whose periods stop, 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 in this situation.
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**

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 therefore 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.

**Other methods**

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

Currently the most popular involves inserting a balloon into the endometrial cavity and pumping hot water into the balloon to obliterate 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
PO Box 2126
Marlow, Bucks SL7 2RY
http://www.womens-health-concern.org

NHS Direct Online
http://www.nhsdirect.nhs.uk
0845 4647
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk