



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

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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?

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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?

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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.

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

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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 gently inflated into the belly in order to locate and repair the wall of the womb.

## After the procedure

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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.

## Pre-Assessment Clinic

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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

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Papadopoulos NP, Magos A. First-generation endometrial ablation: roller-ball vs loop vs laser. *Best Pract Res Clin Obstet Gynaecol.* 2007 Dec;21(6):915–29.