

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

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. 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

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- 1. What condition results when an intestinal segment slides into the adjacent segment?**
 - A. Intussusception**
 - B. Strangulated hernia**
 - C. Pyloric stenosis**
 - D. Peptic ulcer**

- 2. What does excessive uric acid in the blood primarily lead to in patients?**
 - A. Gout**
 - B. Heart disease**
 - C. Diabetes**
 - D. Kidney failure**

- 3. What surgical technique is characterized as minimally invasive and uses a scope?**
 - A. Laparoscopy**
 - B. Abdominal hysterectomy**
 - C. Cervical dilation**
 - D. Open surgery**

- 4. Which condition serves as a contraindication for hemodialysis?**
 - A. Severe hypotension**
 - B. Chronic kidney disease**
 - C. Urinary tract infection**
 - D. Diabetes mellitus**

- 5. What does the Billroth I procedure primarily involve?**
 - A. Surgical procedure for gastric resection**
 - B. Removal of the appendix**
 - C. Repair of hernia**
 - D. Reconstruction of the intestine**

- 6. What does a varicocelectomy involve?**
- A. Removal of a testicle**
 - B. Repair of the urinary bladder**
 - C. Removal of varicose veins in the scrotum**
 - D. Excision of prostate tissue**
- 7. Which suture technique is likely to be faster for securing tissues?**
- A. One Handed Tying**
 - B. Simple Running Stitch**
 - C. Mattress Stitch**
 - D. Surgeons Knot**
- 8. Which of the following is a surgical procedure aimed at preventing miscarriage?**
- A. Purse-string suture**
 - B. Trachelorrhaphy**
 - C. Shirodkar procedure**
 - D. Culdoscopy**
- 9. What condition is characterized by the inability to void urine even when the bladder is full?**
- A. Enuresis**
 - B. Urinary retention**
 - C. Incontinence**
 - D. Hematuria**
- 10. Which technique is used for non-surgical realignment of fractures?**
- A. Open Reduction**
 - B. Closed Reduction**
 - C. Skeletal Traction**
 - D. Skin Traction**

Answers

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

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Explanations

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1. What condition results when an intestinal segment slides into the adjacent segment?

- A. Intussusception**
- B. Strangulated hernia**
- C. Pyloric stenosis**
- D. Peptic ulcer**

Intussusception occurs when a portion of the intestine, known as the intussusceptum, telescopes or slides into an adjacent segment, called the intussusciens. This condition can lead to obstruction of the bowel and compromised blood flow in the affected area, creating a medical emergency that often requires prompt surgical intervention. The exact cause of intussusception can vary, but it is commonly seen in children and can be associated with specific conditions, such as certain infections or gastrointestinal abnormalities. Understanding the nature of this condition is crucial for recognizing its symptoms, which may include abdominal pain, vomiting, and the presence of "currant jelly" stools in children due to the mixing of blood and mucus. Early diagnosis and treatment are vital to prevent complications such as perforation of the intestinal wall or necrosis resulting from loss of blood supply. In contrast to intussusception, a strangulated hernia involves a segment of bowel being trapped in a hernial sac, leading to ischemia due to compromised blood supply, while pyloric stenosis is a condition in infants that causes a narrowing of the pylorus, obstructing food from passing from the stomach to the duodenum. Peptic ulcers are sores on the lining of the

2. What does excessive uric acid in the blood primarily lead to in patients?

- A. Gout**
- B. Heart disease**
- C. Diabetes**
- D. Kidney failure**

Excessive uric acid in the blood primarily leads to gout, which is a type of inflammatory arthritis. Gout occurs when there is a high concentration of uric acid, a waste product that is normally dissolved in the blood and excreted through the kidneys. When uric acid levels become too elevated, it can crystallize in the joints, leading to episodes of severe pain, swelling, and redness, particularly in the big toe. This condition is often characterized by sudden attacks that can be both painful and debilitating. The process behind this involves the body's inability to effectively metabolize purines, substances found in certain foods and beverages, which can raise uric acid levels. Genetics, diet, obesity, and certain medications can all play a role in the development of elevated uric acid levels and consequently, gout. Understanding the relationship between uric acid and gout is essential for managing and preventing the condition. Identifying elevated uric acid levels can also aid in recommending lifestyle changes or medications aimed at reducing these levels, ultimately preventing the painful symptoms associated with gout flare-ups.

3. What surgical technique is characterized as minimally invasive and uses a scope?

- A. Laparoscopy**
- B. Abdominal hysterectomy**
- C. Cervical dilation**
- D. Open surgery**

Laparoscopy is a surgical technique that is distinguished by its minimally invasive approach, which utilizes a scope, often called a laparoscope. This scope is a long, thin instrument equipped with a camera that allows surgeons to view the internal organs on a monitor, providing them with visual guidance during the procedure. The use of laparoscopy allows for smaller incisions compared to traditional open surgery, resulting in less postoperative pain, reduced recovery time, and a lower risk of complications. In this technique, carbon dioxide gas is typically introduced into the abdomen to create a working space, which facilitates the surgery. Common procedures performed laparoscopically include gallbladder removal, appendectomies, and various types of hernia repairs, as well as many gynecological surgeries. The other options do not primarily reflect a minimally invasive technique that uses a scope. Abdominal hysterectomy, for example, can be performed through larger incisions and is not exclusively minimally invasive. Cervical dilation is a procedure generally associated with preparing the cervix for a surgical procedure, while open surgery entails making larger incisions to access the surgical area directly. Thus, laparoscopy is the most fitting choice when describing a minimally invasive surgical technique that employs a scope.

4. Which condition serves as a contraindication for hemodialysis?

- A. Severe hypotension**
- B. Chronic kidney disease**
- C. Urinary tract infection**
- D. Diabetes mellitus**

Severe hypotension is indeed a contraindication for hemodialysis because this condition can compromise the patient's ability to tolerate the treatment. Hemodialysis involves the removal of excess fluids and wastes from the blood through a machine. If a patient is already experiencing severe hypotension, undergoing the procedure can further decrease their blood pressure, potentially leading to inadequate organ perfusion, shock, and other serious complications. In contrast, chronic kidney disease, urinary tract infections, and diabetes mellitus are not absolute contraindications for hemodialysis. Patients with chronic kidney disease often require hemodialysis as their renal function deteriorates. Urinary tract infections may be managed concurrently with dialysis, and diabetes mellitus, while it can complicate a patient's overall health, does not prevent the initiation of hemodialysis. Therefore, severe hypotension is the most critical condition that makes hemodialysis unsafe.

5. What does the Billroth I procedure primarily involve?

- A. Surgical procedure for gastric resection**
- B. Removal of the appendix**
- C. Repair of hernia**
- D. Reconstruction of the intestine**

The Billroth I procedure involves the surgical resection of a portion of the stomach, specifically the distal stomach, followed by the direct anastomosis of the remaining stomach to the duodenum. This reconstructive approach is typically used in the treatment of gastric ulcers or cancer and helps restore the continuity of the digestive tract after part of the stomach has been removed. The primary goal is to relieve symptoms associated with gastric diseases and to enable digestive function as effectively as possible. While the other choices involve different surgical interventions, they do not accurately describe the Billroth I procedure. For instance, the removal of the appendix pertains to an appendectomy, the repair of a hernia refers to herniorrhaphy, and reconstruction of the intestine might involve various types of bowel surgery but does not specifically relate to the gastric reconstruction performed in the Billroth I. Thus, the correct identification of this procedure as a surgical approach for gastric resection is fundamental to understanding its role in surgical practices.

6. What does a varicocelectomy involve?

- A. Removal of a testicle**
- B. Repair of the urinary bladder**
- C. Removal of varicose veins in the scrotum**
- D. Excision of prostate tissue**

A varicocelectomy is a surgical procedure specifically designed to remove or tie off enlarged veins within the scrotum known as varicoceles. Varicoceles are similar to varicose veins that might occur in the legs, where blood pools in the veins, causing them to swell. The condition can affect blood flow and may contribute to infertility or discomfort in males. During the procedure, the surgeon typically makes an incision in the groin or abdomen to access the veins, and then either removes or occludes the affected veins to restore normal blood flow. This addresses the underlying issue and alleviates symptoms associated with the condition. The other choices pertain to different types of surgical procedures that are not related to varicoceles. Removing a testicle involves an orchiectomy, repairing the urinary bladder involves cystoplasty or other bladder repair techniques, and excising prostate tissue relates to procedures like a prostatectomy, which is entirely separate from the treatment of varicoceles. Therefore, the correct understanding of a varicocelectomy centers around its role in treating enlarged scrotal veins rather than any of these unrelated surgical interventions.

7. Which suture technique is likely to be faster for securing tissues?

- A. One Handed Tying**
- B. Simple Running Stitch**
- C. Mattress Stitch**
- D. Surgeons Knot**

The simple running stitch is considered one of the fastest techniques for securing tissues because it allows for quick, continuous suturing without the need for multiple ties. This technique involves making a series of stitches that run consecutively along the wound, which streamlines the process and reduces the time spent switching from one suture to another or tying multiple knots. Using a running stitch minimizes the number of times the needle must be passed through the tissue, as it effectively captures a small amount of tissue with each pass. This efficiency is particularly beneficial in situations where speed is essential, such as in cases of trauma or when closing larger wounds. Comparatively, other options, like one-handed tying or surgeon's knots, involve repetitive knot-tying, which can be more time-consuming. Similarly, the mattress stitch, while providing greater tension and eversion of wound edges, also requires additional maneuvering and ties, making it slower than the simple running stitch. Thus, the simple running stitch emerges as the optimal choice for rapid tissue securing.

8. Which of the following is a surgical procedure aimed at preventing miscarriage?

- A. Purse-string suture**
- B. Trachelorrhaphy**
- C. Shirodkar procedure**
- D. Culdoscopy**

The Shirodkar procedure is indeed a surgical intervention specifically designed to prevent miscarriage in women with a history of cervical incompetence. This technique involves placing a stitching device around the cervix, effectively creating a supportive barrier that helps keep the cervix closed during pregnancy. By reinforcing the cervix, the Shirodkar procedure aims to reduce the risk of premature labor or miscarriage due to cervical dilation. In contrast, other options provided have different purposes or applications. The purse-string suture is typically used to close circular wounds and is not specific to miscarriage prevention. Trachelorrhaphy refers to the surgical repair of the cervix but does not exclusively serve as a preventative measure against miscarriage. Culdoscopy is a diagnostic procedure that allows for visualization of the pelvic cavity and is not related to preventing miscarriage. Therefore, the Shirodkar procedure stands out as the correct choice due to its specific role in addressing cervical insufficiency and reducing the risk of pregnancy loss.

9. What condition is characterized by the inability to void urine even when the bladder is full?

- A. Enuresis**
- B. Urinary retention**
- C. Incontinence**
- D. Hematuria**

The condition characterized by the inability to void urine even when the bladder is full is urinary retention. This occurs when the bladder does not empty completely or at all, leading to a buildup of urine. Patients may experience discomfort due to the full bladder but are unable to initiate urination due to various causes, which can include obstruction, nerve problems, medications, or other underlying health issues. In contrast, enuresis refers to involuntary urination, typically in children, during sleep, which does not align with the inability to urinate when the bladder is full. Incontinence is the loss of voluntary control over urination, leading to unintentional leakage of urine, which is different from being unable to void despite a full bladder. Hematuria is the presence of blood in the urine, and while it can be associated with various urinary issues, it specifically refers to the composition of the urine rather than the ability to void. Thus, urinary retention is the accurate choice, as it directly maps to the described condition.

10. Which technique is used for non-surgical realignment of fractures?

- A. Open Reduction**
- B. Closed Reduction**
- C. Skeletal Traction**
- D. Skin Traction**

The technique used for non-surgical realignment of fractures is closed reduction. This method involves manually manipulating the fractured bone back into its correct alignment without making any incisions or entering the surgical environment. It is typically performed under local or general anesthesia, depending on the nature of the fracture and the patient's condition. During closed reduction, the practitioner applies specific forces to realign the bone fragments, allowing the body to heal the fracture naturally. This approach is often preferred when the fracture is stable and can heal properly with immobilization, usually through casting or splinting, once the alignment is achieved. Closed reduction is particularly advantageous because it minimizes the risks associated with surgical procedures, such as infection, longer recovery times, and potential complications that can arise from anesthesia or surgical trauma. The goal is to restore the normal anatomy and function of the limb while allowing natural healing processes to take place.

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://surgicalassistantsabsa.examzify.com>

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

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