

American Board of Surgical Assistants (ABSA) Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. What is the main function of the renal artery?**
 - A. To supply oxygenated blood to the liver**
 - B. To carry deoxygenated blood from the kidneys**
 - C. To supply blood to the kidneys from the aorta**
 - D. To drain blood from the bladder**

- 2. Which gland regulates several other endocrine glands?**
 - A. Thyroid gland**
 - B. Adrenal gland**
 - C. Pancreas**
 - D. Pituitary gland**

- 3. What injury type is characterized by damage to the growth plate in a child's bone?**
 - A. Intercondylar fracture**
 - B. Epiphyseal injury**
 - C. Comminuted fracture**
 - D. Spiral fracture**

- 4. What process is used to remove waste from the blood?**
 - A. Hemodialysis**
 - B. Peritoneal dialysis**
 - C. Centrifugation**
 - D. Filtration**

- 5. What type of study uses dye to visualize the kidney pelvis?**
 - A. MRI**
 - B. Ultrasound**
 - C. Retrograde pyelogram**
 - D. CT Scan**

- 6. What characterizes an indirect hernia?**
 - A. Weakness of fascial margin of internal ring**
 - B. Weakness of fascial floor of inguinal canal**
 - C. Protrusion through the rectus muscle**
 - D. Located above the inguinal ligament**

- 7. What surgical procedure is referred to as the Roux-Y procedure for common duct repair?**
- A. Choledochojejunostomy**
 - B. Pilonidal cyst excision**
 - C. Cecal volvulus correction**
 - D. Intussusception reduction**
- 8. What is the outcome of an ectopic pregnancy?**
- A. Successful gestation in the uterus**
 - B. Can lead to severe complications if not treated**
 - C. Commonly resolves without intervention**
 - D. Always results in a miscarriage**
- 9. What device is used for sterilizing instruments with steam?**
- A. Pressure Steam Sterilizer**
 - B. Electric Autoclave**
 - C. Dry Heat Sterilizer**
 - D. Ethylene Oxide Chamber**
- 10. Which procedure is often the last resort for non-healing fractures?**
- A. Closed Reduction**
 - B. Skeletal Traction**
 - C. Arthrodesis**
 - D. Synovectomy**

Answers

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

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Explanations

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1. What is the main function of the renal artery?

- A. To supply oxygenated blood to the liver
- B. To carry deoxygenated blood from the kidneys
- C. To supply blood to the kidneys from the aorta**
- D. To drain blood from the bladder

The renal artery primarily serves the essential function of supplying blood to the kidneys directly from the aorta. This vascular connection is vital because the kidneys play a crucial role in filtering blood, regulating water and electrolyte levels, and maintaining blood pressure through the processes of urine formation and waste elimination. The renal artery branches off from the abdominal aorta, carrying oxygen-rich blood necessary for the kidneys to perform their functions effectively. Once the blood reaches the kidneys, it undergoes filtration in the glomeruli and the subsequent reabsorption of water and solutes, which is critical for maintaining homeostasis within the body. Other choices do not align with the primary function of the renal artery. For instance, supplying oxygenated blood to the liver pertains to the hepatic artery, while deoxygenated blood from the kidneys would relate to the renal veins, and drainage from the bladder pertains to the urinary system's capabilities, specifically through the ureters. Therefore, the focus on how the renal artery contributes to kidney function is key to understanding its role in the circulatory and renal systems.

2. Which gland regulates several other endocrine glands?

- A. Thyroid gland
- B. Adrenal gland
- C. Pancreas
- D. Pituitary gland**

The pituitary gland is often referred to as the "master gland" of the endocrine system because of its pivotal role in regulating various other endocrine glands. It releases hormones that control the function of thyroid, adrenal, and reproductive glands, among others. Specifically, it secretes hormones such as thyroid-stimulating hormone (TSH), adrenocorticotropic hormone (ACTH), and luteinizing hormone (LH), which stimulate the respective glands to produce their hormones. This regulatory function is crucial for maintaining homeostasis in the body, ensuring that various physiological processes are coordinated and balanced. For instance, the pituitary gland's secretion of TSH stimulates the thyroid gland to produce thyroid hormones, which regulate metabolism. Similarly, ACTH prompts the adrenal gland to produce cortisol, a key hormone in stress response and metabolism. Other glands listed, such as the thyroid gland, adrenal gland, and pancreas, have important roles in hormone production but do not have the overarching regulatory influence that the pituitary gland possesses over the endocrine system as a whole. The pituitary's ability to influence multiple endocrine pathways makes it essential for the harmonious functioning of the body's hormonal network.

3. What injury type is characterized by damage to the growth plate in a child's bone?

- A. Intercondylar fracture**
- B. Epiphyseal injury**
- C. Comminuted fracture**
- D. Spiral fracture**

The type of injury characterized by damage to the growth plate in a child's bone is known as an epiphyseal injury. The growth plate, or epiphyseal plate, is a layer of cartilage located at the ends of long bones, where bone growth occurs. In children and adolescents, injuries to the growth plate can significantly impact future bone growth and development, making it crucial to identify and manage these injuries appropriately. Epiphyseal injuries can result from trauma or stress that causes fractures at the growth plate. Such injuries are categorized by the Salter-Harris classification, which describes the severity of growth plate injuries based on the involvement of the epiphysis and metaphysis. Treatment typically focuses on ensuring proper alignment and healing to minimize long-term effects on growth and function. The other fracture types mentioned, such as intercondylar fractures, comminuted fractures, and spiral fractures, do not specifically target the growth plate and are more commonly seen in adults or in varying contexts of bone injury without the same implications for growth disruption in children.

4. What process is used to remove waste from the blood?

- A. Hemodialysis**
- B. Peritoneal dialysis**
- C. Centrifugation**
- D. Filtration**

The process used to remove waste from the blood is hemodialysis. This is a medical treatment primarily for patients suffering from kidney failure, where the kidneys are unable to effectively filter waste products from the blood. In hemodialysis, blood is drawn out of the body and circulated through a machine known as a dialyzer, which acts as an artificial kidney. The dialyzer uses a semi-permeable membrane to allow waste products and excess electrolytes to pass out of the blood while retaining necessary components such as blood cells and proteins. Hemodialysis is particularly effective at removing substances like urea and creatinine, which are byproducts of metabolism that can accumulate to harmful levels if the kidneys are not functioning properly. This process is typically performed periodically, usually several times a week, and is critical for maintaining the health and well-being of patients with renal insufficiency. The other methods mentioned do not serve the same purpose as hemodialysis. Peritoneal dialysis, while also a form of dialysis used for waste removal, involves the use of the peritoneal cavity and is not the same as hemodialysis. Centrifugation is a laboratory technique used to separate substances based on density and is not a method of

5. What type of study uses dye to visualize the kidney pelvis?

- A. MRI**
- B. Ultrasound**
- C. Retrograde pyelogram**
- D. CT Scan**

The correct answer is retrograde pyelogram, which is a specialized imaging procedure that uses a dye (contrast material) to visualize the structures of the kidney, specifically the renal pelvis and ureters. During this procedure, a catheter is inserted through the urethra, bladder, and into the ureters up to the renal pelvis, where the contrast dye is injected. This allows for detailed imaging via X-ray, showcasing any obstructions, tumors, or anatomical anomalies in the urinary tract. In contrast, while MRI and CT scans can provide detailed images of the kidneys and surrounding structures, they do not specifically use a dye in the same manner as a retrograde pyelogram for the purpose of directly visualizing the kidney pelvis through catheterization. Although CT scans often use contrast material, the method of visualization and purpose differs from the retrograde pyelogram. Ultrasound, on the other hand, uses sound waves rather than dye to visualize structures and would not be suitable for specifically highlighting the renal pelvis in the same way a retrograde pyelogram does.

6. What characterizes an indirect hernia?

- A. Weakness of fascial margin of internal ring**
- B. Weakness of fascial floor of inguinal canal**
- C. Protrusion through the rectus muscle**
- D. Located above the inguinal ligament**

An indirect hernia is characterized by its anatomical pathway, which involves a protrusion through the internal inguinal ring, following a route created by the obliterated processus vaginalis. The correct choice outlines a weakness in the fascial floor of the inguinal canal, which provides a pathway for the hernia, causing abdominal contents to escape into the inguinal canal. This type of hernia is often associated with congenital factors, which means a person may be born with a predisposition to developing this weakness. The hernia typically emerges above the inguinal ligament and may travel downwards from the inguinal canal into the scrotum in males, which further signifies its indirect nature. The other choices do not accurately depict the characteristic of an indirect hernia. For example, the weakness of the fascial margin of the internal ring relates more closely to direct hernias, while protrusion through the rectus muscle is not a defining feature of either type of inguinal hernia.

7. What surgical procedure is referred to as the Roux-Y procedure for common duct repair?

- A. Choledochojejunostomy**
- B. Pilonidal cyst excision**
- C. Cecal volvulus correction**
- D. Intussusception reduction**

The Roux-Y procedure, particularly in the context of common duct repair, specifically refers to the creation of a choledochojejunostomy. This surgical technique involves connecting the common bile duct to the jejunum, which is a part of the small intestine. The Roux-Y configuration allows for the diversion of bile directly into the small intestine, bypassing any obstruction or damage that may be affecting the bile duct. This technique is essential in treating conditions such as bile duct strictures, stones that cannot be removed by other means, or after surgical resections. The creation of the Roux limb helps in maintaining normal digestive function by ensuring that bile can still reach the intestines for the digestion of fats. In contrast, the other procedures listed pertain to different anatomical regions and surgical objectives. Pilonidal cyst excision is focused on treating cysts located at the base of the spine, cecal volvulus correction addresses a twist in the cecum of the colon, and intussusception reduction involves the retraction of one segment of the intestine into another. Therefore, they are not relevant to common bile duct repairs.

8. What is the outcome of an ectopic pregnancy?

- A. Successful gestation in the uterus**
- B. Can lead to severe complications if not treated**
- C. Commonly resolves without intervention**
- D. Always results in a miscarriage**

An ectopic pregnancy occurs when a fertilized egg implants outside of the uterus, most commonly in the fallopian tubes. This condition can result in severe complications if not treated promptly, primarily due to the risk of rupture. A ruptured ectopic pregnancy can lead to significant internal bleeding, resulting in a medical emergency that can be life-threatening for the patient. While there are instances where an ectopic pregnancy may resolve spontaneously, this is not the typical outcome, and relying on this could escalate the risk of complications. Successful gestation typically requires implantation in the uterus, and ectopic pregnancies inherently cannot progress normally to term, making any assertion of a successful gestation in the uterus inconsistent with the nature of ectopic implants. In summary, recognizing that ectopic pregnancies necessitate careful monitoring and often surgical intervention underscores the importance of understanding the potential severe complications associated with this condition, which makes the outcome of leading to severe complications the most accurate statement regarding ectopic pregnancies.

9. What device is used for sterilizing instruments with steam?

- A. Pressure Steam Sterilizer**
- B. Electric Autoclave**
- C. Dry Heat Sterilizer**
- D. Ethylene Oxide Chamber**

The use of a pressure steam sterilizer is crucial in the sterilization process of surgical instruments because it operates on the principle of using high-pressure steam to achieve sterilization. Steam under pressure raises the temperature above that of boiling water, effectively killing microorganisms, including bacteria, viruses, and spores. This method is favored in healthcare settings due to its efficiency in sterilization and the relative short time it takes to complete the process compared to other methods. The pressure increases the boiling point of water, allowing for effective penetration of steam into the instruments, ensuring thorough sterilization. While other devices like the electric autoclave also perform this same function, emphasizing pressure steam sterilizers in the broader category helps clarify their specific role and capabilities. The dry heat sterilizer and ethylene oxide chamber serve different sterilization methods that are not reliant on steam, highlighting the uniqueness of pressure steam sterilization in maintaining the sterility of surgical instruments effectively.

10. Which procedure is often the last resort for non-healing fractures?

- A. Closed Reduction**
- B. Skeletal Traction**
- C. Arthrodesis**
- D. Synovectomy**

Arthrodesis is considered the last resort for non-healing fractures due to its objective of fusing two bones together to eliminate movement at the joint, which can help stabilize the area when other treatments have failed. This surgical procedure is commonly used when fractures do not heal properly or when there is incessant instability that does not respond to less invasive treatment methods. In cases of non-union or delayed union, where the bone fails to heal adequately, arthrodesis can provide a definitive solution by promoting bone healing through stabilization. This procedure is particularly relevant when conservative methods or fixation techniques have been exhausted without achieving satisfactory results. In contrast, closed reduction and skeletal traction are typically non-invasive measures aimed at realigning or stabilizing the fracture rather than addressing cases of non-healing fractures. Additionally, a synovectomy, which involves the removal of the synovial membrane, is not directly related to treating fractures but rather to joint diseases or conditions such as rheumatoid arthritis. Therefore, arthrodesis stands out as a critical intervention for managing persistent fracture non-healing where joint stability is increasingly compromised.