Contact details

Should you have any questions or require further information relating to your procedure please do not hesitate to contact the Gynaecology Outpatient Department (GOPD) at the Royal Surrey County Hospital.

**Telephone:** 01483 571122 ext 2062

**Secretary to Mr Kent**

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**PALS and Advocacy contact details**

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Royal Surrey County Hospital
NHS Foundation Trust

Gynaecology Outpatient Department

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What is a Trans-Cervical Resection of Endometrium (T.C.R.E)?

A T.C.R.E is a day-case procedure with a quick recovery, carried out under general anaesthetic. It involves passing a surgical instrument through the vagina and cervix into the cavity of the womb to cut away the Endometrium or lining, permanently. The initial success rate is 70%–94% depending on various factors. This does not rule out the possibility of a hysterectomy at a later date. Although the risk of getting pregnant is minimal after surgery, it is important that you maintain an effective form of contraception which should be discussed prior to surgery.

Please do not have unprotected sex in the month before your operation.

Why do I need to have this procedure?

It is the lining that thickens and is shed during every menstrual cycle. Removing the lining significantly reduces the heavy bleeding and in most cases stops the periods altogether.

Are there alternatives to a T.C.R.E?

Drug treatment can be given for heavy bleeding either by mouth or carried in the stem of a Mirena coil, which is inserted into the womb. Endometrial ablation which destroys the lining by burning or freezing or a hysterectomy can be offered as an alternative. It is important to discuss the alternatives in order to consider the treatment options, prior to surgery.

Pre-Assessment Clinic

You will be asked to attend the Pre-Assessment clinic to evaluate the state of your health prior to your surgery. If you have not already visited the unit, you will receive an appointment in due course.

Telephone: 01483 464152

Reference source


What are the potential risks of a T.C.R.E?

There is a small 1%–2.5% risk of making a hole in the wall of the womb, which is known as a perforation. In this unlikely event it may be necessary to do some key-hole surgery (Laparoscopy), where carbon dioxide gas is gentle inflated into the belly in order to locate and repair the wall of the womb.

After the procedure

You may have some vaginal bleeding after surgery, trailing off to a watery pinky-brown discharge. You are advised to use sanitary towels rather than tampons to reduce the risk of infection.

If you experience heavy bleeding, pain or a brown smelly discharge, please contact your GP or hospital for advice.

You may experience some period-like pain after the surgery, in which case, take your normal painkillers such as Paracetamol (Panadol®) or Ibuprofen (Nurofen®).

You may shower or bath as normal, however, we advise you not to have the water too hot and to avoid using perfumed products until your bleeding has stopped.

You may have penetrative sex once your bleeding has stopped and providing you are comfortable.

You must not drive for 24 hours after surgery due to the anaesthetic.

You may return to work as soon as you feel able to do so however, you are advised not to work the day after your surgery to allow recovery from the anaesthetic.

A hospital follow-up appointment is not usually necessary after your surgery however, we do advise you to see your GP in 6 weeks for a check-up.