

VIA checklist for self-learning

Steps	Steps of VIA procedure
1	Before starting procedure, check for the following instruments and supplies:
	Examination table
	Light source
	Clean sheet for draping the woman
	Examination gloves (disposable or high-level disinfected)
	Self-retaining vaginal specula (sterile or high-level disinfected) of various sizes
	Sponge-holding forceps (sterile or high-level disinfected)
	Instrument tray (sterile or high-level disinfected)
	Gallipots or small containers (sterile or high-level disinfected)
	Cotton balls, cotton swabs
	5% freshly prepared acetic acid
	0.5% chlorine solution
	Waste disposal bags
	Soap and water
	Case record forms, pens
2	Counsel and obtain consent
	Greet the woman respectfully and introduce yourself
	Provide general information on prevention and early detection of cancer
	Explain importance of cervical screening and how VIA can help prevent cervical cancer
	Explain how the test is done
	Provide information on what a positive test result means, and explain the necessity of further investigation and/or treatment if the test result is positive
	Discuss the available methods of treatment, the procedures, and the expected side-effects
	Respond to the woman's questions, and address her concerns
	Obtain consent for examination
3	Obtain relevant history
	Personal information
	Menstrual history (Exclude pregnancy. If in doubt, perform a pregnancy test for confirmation)
	Obstetric history
	Past medical history
	Behavioural factors (e.g. smoking)
	Previous history of cervical screening, if any
	Symptoms such as persistent foul-smelling white discharge, postcoital bleeding, postmenopausal bleeding, irregular menstrual bleeding
4	Position the woman on the table
	Ask the woman to empty her urinary bladder

	Help her onto the examination table, position her with legs bent at the knees or on stirrups or leg rests, and drape her appropriately
5	Perform infection prevention practices before examination
	Wash hands with soap and water, and dry with clean dry cloth or air-dry
	Wear gloves on both hands
6	Inspect the external genitalia
	Switch on the light source and look for obvious abnormalities such as excoriations, swelling, ulcers, warts, growth, discharge, bleeding
	Check the urethral opening for any discharge, bleeding, fleshy mass
7	Perform speculum examination
	Select a speculum of the appropriate size and lubricate with normal saline or lubricant jelly
	Insert the speculum aligned with the direction of the vagina
	Gently open the blades so as to visualize the cervix entirely
	Fix the speculum blades in the open position by tightening the screw
	Adjust the light source to see the cervix clearly
	Examine the cervix for the presence of any discharge, contact bleeding, ectropion, polyp, nabothian cyst, wart, ulcer, growth
	Identify the external os, squamocolumnar junction, and transformation zone
8	Apply 5% acetic acid and examine the cervix
	Soak a cotton swab with 5% acetic acid and gently dab on the cervix
	Wait for 1 minute for any acetowhite change to appear on the cervix
	Inspect the squamocolumnar junction (SCJ) and note its location in relation to the external os
	Delineate the extent of the transformation zone by identifying the nabothian cyst or crypt opening farthest away from the external os
	Look for any new acetowhite patch appearing on the cervix
	<ul style="list-style-type: none"> • If there is an acetowhite area, assess for: <ul style="list-style-type: none"> ○ Rapidity of onset of acetowhitening, and time taken for acetowhitening to disappear ○ Intensity of colour ○ Margin ○ Location and number ○ Surface ○ Size
9	Conclude examination and perform post-screening infection prevention practices
	After interpretation of the findings, use a fresh dry cotton swab to wipe the excess acetic acid from the vagina, and dispose of it in appropriate waste disposal bags
	Gently remove the speculum
	Immerse the used speculum and forceps (and any other instrument used) in 0.5% chlorine
	Immerse both gloved hands in 0.5% chlorine solution briefly
	Remove the gloves by turning them inside out
	Wash hands with soap and water, and wipe with clean dry towel or air-dry

10	Document the findings of the VIA test
	<p>Record the findings in the individual case record forms in the following way:</p> <ul style="list-style-type: none"> ○ Visibility of SCJ: (fully visible/partially visible/not visible) ○ VIA test outcome: (negative/positive/suspicious of invasive cancer) <p>If VIA test is positive, then document the following:</p> <ul style="list-style-type: none"> ○ Number of quadrants involved: (1–2 quadrants/3 quadrants/4 quadrants) ○ % of cervix involved: acetowhite area occupying <75% or >75% of the ectocervix
11	Counsel and advise on appropriate follow-up
	Help the woman to get up from the examination table and sit comfortably
	<p>Discuss the VIA test results and follow-up actions</p> <ul style="list-style-type: none"> ○ If VIA is negative: Advise on repeat screening as per the guidelines of the country
	<ul style="list-style-type: none"> ○ If VIA is positive: (i) Reassure the woman that a positive test result does not indicate the presence of cervical precancer or cancer; (ii) Depending on the guidelines of the country, offer immediate treatment with ablative methods (if the lesion fulfils the criteria) or refer for colposcopy, for further evaluation and management
	<ul style="list-style-type: none"> ○ If VIA is suspicious of invasive cancer: Inform the woman with care, and arrange for referral to an appropriate health-care facility for further management
	Advise on maintaining the screening test records for future reference