

Trans-Cervical Resection of Endometrium (TCRE) Procedure

Gynaecology

Introduction

This booklet has been designed for women with heavy periods who are considering having the procedure called Trans-cervical Resection of Endometrium (TCRE). Please do not hesitate to speak to your nursing or medical team should you have any questions. You may also find this leaflet useful if someone you know has been advised to undergo this procedure.

Why may I require this surgery?

Menorrhagia is a medical term used to describe heavy or heavy and prolonged periods.

If your periods are lasting 7 or more days, or you need to change protection every 1-2 hours due to heavy bleeding, you may be suffering from menorrhagia.

Women who have menorrhagia may find that this interferes with their family and social life. It can affect their daily activities, moods and it can also cause fatigue. Around 1 in 5 women have menorrhagia.

One of the treatments available for menorrhagia is known as Trans-cervical Resection of Endometrium (TCRE).

What is Trans-Cervical Resection of Endometrium (TCRE)?

Trans-cervical resection of endometrium, or TCRE, is recommended as an effective alternative for hysterectomy (removal of womb) for women who experience heavy periods. It involves removing the lining of the uterus/womb (the endometrium), which is the source of heavy bleeding.

It may be advised if:

- You have already tried various medications or the Mirena Intrauterine System (IUS) and they have not worked

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

- An irregular shaped uterus
- Fibroids or polyps in the uterus
- 2 or more previous caesarean sections
- Where a radiofrequency endometrial ablation (such as Novasure) has failed

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

It is meant for women who have completed their families or do not want to preserve their fertility as this procedure can affect fertility. However, it does not offer reliable contraception.

How effective is TCRE?

The surgeon will try to ensure that the complete removal the uterine / womb lining leaving you with no periods at all, but sometimes, you can continue to have a light period because of some remaining lining or the lining growing back. Eight out of ten women treated are satisfied or very satisfied with the results following treatment.

How is TCRE performed?

The surgeon uses a wire loop attached to a small hysteroscope (small telescope). This instrument is inserted into the womb and allows the surgeon to look inside the womb. The wire loop is heated and using the camera system, the surgeon shaves away the inside lining of the womb (endometrium) under direct vision. The procedure is performed under general anaesthesia (fully asleep) and can take up to an hour.

What are the benefits of TCRE?

There are many advantages of TCRE compared to hysterectomy-

- Shorter stay in hospital
- Faster procedure, so less duration of anaesthesia
- Less post-operative discomfort
- Lower complication rate
- Quicker recovery and return to normal activities

What are the risks and complications of TCRE?

Risks during the procedure are as follows

- Injury to womb -1 in 100 women may get a small perforation (hole) in their womb. In this case, the treatment has to be stopped and you will need admission to hospital. Sometimes a camera may be passed through a small cut in your tummy to observe from any bleeding from the hole. Rarely, it may be needed to repair the hole and area around it by an operation
- Fluid is used to distend the womb during the procedure. If your body absorbs too much fluid, then the procedure needs to be stopped. This occurs in about 2 in every 100 procedures
- 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
- Between 1 and 5% of women will bleed during surgery and require an overnight stay with a balloon catheter in the uterus providing tamponade (pressure to stop bleeding) for 24 hours. This is particularly relevant if the TCRE involves removal of a fibroid(s)
- Up to 1% of women can bleed during surgery where balloon tamponade is ineffective and this bleeding may be sufficient to necessitate a hysterectomy at the time

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

You should be aware that all operations carry a risk of death. Death caused by anaesthetics are very rare. They are probably about 5 deaths for every million anaesthetics given in the UK (Royal College of Anaesthetics 2008). However, the risk does increase depending on your general health and medical conditions.

What are the alternative treatments?

Medical therapy – You should only consider having a TCRE if you have tried other medical treatments or if they are undesirable. Such medical treatments may include non-hormonal options like Mefenemic acid and Tranexamic acid or hormonal treatments such as the contraceptive pill.

Intrauterine system – known as Mirena coil.

Thermachoice and Novasure (not currently offered at New Cross) -

These are techniques for treating the lining of the womb with heat with a device inserted in the womb. They are not suitable for all women. Please ask a member of staff for the Treatments of Heavy Menstrual Bleeding leaflet.

Hysterectomy (operation to remove the womb). Please refer to our patient information leaflet on Hysterectomy for further information.

Please note that TCRE is not a suitable option for you if you wish to have more children.

What are the consequences of not having surgery?

You will continue to have heavy periods if alternatives have not worked for you.

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances. We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

What should I expect before the operation?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask any further questions that you may have.

You are advised that you should not go on a long haul flight (more than 4 hours) in the six weeks prior to your surgery due to increased risk of clots in your legs.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after operation, and speed up the recovery time. If you are unable to stop completely, even doing so for few days will be helpful.

What will happen on the day of my surgery?

On the day of your operation, you must have nothing to eat or drink for a specified time prior to your operation. You will be advised as to what time you need to stop eating and drinking in your admission letter.

Before your operation can take place, a doctor will see you to reconfirm your written consent, which will have already been obtained at a previous appointment. You will have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

You are requested to have a bath or shower before you come into hospital. Prior to your surgery you will be asked to put on a theatre gown. You will be asked to remove all items of clothing including underwear, jewellery (except wedding rings) including all piercings, nail varnish, false nails, make up, contact lenses, hearing aids, dentures, wigs and any false limbs.

You will be requested to wear a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. You will need to keep these on until you are discharged from hospital. The nurses will advise you how long you will need to continue to wear the stockings following your discharge from hospital.

A member of the team will take you to theatre. If a premedication (pre-med) has not been given, you may have the option of walking to theatre, otherwise, a theatre trolley will be arranged to collect you from the ward.

You will be taken to the anaesthetic room where you will be asked few questions. If you are having general anaesthesia, you will be given an injection into a vein usually in the back of your hand. Once you are asleep, you will be taken into theatre.

You will wake up in recovery area once your operation is finished. A nurse will then escort you back to your bed on the ward.

What will happen after the operation?

You will wake up in recovery area once your operation is finished. A nurse will then escort you back to your bed on the ward.

Once you have been back on the ward for a while and have had something to eat and drink and have passed urine you should be ready for discharge.

What will happen on discharge?

It is advisable that you are taken home by car or taxi and that a responsible adult stays with you overnight. If you are unable to make these arrangements, we may not be able to perform your surgery.

Will I have any pain?

You may have some pain in your tummy after getting home for a few days. This is perfectly normal. Pain relief to take home is not normally provided by the hospital; you are advised to get some over the counter pain relief ready for your discharge.

Will I have any bleeding or discharge?

You may have vaginal bleeding for a few days following the procedure. Please avoid using tampons for 6 weeks after the procedure as this can lead to infection. You may also have some vaginal discharge for 4 weeks after the procedure. This is normal.

It is recommended that for 24 hours following a general anaesthetic you do not:-

- Ride a bike
- Drive a car
- Operate machinery
- Smoke, drink alcohol or use recreational drugs
- Sign legally binding documents

A discharge letter will be sent to your GP. You will be given a copy of this to keep for yourself. You will also be given a copy of a discharge checklist.

If you require any medication to take home, this will either be given to you prior to discharge or if you are going home after Pharmacy has closed, arrangements will be made for you to collect it the following day. As previously stated, you will need to get some over the counter pain killers in readiness for your discharge, as these are not provided by the hospital.

If an outpatient appointment is required this will be posted to you. Some consultants prefer to write to you personally with the results of your operation.

When can I return to normal activities?

Most women can return to normal activities the next day.

- You should avoid driving for 48 hours
- Avoid sexual intercourse for 2 weeks after the procedure
- You may need to take a week off or longer depending in the nature of your work. You should discuss your personal situation with your nurse. A medical certificate can be issued by the doctor on the ward or your GP, or you can complete a Self-Certification which you can obtain via your GP practice or download a copy from www.hmrc.gov.uk

Can I still get pregnant and do I need contraception?

TCRE is only recommended for women who do not wish to have any more children. However, there is still a chance you can get Pregnant. You should still continue to use contraception. In these circumstances, pregnancy can result in a high-risk condition called adherent placenta where the placenta can get attached to the womb and cause massive bleeding.

Do I still need cervical smears?

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

What symptoms should I be concerned about?

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.

If you have any concerns regarding your operation once you have been discharged please contact your GP or 111 for advice. You can also call the Gynaecology Assessment Unit on 01902 694606 Monday to Friday from 8.30am – 4.30pm, or Saturdays from 8.30am – 1.00pm.

Finally, prior to your admission, if you have any questions or worries you may contact your GP for advice or you can also call the Gynaecology Assessment Unit on 01902 694606 Monday to Friday from 8.30am – 4.30pm, or Saturdays from 8.30am – 1.00pm.

Useful websites

Royal College of Obstetricians and Gynaecologists

www.rcog.ac.uk

Patient UK

www.patient.co.uk

Resources

- 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
- Menorrhagia. Clinical knowledge summaries. www.cks.nhs.uk
- Royal College of Anaesthetists (2008)
- www.rcog.ac.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。