Counseling Guidelines for the Single-Visit Approach

When counseling women, make sure you:

- **Use** language women will understand.
- **Explain** information in detail, and in a non-threatening manner.
- **Ensure** confidentiality.
- **Allow** women time to consult with family members before a recommended procedure if she wants to.
- **Allow** women to have someone in the room only if she provide consent
- **Encourage** women to ask questions and allow time for discussion.
- **Provide** additional sexual and reproductive health information and referrals if needed.
- **Always** ask and obtain a woman’s consent before procedure and before sharing information.
What is the cervix?

- Is at the bottom end of the uterus.
- Forms a canal between the uterus and vagina.
- Must dilate (widen) for the baby to be born.
- Can be seen with naked eye using a speculum and a good light source.
What is the cervix?
What is cervical cancer?

- Is a disease where the cells of the cervix become abnormal and grow without limit.

- Starts with an infection from a virus called human papillomavirus (HPV) without producing any symptoms for a long time.

- Is a serious disease that takes time to develop and can be prevented and treated if diagnosed early or before the cancer actually begins.

- Causes abnormal vaginal bleeding, foul smelling vaginal discharge, or lower abdominal pain at an advanced stage.

- Is more common in women over 40 years of age.

- Is one of the leading cause of cancer death among women.
What is cervical cancer?

Human Papillomavirus (HPV)

Normal cervix

Invasive cervical cancer
Who is at risk for developing cervical cancer?

- Every woman who has had sexual intercourse is at risk of an HPV infection that may subsequently develop into cervical cancer.

- **Women who are at greater risk** of getting cervical cancer include those:
  - Who do not get a regular screening test.
  - Whose sexual initiation is at a young age.
  - Who have many sexual partners and/or have had sexual intercourse with a man who has had many sexual partners.
  - With a weakened immune system from HIV infection, immune suppressive illness, and drugs.
  - With a family history (mother and/or sister) who had cervical cancer.
  - Who smoke or used to smoke.

- **HIV+ women:**
  - Are more readily infected with HPV.
  - Are more vulnerable to persistent HPV infection and precancerous lesions.
  - Develop precancerous lesions more rapidly.
Who is at risk for developing cervical cancer?
How to lower your risk for cervical cancer:

- Delay first sexual intercourse.
- Avoid multiple sexual partners.
- Practice safe sex by using condom.
- Seek regular cervical cancer screening and follow up.
- Quit smoking.
- Get the HPV vaccine (if available).
How to lower your risk for cervical cancer:
What is Visual Inspection with Acetic Acid (VIA) and why is important?

- A test where the provider applies vinegar to the cervix and can identify the presence of a precancerous lesion with the naked eye due to color change.
- Identifies precancerous lesion(s) when it is still possible to treat before developing into cancer.
- Is painless, takes a short amount of time, and the results are provided immediately.
- Is available to women who are 30-45 years old.
- Provide opportunity to identify other unrecognized gynecologic problems including cancer.
- **Cervical cancer** can be easily prevented with a simple screening test called VIA and precancer treatment called cryotherapy.
What is Visual Inspection with Acetic Acid (VIA) and why is important?
**How VIA test is performed:**

The VIA test involves the following steps:

**Step 1:** I will inspect and palpate the abdomen and the external genitalia.

**Step 2:** I will use a simple instrument (speculum) to open your vagina to allow me to see the cervix clearly. You may feel slight pressure from the speculum.

**Step 3:** Once I can see your cervix clearly, I will apply water-like solution (vinegar) to it to allow me to see if it is healthy. The vinegar may feel cold when it is applied.

**Step 4:** I will remove the instrument (speculum) and then we will discuss the results of the VIA test.
How VIA test is performed:

Speculum for pelvic examination and VIA testing
What are the expected VIA test results?

- **VIA negative** means:
  - There are no visible precancerous lesion(s) found in your cervix.
  - It is unlikely that you will develop cervical cancer within the next 5 years.
  - No treatment is needed.

- **VIA positive means:**
  - The test shows a precancerous lesion(s).
  - The lesion(s) can be treated easily and immediately with cryotherapy (in most cases). If the lesion is too big (rare cases), we will refer you to other alternative treatment.
  - To be VIA+ does not mean you have cancer – it indicates a precancerous condition.

- **Suspicious for cancer means:**
  
  Provider – in rare cases the test may show conditions that are suspicious for cancer.

  - You can’t be treated with cryotherapy.
  - I suggest seeking further evaluation to confirm the diagnosis and get appropriate treatment as early as possible.
  - I am going to offer you a referral so you can receive the appropriate care.
What are the expected VIA test results?

VIA negative

VIA positive

Suspicious for cervical cancer
Post VIA counseling following a negative VIA test result

- There are no visible precancerous lesion(s) found in your cervix.
- It is unlikely that you will develop cervical cancer within the next five years.
- No treatment is needed.
- To continue to prevent getting cervical cancer in the future you need to do similar testing every five years.
- You may come back to this clinic any time when you need advice or services.
- You can visit any health facility or provider for additional services, such as other gynecological problems and/or family planning.
- Do you have any questions?

Provider – give client an appointment card for follow-up visit in 5 years.
Post VIA counseling following a positive VIA test result

Pre-cryotherapy counseling for eligible women:
- Your VIA test showed abnormal cervical tissue which can be removed with a procedure called cryotherapy.
- Cryotherapy is a safe procedure with limited pain and few side effects.
- Cryotherapy removes abnormal cervical tissue from the cervix. Once they are removed, new and healthy cells grow back.

Likelihood of success:
- One cryotherapy session successfully treats 90 out of 100 women with precancerous lesions. This means that 10 out of 100 treated women may need to be re-treated with cryotherapy or received additional treatments.

What to expect while the cryotherapy is being conducted:
- You will feel a cold sensation in the vagina and sometimes lower abdominal pain. It takes less than 30 minutes.
- There is no need for anesthesia or any other medication before the procedure.
- During the cryotherapy, you will hear a hissing noise, but it is nothing to worry about.
- Cryotherapy only involves removing abnormal cervical tissue. It will not be used for treatment or removal of any other internal or external female genitalia.

What to expect after cryotherapy:
- You should expect to have watery vaginal discharge that could last for 4-6 weeks.
- You may or may not have lower abdominal-cramping and spotting/light bleeding.
- You are strongly advised to avoid sexual intercourse for about 4 weeks. If this is not possible you will need to use a condom.
- You will need to return to the clinic after one year to be re-tested to verify that the treatment has been effective.
- Do you have any questions?

Are you willing to have cryotherapy?
If yes, please sign a consent form.
Cryotherapy (for eligible women):

- Pre-treatment
- Immediately after treatment
- 4 months after treatment
**Post-cryotherapy counseling:**
- You should expect to have watery vaginal discharge that could last for 4-6 weeks;
- You may or may not have lower abdominal-crumpling; and
- You may or may not have spotting/light bleeding.

**Details for self-care at home:**
- It is essential that you abstain from sexual intercourse for 4 weeks following treatment. (If total abstinence is not possible, we will supply you with condoms).
- Abstinence will allow proper healing after cryotherapy treatment and reduce transmission of HIV (including other types or resistant strains of the virus for HIV+ women).
- Avoid internal douching and use of vaginal tampons.
- If you experience mild pain, you can take any analgesics (pain killers).

**Return to the clinic to seek care as soon as possible if you experience the following:**
- Fever for more than two days.
- Severe lower abdominal pain, especially if accompanied by fever.
- Bleeding for more than 2 days that is heavier than your heaviest days of menstrual bleeding.
- Bleeding with clots.
- Foul smelling vaginal discharge.

**Next scheduled visit and post-cryotherapy pre-packaged set:**
- Provide the woman with her next scheduled visit date (1-year after cryotherapy)
- Provide a post-cryotherapy pre-packaged set.
Woman

*Post-cryotherapy counseling:*