

Patient information

Transcervical Resection of the Endometrium (TCRE): Pre-operative

To be read in conjunction with Transervical Resection of Endometrium post-operative leaflet.

What is TCRE?

Transcervical resection of the endometrium (TCRE) is an operation to treat heavy periods, performed under general anaesthetic. The operation involves passing a fine telescope up through the cervix (neck of the womb) into the uterus (womb). The endometrium (lining of the womb) can then be seen through the telescope, and this is resected (pared away) using a small wire loop contained within the telescope.

Is any special preparation necessary?

You will need an injection of a drug called Zoladex five weeks before your TCRE. The injection is given under the skin of the abdomen and helps to thin the endometrium, making the operation easier and quicker.

You may notice some hot flushes and night sweats after the injection. These will stop once the effect of the injection has worn off, soon after the TCRE.

How effective is TCRE?

It is effective in about 85% of patients (17 out of 20), of whom the majority will continue to have light periods while the minority will have no periods at all. In the remaining 15% of patients (3 out of 20) the operation does not appear to help.

What are the after effects and risks of TCRE?

- During the operation the uterus is distended with a fluid called glycine. A small amount is usually absorbed into the blood stream and is then eliminated from your body by your kidneys, causing no harm. If a lot of glycine is absorbed, this

can cause nausea and vomiting, and give rise to other problems such as breathing difficulties. We take care to minimize this fluid absorption and detect and treat appropriately.

- If there is heavy bleeding during the TCRE it may be necessary to insert a small balloon catheter inside the uterus to stop it. This is normally removed the following day. If this does not stop the bleeding an emergency hysterectomy would be carried out immediately (risk about 1 in 200).
- Perforation of the uterus can occur (risk about 1 in 100). Under the same anaesthetic a Laparoscopy would be carried out. This is a keyhole operation performed through a cut in the navel. This is to check there is no internal bleeding or damage to other organs.
- If there were damage to other organs, such as the bowel (risk about 1 in 1,000 TCREs) you would require a laparotomy (a major operation through a large incision in your abdomen) to repair the damage.

Will having a TCRE mean I can't get pregnant?

It is not designed to prevent pregnancy and some women do conceive after this operation. These pregnancies can be problematic because of the effects of the TCRE on the uterus. It is therefore vital that you use effective contraception after the TCRE.

Follow up after your surgery

You will be offered a follow up appointment in the gynaecology clinic a few months after your TCRE to check that it has been successful.

Some women whose periods initially improve after TCRE may find that they worsen again months or years later. If this happens the Gynaecologist will see you again in the out patient clinic to discuss the option of a repeat TCRE, or other treatment available.

For further information

Please contact the Gynaecology nurses office on 01284 713601 if you have any queries.

For day surgery, if you require any further advice, please contact the Martin Corke Day Surgery Unit on 01284 713050 between 7.45am and 8.00pm, Monday to Friday.

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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