

## **T.C.R.E. Trans Cervical Resection of the Endometrium**

### **What is it ?**

T.C.R.E. is a procedure in which the lining of the womb is removed (also called resection or ablation) with a wire loop or rollerball. It can be totally or partially removed.

### **Why is it performed ?**

It is performed for excessive bleeding from the womb (menorrhagia) in women who have completed their family and have no underlying uterine pathology. Not all women are suitable for this procedure.

### **How is it performed ?**

It is performed under general anaesthetic (GA). Hysteroscopy is performed to look inside the womb, assess suitability for the procedure and exclude any unexpected abnormalities. Using an electro surgical loop through a telescope the lining of the womb is then removed. Pregnancy is contraindicated after a T.C.R.E. Some doctors may suggest having a laparoscopic tubal ligation (TL) at the same time.

### **Risks**

In general it is a safe procedure and complications are uncommon.

The immediate risks are generally due to **perforation** of the wall of the womb by either the hysteroscope or the instruments used to dilate the cervix. Perforation or injury to abdominal organs is very uncommon but may happen. Further surgery would then be required.

Contraception should be discussed with the surgeon as there may be an increased risk of **ectopic pregnancy** if Tubal Ligation (Sterilisation) is not performed.

### **Admission day**

T.C.R.E. is a day case procedure generally carried out under general anaesthetic. You will be admitted to the Day Ward, to be seen by a doctor who will ask you to sign a consent form if you have not already done so. You may have been called to a preoperative anaesthetic clinic, if not the Anaesthetist will assess you and discuss your medical history and any current medications you are taking. A sore throat or chest infection may necessitate the postponement of the procedure if the Anaesthetist thinks you are unfit for anaesthesia. If you have any concerns contact your doctor or GP prior to admission day. You will walk to the theatre waiting room and be escorted by a member of the theatre Nursing/Midwifery staff into theatre. Pain relief will be given during surgery, in the recovery room and before discharge, appropriate to your needs. On return from the recovery room you will be attached to an intravenous fluid line which will be discontinued once you have commenced diet.

You will have vaginal bleeding and may experience crampy period type pains for which you will be given pain relief (Medication).

60% of women will stop bleeding completely. 30% will have regular but light periods and 5 - 10% will continue to have problems with heavy bleeding. If the procedure fails to have the desired effect then repeat endometrial resection, T.C.R.E., hysterectomy or alternative treatment may be offered.

Once you have been to the bathroom and have been discharged by the team doctor you may go home. If you have any concerns following your discharge contact your GP or the hospital on (01) 408 5200.

If not given to you on the day a follow-up appointment will be posted to you to attend the outpatient department generally within six weeks. Do not be concerned if it is longer.

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