

## Women and Children's Care Group Patient Information

### Endometrial resection



**Gynaecology Ward**

01952 565914

**GATU (Gynaecology Assessment and Treatment Unit)**

01952 565955



## What is an endometrial resection?

Endometrial resection (previously known as TCRE) is an operation where the lining of the womb is permanently removed, without having to remove the womb itself (hysterectomy).

## Why is endometrial resection done?

The procedure is performed to treat very heavy periods in women who do not wish to have more children.

## How does the procedure work?

Before the operation, the lining of the womb gets thicker each month and then is shed as a menstrual period. If the operation is successful the lining of the womb does not re-thicken every month, so there is little or no lining of the womb to be shed at the time when menstruation would normally occur. Periods will therefore stop altogether or become much lighter.

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## Who can benefit from endometrial resection?

The operation can be suitable for women who are having excessively heavy menstrual periods and have completed their family. It may not be possible to perform the procedure if there are several or large fibroids in the uterus.

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## Benefits of the procedure

The main advantage of this operation is that it addresses the problem of excessively heavy periods without the need for the more major operation of a hysterectomy. After an endometrial resection you will usually be able to go home from hospital on the same day.

There is no external wound to heal as the operation is carried out through the vagina and through the neck of the womb. Most women are able to return to normal life within a week.

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## Risks and complications

Like any surgical treatment, endometrial resection has some risks:

- Endometrial resection involves inserting instruments inside the uterus (womb), therefore there is a risk (1:100) that the instruments might pass through the wall of the uterus causing a hole (perforation). As long as this is recognised at the time no undue harm occurs, but it may not be possible to complete the operation and a laparoscopy (telescope into the abdomen) may be needed.
- More rarely (1:1000) a perforation might occur during the actual resection process, which risks damaging the bowel. This might require the abdomen to be opened to correct the damage.
- If some of the fluid used to expand the uterus enters the blood stream it is removed by the kidneys and passed in the urine. Occasionally excessive fluid is absorbed and this may require treatment with a diuretic drug and a catheter into the bladder for a few hours.
- Excessive bleeding from the uterus is uncommon because the muscular wall of the uterus contracts and shuts off any opened blood vessels. If a lot of bleeding does occur, a catheter is inserted into the cavity of the uterus for a few hours until it stops.

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## Preparation for endometrial resection

Usually a subcutaneous injection called Prostag, or a small implant called Zoladex, is inserted just under the skin of the abdomen, about 4 weeks before the operation.

Occasionally a longer acting injection or implant is required 3 months before the operation. If you already have a Mirena coil fitted the injection or implant may not be required.

For the operation to be successful the surgeon must be able to see the lining of the uterus; therefore if you have a period when you are due to be admitted the operation may need to be postponed.

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## How is the operation carried out?

The operation is usually done under a general anaesthetic as a day case procedure. The neck of the uterus (cervix) is gently stretched so that it is open by 1cm. A special telescope (hysteroscope) is passed through this opening into the uterus. The uterus is then filled with a clear fluid so that its shape and appearance can be examined by the surgeon. The hysteroscope has an electrical loop or a laser at its end that is used to remove (resect) the lining of the uterus.

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## After the operation

Immediately after surgery there may be some cramping discomfort like a period pain. As the area inside the womb where the lining has been removed is now a raw surface, some discharge will be produced and there may be some bleeding. This may continue on and off for 4 – 6 weeks before eventually stopping. It is wise to refrain from intercourse and using tampons while you are bleeding or having a discharge.

You can take a bath whenever you wish and resume normal physical activity once you feel able – usually within a week. Check with your insurance company about when you can resume driving after a general anaesthetic.

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## What results can be expected?

Surgeons who have gained experience with this operation are finding that 80% of women who have it will have no further periods. 10% have further periods which are lighter than before. 10% continue to have troublesome periods. After 3 years approximately 30% of women will have had further treatment.

The likelihood of becoming pregnant after this procedure is very low, but some form of permanent contraception or sterilisation, at the time of the procedure, is recommended.

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## Is there an alternative to endometrial resection?

The most popular and simplest alternative endometrial resection is the use of the Mirena coil. This is an intrauterine device that releases a hormone. The device is a very effective method of contraception and makes periods lighter or even stops them completely. It is also effective against painful periods. Once removed, the effects are reversible, so it is suitable for those who would like more children, or who are not certain that their family is complete. For more information about the Mirena coil, please ask your nurse or doctor.

***Don't hesitate to keep asking questions until you understand all you want to know.*** If you need to speak to someone after you go home, contact your GP or Practice nurse or phone the Gynaecology Ward on 01952 565914.

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## Other sources of information

### NHS Choices

The UK's biggest health website, certified as a reliable source of health information: [www.nhs.uk](http://www.nhs.uk)

### Patient

Evidence based information on a wide range of medical and health topics. <http://patient.info/>

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## Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

**Princess Royal Hospital**, Tel: 01952 282888

**Royal Shrewsbury Hospital**, Tel: 0800 783 0057 or 01743 261691

**Website:** [www.sath.nhs.uk](http://www.sath.nhs.uk)

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