

# Transcervical Resection of the Endometrium (T.C.R.E.) / Fibroids (T.C.R.F.)

Many women have heavy periods which interfere with their daily lives. In the past the only treatments for troublesome periods were tablets or a hysterectomy.

Over the last few years more women with a normal size and shape womb (uterus) have been treated by endometrial resection. This involves removing the part of the womb lining (endometrium) which builds up every month and then comes away as a period, but leaving the womb muscle wall behind.

The operation can be done by 'peeling away' the womb lining or fibroid with a cauterising instrument or vaporising it with a laser.

The operation itself takes about 20 minutes. An operating telescope slightly thicker than a biro is passed through the neck of the womb (cervix) and strips of endometrium or fibroid are removed from all round the inside of the womb. There are no stitches and no scars on the abdomen.

Most women go home later that day. Some women have cramps like period pain for a day or two but you can expect to return to normal activity within a week. There is some bleeding like a period for 7-10 days and a watery discharge for 2-3 weeks as everything heals up.

To minimise the risk of infection it is better to use sanitary pads rather than tampons and avoid sexual intercourse until the discharge has settled.

Unlike hysterectomy, endometrial or fibroid resection does not guarantee that a woman will never have another period. However 8 out of 10 women find that their periods are much lighter or stop completely and are pleased that they have avoided the longer recovery time needed after hysterectomy. Many women find that period pain related to heavy bleeding improves as well.

It may take 3-4 months before you start to see any change in your periods and up to 12 months for the full effect of treatment to show.

T.C.R.E. can only be offered if a woman is sure that she does not want any more children as the womb lining is needed for a healthy pregnancy to develop.

However it is essential to continue with contraception as there is a small chance that pregnancy could still occur and pregnancy after ablation could be dangerous.

Resection of fibroid however can be performed to try to make the cavity of the womb more normal in an effort to lighten periods for women who still

want to have children or for women in whom the fibroids might be preventing them from falling pregnant.

These operations do not affect hormone production by the ovaries so the menopause will happen at its natural time. Women needing hormone replacement therapy after T.C.R.E. can take the same types of tablets or patches as any other woman who still has her womb.

T.C.R.E. is not guaranteed to help with premenstrual symptoms like bloating or breast tenderness but many women tell us that they have found an improvement after treatment.

Cervical smears are still needed after T.C.R.E.

Some women are prescribed hormonal treatment for 4-6 weeks before the operation to make the womb lining thinner. This can make the operation quicker and easier to do and shrink the fibroid if present..

This treatment may be tablets every day or one or two injections. Both types of treatment *temporarily* give menopausal symptoms such as hot flushes and maybe some irregular vaginal bleeding. Hormonal contraception or hormonal treatment for period problems needs to be stopped during this time, and condoms used for contraception. New menopausal symptoms that start with the hormone treatment will go away within a few weeks of the operation.

There is a very small, less than 1 in 100, risk that a woman coming in for T.C.R.E. would need the full operation postponed for 8 weeks if there was concern that the instruments had gone through the womb muscle at the start of the operation. As with any operation, there is also the possibility that further surgery, including hysterectomy, may be needed if unexpected complications developed during the procedure.

Endometrial resection cannot be offered to all women with heavy periods or fibroids, but is freeing some women from monthly inconvenience without the need for long term tablets or major surgery.