American Board of Surgery Qualifying Exam (ABS QE) Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. In the case of intra-peritoneal rectal trauma, what is the guideline for injuries less than 50%?

A. End ostomy for shock

B. Primary repair without diversion

C. Low anterior resection with loop ostomy

D. Exploratory laparotomy

2. Which score indicates that a patient is only able to produce sounds in the Verbal GCS?

A. 4

B. 2

C. 3

D. 1

3. In what combination do lactose consist?

A. Glucose and galactose

B. Fructose and glucose

C. Glucose and glucose

D. Galactose and theanine

4. What is the treatment approach for a C-2 odontoid type 3 fracture?

A. Fusion or halo

B. Reduction and stabilization

C. Immediate surgery

D. Observation only

5. Which of the following represents a measure used to analyze relationships between exposure and disease?

A. Odds Ratio (OR)

B. Follow-up analysis

C. Censoring

D. Activity Mapping

6. Which physiological change is associated with bladder function in aging?

A. Increased extensibility

B. Decreased collagen in the bladder wall

C. Less responsiveness to hormonal changes

D. Improved bladder capacity

7. What is the primary purpose of dendritic cells?

A. Production of antibodies

B. Antigen presentation to T cells

C. Phagocytosis of bacteria

D. Promotion of memory cell activation

8. What is the primary source of histamine in tissue?

A. Mast cells

B. Basophils

C. Eosinophils

D. Macrophages

9. The Haggitt classification is used to describe what aspect of polyps?

A. Size of polyps

B. Degree of dysplasia

C. Invasion depth through mucosa

D. Histological type of polyps

10. Which therapy is suggested for patients with large volume chest fluid accumulation?

A. Fluid replacement therapy

B. Chest tube insertion

C. Antibiotic therapy

D. Surgical thoracotomy

Answers

1. B
2. B
3. A
4. A
5. A
6. C
7. B
8. A
9. C
10. B

Explanations

1. In the case of intra-peritoneal rectal trauma, what is the guideline for injuries less than 50%?

A. End ostomy for shock

B. Primary repair without diversion

C. Low anterior resection with loop ostomy

D. Exploratory laparotomy

In cases of intra-peritoneal rectal trauma, when the injury is assessed to be less than 50%, the guideline is to perform a primary repair without diversion. This approach is endorsed because when damage is limited, the integrity of the rectal wall can often be preserved adequately to allow for direct repair. Choosing primary repair is preferred when the injury does not involve extensive tissue loss, contamination, or involve significant compromise to vascular supply. Avoiding diversion (such as ostomy) helps maintain normal gastrointestinal continuity and reduces the potential complications associated with ostomy creation. On the other hand, diversion is more appropriate for severe injuries or those presenting with shock, where the risk of pelvic sepsis and contamination is higher. In summary, primary repair without diversion is considered safe and effective for rectal injuries less than 50%, facilitating recovery and minimizing the need for more invasive procedures that could arise from complications.

2. Which score indicates that a patient is only able to produce sounds in the Verbal GCS?

A. 4

B. 2

C. 3

D. 1

The Glasgow Coma Scale (GCS) assesses a patient's level of consciousness based on three components: eye opening, verbal response, and motor response. A score of 2 in the verbal component of the GCS indicates that the patient is making incomprehensible sounds but is not able to speak meaningful words. This means the patient does have some form of vocalization, but it lacks connection to coherent language, which places them in a position where only sound production is present without any proper verbal communication. In contrast, a higher score like 3 reflects the ability to utter inappropriate words, whereas a score of 4 represents a coherent conversation. A score of 1 indicates no verbal response whatsoever. Therefore, a score of 2 is appropriately interpreted as the patient being able to produce sounds, albeit non-verbal and without coherence.

3. In what combination do lactose consist?

A. Glucose and galactose

B. Fructose and glucose

C. Glucose and glucose

D. Galactose and theanine

Lactose is a disaccharide sugar found in milk and dairy products, consisting of two monosaccharide units: glucose and galactose. This combination forms lactose through a glycosidic bond between these two sugars. When lactose is digested in the human body, it is broken down into glucose and galactose, which can then be utilized for energy. The other combinations listed do not represent the structure of lactose. Fructose and glucose together form sucrose, which is table sugar. Two glucose molecules linked together create maltose, another disaccharide. Galactose paired with theanine does not represent a known sugar structure; theanine is an amino acid and does not participate in forming disaccharides. Thus, the correct understanding of lactose's composition is essential in recognizing its biochemical significance and impact on nutrition.

4. What is the treatment approach for a C-2 odontoid type 3 fracture?

A. Fusion or halo

B. Reduction and stabilization

C. Immediate surgery

D. Observation only

In the treatment of a C-2 odontoid type 3 fracture, the correct approach typically involves fusion or halo immobilization. A type 3 odontoid fracture involves a fracture at the base of the odontoid peg, and it has been shown that these fractures can lead to instability and nonunion if not managed appropriately. Surgical intervention, often in the form of fusion, is considered to provide stability to the cervical spine and promote healing, especially in cases where the fracture is displaced or if there are neurological concerns. The halo vest can also be used to immobilize the region and allow for healing to occur without surgical intervention in less complex or unstable scenarios. This is significant because effective stabilization helps prevent future complications, such as cervical spine instability or neurological deficits. Other treatment options like reduction and stabilization, immediate surgery, or observation alone might be considered in specific contexts, but the most widely recommended approach for type 3 fractures revolves around fusion or the use of a halo to ensure proper healing and alignment.

5. Which of the following represents a measure used to analyze relationships between exposure and disease?

A. Odds Ratio (OR)

B. Follow-up analysis

C. Censoring

D. Activity Mapping

The odds ratio (OR) is a statistical measure frequently utilized in epidemiology to assess the relationship between exposure to a risk factor and the occurrence of a disease. Specifically, it quantifies the odds of an event occurring in an exposed group relative to the odds of the same event in a non-exposed group. An OR greater than 1 indicates that exposure is associated with higher odds of disease, while an OR less than 1 suggests a protective effect of the exposure against the disease. In contrast, follow-up analysis pertains to the study design and the assessment of outcomes over time rather than a specific metric for measuring relationships. Censoring refers to incomplete data in survival analysis due to individuals withdrawing from a study or not experiencing the event before the study ends; it does not measure relationships between exposure and disease. Activity mapping, while a method for visual representation of data, does not serve as a specific measure of association between exposure and disease either. Thus, the odds ratio is the most fitting choice for analyzing relationships.

6. Which physiological change is associated with bladder function in aging?

A. Increased extensibility

B. Decreased collagen in the bladder wall

C. Less responsiveness to hormonal changes

D. Improved bladder capacity

As individuals age, one of the notable physiological changes that affects bladder function is a decreased responsiveness to hormonal changes. This can impact the regulation of the urinary system, including the functioning of the detrusor muscle, which is responsible for bladder contractions. The normalization of urine production and the sensation of bladder fullness can be altered due to hormonal fluctuations, leading to challenges such as increased frequency of urination and urgency. In aging patients, the bladder may not respond as effectively to hormones that help regulate the storage and release of urine, contributing to changes in bladder capacity and function. While other factors such as increased collagen production and reduced elasticity may also occur in bladder tissues, the lack of responsiveness to hormonal changes is a prominent aspect of the aging process that directly influences bladder management and related symptoms. Therefore, understanding this physiological alteration is critical in addressing urinary issues commonly faced by the elderly.

7. What is the primary purpose of dendritic cells?

A. Production of antibodies

B. Antigen presentation to T cells

C. Phagocytosis of bacteria

D. Promotion of memory cell activation

The primary purpose of dendritic cells is to present antigens to T cells, making them crucial players in the adaptive immune response. Dendritic cells are specialized antigen-presenting cells that capture, process, and present antigens on their surface using major histocompatibility complex (MHC) molecules. This process is vital for the activation of naïve T cells, which require antigen presentation to become activated and differentiate into effector T cells. When dendritic cells encounter pathogens, they internalize these antigens, and through a series of complex processes including processing the proteins into peptide fragments, they load these peptides onto MHC molecules. Once this occurs, dendritic cells migrate to lymph nodes where they interact with T cells, providing necessary signals for their activation. This interaction is pivotal for generating an effective immune response, including the activation of CD4+ T helper cells and CD8+ cytotoxic T cells, which are essential for attacking infected cells or orchestrating broader immune responses. While other immune cells, like B cells, are responsible for the production of antibodies, and macrophages perform phagocytosis of bacteria, these functions are not the primary role of dendritic cells. Additionally, while memory cell activation is a part of the immune response,

8. What is the primary source of histamine in tissue?

A. Mast cells

B. Basophils

C. Eosinophils

D. Macrophages

Mast cells are the primary source of histamine in tissues. These cells are strategically located in connective tissues, particularly near blood vessels and nerves, where they play a crucial role in immune responses and inflammation. Mast cells contain granules rich in histamine, which they release upon activation, particularly in allergic reactions or in response to certain stimuli. Histamine is a biogenic amine that contributes to various physiological functions, such as promoting vasodilation, increasing vascular permeability, and influencing gastric gastric acid secretion. This release of histamine from mast cells is a key event in allergic responses, leading to symptoms such as itching, swelling, and redness associated with conditions like hay fever and anaphylaxis. While other cell types, like basophils and eosinophils, can also produce or release histamine, especially in allergic contexts, mast cells are overwhelmingly recognized as the primary contributors to tissue histamine. Macrophages, while important immune cells, are not significant sources of histamine. Their roles involve phagocytosis and cytokine production rather than histamine secretion. Thus, the presence and activation of mast cells are central to the understanding of histamine's role in immunological responses and tissue inflammation.

9. The Haggitt classification is used to describe what aspect of polyps?

A. Size of polyps

B. Degree of dysplasia

C. Invasion depth through mucosa

D. Histological type of polyps

The Haggitt classification is specifically designed to assess the invasion depth of colorectal polyps through the mucosal layers. It provides a systematic approach to categorizing polyps based on how deep the neoplastic tissue penetrates into the submucosa. This classification is particularly significant in determining the malignancy potential of polyps, especially when discussing polyp resection and the associated risks of residual disease. The classification categorizes polyps into different levels based on their depth of invasion. For example, it helps to distinguish whether a polyp is a non-invasive lesion or if it has begun to invade deeper layers, which can influence treatment decisions and follow-up strategies. Understanding the depth of invasion is crucial because it can significantly affect a patient's prognosis and therapeutic approach. Size, degree of dysplasia, and histological type are aspects related to polyps, but the Haggitt classification does not specifically address these factors. Instead, it focuses solely on the invasion and depth, highlighting its relevance in clinical practice regarding management and surveillance of colorectal cancer risk.

10. Which therapy is suggested for patients with large volume chest fluid accumulation?

A. Fluid replacement therapy

B. Chest tube insertion

C. Antibiotic therapy

D. Surgical thoracotomy

The suggested therapy for patients with large volume chest fluid accumulation is chest tube insertion. This procedure is pivotal in managing pleural effusions or collections of fluid in the pleural space, which can lead to respiratory distress and decreased lung function if not addressed properly. Chest tube insertion allows for the effective drainage of fluid, which not only alleviates symptoms of dyspnea but also facilitates the expansion of the lung back to its normal position in the thoracic cavity. It is typically performed under local anesthesia and can be done at the bedside. This approach is often preferred due to its minimally invasive nature and the ability to repeat the procedure if necessary. Other therapies, such as fluid replacement therapy, are not indicated in cases of fluid accumulation in the chest as they could exacerbate the problem. Antibiotic therapy may be indicated if an infectious process is identified, but it does not directly address the fluid accumulation. Surgical thoracotomy is more invasive and generally reserved for specific cases where there are other complications or when drainage via a chest tube is insufficient. Thus, chest tube insertion is the most appropriate initial intervention for managing large volume chest fluid accumulation.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://americanboardofsurgery.examzify.com

We wish you the very best on your exam journey. You've got this!