Transcervical resection of the endometrium was effective and acceptable at up to 2 years for heavy menstrual bleeding


QUESTION: In women with heavy menstrual bleeding, is transcervical resection of the endometrium (TCRE) better than medical management for relieving menstrual symptoms in the long term?

Design
Randomised (concealed*†), unblinded,* controlled trial with 2-year follow-up.

Setting
Gynaecology department of a large hospital in Scotland.

Patients
187 women who consulted a gynaecologist for the first time for heavy menstrual bleeding, were not going to have more children, had a clinical diagnosis of dysfunctional uterine bleeding, had not been referred for surgery, and did not have a treatment preference. Follow-up was 93% (mean age 42 y).

Intervention
Women were allocated to TCRE (n = 93) or medical management (n = 94). Medical management consisted of progestogens, combined oral contraceptive pill, tranexamic acid, danazol, or hormone replacement therapy and non-steroidal anti-inflammatory drugs.

Main outcome measures
Gynaecological symptoms, patient satisfaction, acceptability of treatment, and additional treatments were assessed by a mailed questionnaire. The hospital surgical database also provided data on additional treatments. Changes in health-related quality of life were assessed by the Short Form (SF)-36 health survey.

Main results
Analysis was by intention to treat. At 2 years, fewer women in the TCRE group than in the medical management group had unchanged or heavier menstrual bleeding (p = 0.02) or required additional treatments (p < 0.001) (table). 51 of 68 (75%) women in the medical-management group and 15 of 22 (68%) women in the TCRE group who needed additional treatment had surgery. More women in the TCRE group than in the medical-management group were satisfied with their treatment (p = 0.002), were cured or had an acceptable improvement in their symptoms (p = 0.017), and rated their treatment as acceptable (p = 0.004) (table). Women in the TCRE group had improvement in 7 of 8 SF-36 health scores, and women in the medical-management group had improvement in 5 of 8 SF-36 health scores.

Conclusion
In women with heavy menstrual bleeding, transcervical resection of the endometrium was better than medical management for patient satisfaction and symptom relief.

*See glossary.
‡ p value calculated from data in article.
Transcervical resection of the endometrium was effective and acceptable at up to 2 years for heavy menstrual bleeding

*Evid Based Med* 2000 5: 24
doi: 10.1136/ebm.5.1.24

Updated information and services can be found at:
http://ebm.bmj.com/content/5/1/24

**References**
This article cites 1 articles, 0 of which you can access for free at:
http://ebm.bmj.com/content/5/1/24#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections
- Clinical diagnostic tests (440)
- Patients (151)
- Contraception (72)
- Drugs: obstetrics and gynaecology (69)
- Clinical trials (epidemiology) (1596)
- Drugs: musculoskeletal and joint diseases (349)
- Health policy (216)
- Health service research (176)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/