Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Transcervical Resection of the Endometrium (TCRE)

Version number: **10**
Last modified date: **12th November 2026**

Transcervical Resection of the Endometrium (TCRE)

Patient Information

Gynaecology Services

- Author ID: WW-T
- Leaflet Ref: Gyn 016
- Version: 10
- Leaflet title: Transcervical Resection of the Endometrium (TCRE)
- Date Produced: September 2024
- Expiry Date: September 2026

Introduction

We hope you find the information in this leaflet helpful, but should you have any comments, please let us know.

If you need to cancel or postpone your operation, please contact:

Admissions Office: 01942 264958

or

Ward 2, Leigh Infirmary: 01942 264252

What is Transcervical resection of the endometrium (TCRE)?

Transcervical resection of the endometrium (TCRE), means shaving away the lining of the womb with a heated wire loop. This is usually performed under anaesthesia. The surgeon performs the operation by inserting an instrument called a hysteroscope through the cervix (neck of the womb) to obtain a direct view of the inside of the womb. About 70 to 80% of women experience adequate control of bleeding problems following TCRE. Treatment failures can be managed either by a repeat procedure or a hysterectomy.

Why is this operation performed?

TCRE is used to treat heavy bleeding by removing the lining of the womb. Periods can become much lighter or in some cases stop altogether. The effects of the operation are thought to be long term, so this treatment is only offered to women who do not wish to have any more children. However, the issue of contraception should be discussed with your doctor as some women can still conceive following the procedure and there appears to be an increased risk of ectopic pregnancy (pregnancy in the fallopian tube). Pregnancy can be dangerous after a TCRE even if the pregnancy is within the womb.

You may wish to consider sterilisation at the same time as the operation.

Benefits of TCRE

- Patient can usually go home the same day.
- Fast recovery and quick return to normal duties.
- Low risk of post-operative complications – bleeding, infection, thrombosis.

Serious risks

- Bleeding: Occasionally bleeding before or after the procedure may be excessive, if this happens the surgeon will insert an inflatable balloon into the uterus to apply pressure. This will be left there for two hours after the operation, and you may be asked to stay in hospital overnight.
- Perforation of the uterus: Occasionally the instrument, which is used to remove the lining of the womb, may pass through its walls. In itself, this is not a serious complication and is extremely unlikely to give rise to any problems. If, however, the operator does not immediately recognise that the uterus has been perforated there is a risk of damaging other structures within the pelvis like bowel, bladder or blood vessels. If damage is suspected, an inspection of the pelvic contents may be carried out by

laparoscopy (keyhole surgery), this is necessary in about 1% (1 in 1000) cases. Very occasionally it may be necessary to open the abdomen (laparotomy) to repair any damage caused. Rarely hysterectomy is needed to stop the bleeding.

- Infection can occur after the procedure: It is not usually serious and will normally settle with a course of antibiotics.

- Fluid overload: A fluid is used to distend the womb during the procedure. Occasionally excessive fluid can enter blood circulation. If this happens, you might be kept overnight for observation and managed with medications.

Alternatives

- Medical treatment, usually tablets to try to control your periods which may include hormones

- Endometrial ablation

- Mirena IUS

- Hysterectomy

Pre-Operative Clinic

You will be asked to attend the clinic before your operation to have the procedure explained and to check on your general health. You will be weighed and have a blood pressure checked. If you need any further tests before your operation, these will be arranged.

If you are suffering from a cold or sore throat, you should inform the nurse or doctor when admitted or telephone before as this may result in your operation being cancelled until you

are well.

After the operation

Most women are able to go home a few hours after the operation, occasionally you may need to stay overnight. The nurse will advise you when you are ready to go home.

You will experience some vaginal bleeding, but this will normally become lighter within 24 to 48 hours. The bleeding will gradually decrease and change to a discharge, which may continue for three to four weeks. You may resume sexual intercourse whenever you feel able, but it is usually best to wait until about two weeks after the bleeding has stopped.

If you have any questions or worries about your operation at any time, please feel free to ask the nursing staff.

Follow up appointments

Routine follow up appointments are not arranged but if for any reason the operation does not completely cure your symptoms, we will be happy to see you back in clinic. Please ask your doctor to refer you to a gynaecology clinic for further review. You will be given a telephone number if you have any problems immediately after the operation.

The cervix is not affected by the operation and regular smear tests will still be necessary.

Contact information

If you have any queries or problems after you have been discharged, do not hesitate to contact the hospital on the number below or your own GP.

Day time, contact Ward 3, Leigh Infirmary. 01942 264260 or 01942 264261

Or

Out of Hours, contact Swinley Ward, Wigan Infirmary. Telephone 01942 822568



Version number: **10**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust