# Liverpool Women's NHS Foundation Trust

## TRANS-CERVICAL ENDOMETRIAL RESECTION (TCER)

Trans-cervical endometrial resection is a surgical procedure to remove the endometrial lining of the uterus (womb). The endometrial lining sheds each month causing periods to occur. In some ladies periods are described as frequent, heavy with clots, flooding and prolonged, all of which disrupts normal daily living and may result in hysterectomy if medical treatment fails.

This procedure requires a general anaesthetic so you will be asleep throughout the operation. You may need to stay overnight in case you feel unwell after surgery.

#### What alternatives do I have?

There are different medicines, these include hormonal and non-hormonal tablets that can be used to treat heavy periods.

Surgical treatments include a Hysterectomy (see separate leaflets)

A specific type of coil (Mirena) can be fitted into the womb, which releases a hormone to reduce the bleeding.

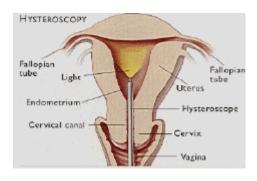
Alternative treatments will be discussed with you by the medical staff, as this will depend on your individual needs.

#### What is the benefit of having TCER performed?

The benefit of having a TCER is to attempt to treat your heavy periods and therefore prevent the troublesome symptoms this causes. TCER may prevent the need for more major surgery or the use of medication

#### THE PROCEDURE

Your surgeon will pass a special telescope called a hysteroscope through the neck of the womb (cervix) and strip the lining of the womb away. A special instrument called a "resectoscope" is attached to the hysteroscope so that the lining of the womb is destroyed and the blood vessels in the womb are sealed off. Fluid is used to wash out the womb during the procedure.



### What are the possible risks of having the TCER?

- Anaesthetic risk you may feel sick, or have a sore throat. If you smoke you have an increased risk of chest infection.
- Infection, usually of the womb can occur, some symptoms are;
- Smelly vaginal discharge
- Discharge lasting longer than 2 weeks
- Feeling generally unwell
- Abdominal pain
- Feverish with a high temperature

#### • Damage to internal structures

The resectoscope can cause perforation to the womb, bladder or bowel, however this is very rare.

If this occurs you will require surgery, which will involve a cut to the abdomen, you will need to stay in hospital for 4 - 6 days.

#### • Failure to treat symptoms

- In 10% of cases there is a risk that the procedure is not successful in treating your symptoms, this will be assessed and discussed during your follow up appointment.
- If you have pelvic pain with your heavy periods this treatment may not be helpful in treating it

#### Post operatively

On return to the ward you may have a heavy vaginal blood loss and low abdominal discomfort which will decrease as the day goes on. The nurses will give you pain relieving drugs in the form of tablets or injection if required. After a couple of hours resting you will be able to get out of bed.

You may still have a moderate vaginal loss which will settle down over the next 3-4 weeks to become a water discharge. It may take 2-3 months after surgery for your periods to show signs of improvement, so please be patient.

Your normal activities can be resumed as and when you feel fit enough to do so.

#### FUTURE PERIODS

Our research over the last couple of years has shown that ladies who have had TCER fall into one of several categories:

- 1. Periods may stop altogether for quite some time
- 2. Periods become lighter and last for 2-3 days only
- 3. Periods become heavy again

#### POINTS TO REMEMBER

- 1. We suggest you do not resume sexual intercourse or use vaginal tampons for 3-4 weeks after to allow the womb to heal. When you do resume sexual intercourse please use some form of contraception to prevent pregnancy occurring.
- 2. Please contact your GP if you feel unwell or develop an offensive discharge following surgery.
- 3. The procedure does not remove the cervix so you will still need to have cervical smears taken at the recommended intervals.

We hope that this information is of value to you and your stay with us is a pleasant one.

If you are concerned about any symptoms you may experience following your discharge home, **Please contact your GP immediately or** 

#### Contact the ER staff at Liverpool Women's Hospital on 0151 702 4583

This information sheet may be available in different formats if required. It is a brief outline of this procedure and is not intended to replace verbal communication with medical or nursing staff.

Further information regarding can be found on the following web sites

http://www.2womenshealth.co.uk/

Ref: Gyn 11/04 Review date November 2006