

AMERICAN BOARD OF SURGICAL ASSISTANTS (ABSA) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What does a portal hypertension shunt connect?**
 - A. Renal artery and inferior vena cava
 - B. Portal vein and inferior vena cava
 - C. Superior mesenteric artery and aorta
 - D. Splenic vein and portal vein
- 2. According to ventilation standards in an operating room (OR), how many air exchanges are recommended per hour?**
 - A. 10 air exchanges
 - B. 15 air exchanges
 - C. 20 air exchanges
 - D. 25 air exchanges
- 3. Which sutures are deemed suitable for infected wounds?**
 - A. Nylon and polypropylene
 - B. Cotton and silk
 - C. Absorbable gut and polyester
 - D. Polyamide and Dacron
- 4. What is the surgical procedure called that involves connecting segments of the jejunum?**
 - A. Esophagoduodenostomy
 - B. Jejunojejunostomy
 - C. Vagotomy
 - D. Pyloroplasty
- 5. What is the primary function of the thymus gland?**
 - A. Regulation of metabolism
 - B. Stimulation of red blood cell production
 - C. Support of the body's immune response
 - D. Secretion of hormones

- 6. From what source is surgical gut derived?**
- A. Swine's intestines
 - B. Sheep's intestines' submucosa layer
 - C. Cow's skin
 - D. Chicken's gizzard lining
- 7. What method uses weights to align fractured bones?**
- A. Plaster Cast
 - B. Skeletal Traction
 - C. Closed Reduction
 - D. Skin Traction
- 8. What is the primary function of coagulation drugs?**
- A. To induce general anesthesia
 - B. To promote blood clotting
 - C. To reduce inflammation
 - D. To manage pain during surgeries
- 9. What does absence of menstrual periods potentially indicate?**
- A. Menorrhagia
 - B. Amenorrhea
 - C. Metrorrhagia
 - D. Polymenorrhea
- 10. What is another name for cranial nerve VII?**
- A. Optic nerve
 - B. Facial nerve
 - C. Vagus nerve
 - D. Trigeminal nerve

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What does a portal hypertension shunt connect?

- A. Renal artery and inferior vena cava
- B. Portal vein and inferior vena cava**
- C. Superior mesenteric artery and aorta
- D. Splenic vein and portal vein

The correct answer is that a portal hypertension shunt connects the portal vein and the inferior vena cava. This procedure is important in the management of portal hypertension, a condition characterized by increased blood pressure in the portal venous system. When portal hypertension occurs, it often leads to complications such as variceal bleeding, ascites, and splenomegaly. A shunt is created to reroute blood flow away from the portal system, effectively reducing the pressure within it. By connecting the portal vein, which carries blood from the intestines and spleen to the liver, directly to the inferior vena cava, which drains blood into the heart, the shunt allows blood to bypass the liver and decrease the pressure in the portal system. This intervention can significantly mitigate the effects of portal hypertension and improve patient outcomes. In understanding this concept, it is crucial to recognize that the other options would not facilitate the intended purpose of alleviating portal hypertension. For instance, connections involving the renal artery or superior mesenteric artery would not directly impact the portal venous pressure, as they are not part of the portal circulation. Additionally, a connection between the splenic vein and portal vein does not constitute a shunt in the context of addressing portal hypertension; rather

2. According to ventilation standards in an operating room (OR), how many air exchanges are recommended per hour?

- A. 10 air exchanges
- B. 15 air exchanges**
- C. 20 air exchanges
- D. 25 air exchanges

Fifteen air exchanges per hour is the standard rate used in operating rooms to keep the environment clean and safe. This measure shows how many times the entire room air is replaced each hour, which helps dilute and remove contaminants such as surgical smoke, dust, and microbial load from the sterile field. Setting a minimum of fifteen exchanges balances effective ventilation with practical concerns like energy use and temperature control. While some facilities may operate at higher rates for specific procedures or design reasons, fifteen is the commonly recommended minimum to support infection control and air quality in the OR.

3. Which sutures are deemed suitable for infected wounds?

- A. Nylon and polypropylene
- B. Cotton and silk
- C. Absorbable gut and polyester
- D. Polyamide and Dacron

Nylon and polypropylene sutures are suitable for infected wounds due to their non-reactive properties and resistance to infection. These materials are synthetic, which means they are less likely to promote bacterial growth or provoke an inflammatory response in infected tissue. Nylon is known for its strength and elasticity, which makes it a reliable choice for securing tissues even in challenging circumstances, such as in the presence of infection. Polypropylene, on the other hand, is even more inert, often being used in cardiovascular and plastic surgeries where infection control is critical. The smooth surface of these sutures also minimizes tissue trauma, which is vital when dealing with infected wounds, as reducing further damage can help the healing process. In contrast, the other choices involve sutures that may not be suitable for infected wounds for various reasons. Cotton and silk are more reactive and can harbor bacteria, which can worsen the infection. Absorbable gut and polyester stitches may not provide the necessary strength in infected environments, and their absorbable nature might lead to complications if the infection results in delayed healing. Polyamide and Dacron can be used in certain situations, but they are also less favorable when dealing with infections compared to nylon and polypropylene. This makes the first choice the most appropriate option for sut

4. What is the surgical procedure called that involves connecting segments of the jejunum?

- A. Esophagoduodenostomy
- B. Jejunojunostomy
- C. Vagotomy
- D. Pyloroplasty

The surgical procedure that involves connecting segments of the jejunum is known as a jejunojunostomy. This procedure is performed to bypass a section of the jejunum or to create an anastomosis (connection) between two segments of the jejunum in cases where a portion may have been resected due to disease or obstruction. The jejunojunostomy can be important in various surgical contexts, such as after a partial small bowel resection. It maintains continuity of the gastrointestinal tract and allows for normal digestive function by providing a pathway for the passage of intestinal contents. Understanding the distinction between jejunojunostomy and other procedures is critical. For example, esophagoduodenostomy involves the connection of the esophagus to the duodenum, which is entirely different from connecting segments of the jejunum. Vagotomy is a procedure involving the cutting of the vagus nerve, often done to reduce acid secretion in peptic ulcer disease, and pyloroplasty is a procedure that involves enlarging the pylorus to facilitate gastric drainage without creating jejunal connections. Thus, recognizing the specificity of jejunojunostomy as the procedure focusing on the jejunum is essential.

5. What is the primary function of the thymus gland?

- A. Regulation of metabolism
- B. Stimulation of red blood cell production
- C. Support of the body's immune response**
- D. Secretion of hormones

The primary function of the thymus gland is to support the body's immune response. During early life, particularly in childhood, the thymus plays a crucial role in the development and maturation of T lymphocytes, which are essential for the adaptive immune system. These T cells help the body recognize and respond to pathogens, ensuring that it can mount an effective immune response against infections and diseases. The thymus gland is unique in that it serves as the site for the differentiation of precursor cells from the bone marrow into mature T cells. This maturation process is essential for establishing a robust immune system capable of distinguishing between the body's own cells and foreign entities. As one ages, the thymus gradually decreases in size and function, leading to a natural decline in immune response capability. While other glands and organs perform functions related to metabolism, red blood cell production, and hormone secretion, the thymus is specifically focused on immune support, making it a pivotal element in the body's defense mechanism.

6. From what source is surgical gut derived?

- A. Swine's intestines
- B. Sheep's intestines' submucosa layer**
- C. Cow's skin
- D. Chicken's gizzard lining

Surgical gut is traditionally derived from the submucosa layer of sheep's intestines. This material is preferred for sutures in surgical procedures because it is composed of collagen, which is biocompatible and provides strength while also being gradually absorbed by the body. The use of submucosa ensures that the sutures have both adequate tensile strength and a predictable absorption rate, making them suitable for various surgical applications. The other options do not provide the same qualities or materials needed for surgical gut. For instance, swine's intestines might have different properties that do not align with the desired outcomes for sutures, and cow's skin is more commonly associated with different types of sutures not classified as surgical gut. Similarly, while chicken gizzard lining can serve various purposes in other contexts, it lacks the specific biocompatibility and absorption qualities required for surgical gut.

7. What method uses weights to align fractured bones?

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

Skeletal traction is a method that uses weights to directly align fractured bones, allowing for proper healing and stabilization. This technique involves the application of a force through a pin or wire that is surgically inserted into the bone. The weights are attached to this pin or wire, creating a continuous pulling force that helps keep the bones properly aligned during the healing process. This method is particularly effective in cases of complex fractures where other methods, such as cast immobilization, may not provide adequate alignment or stabilization. In contrast, the other methods listed function differently. A plaster cast is used to immobilize and support a fractured bone but does not apply a constant weight or force for alignment. Closed reduction involves realigning bones without creating an external fixation; it is typically performed under anesthesia and does not use weights. Skin traction, while it can apply force and help with alignment, relies on adhesive materials or straps applied to the skin rather than surgical pins or weights. Thus, skeletal traction is uniquely effective for managing certain types of fractures through controlled forces applied directly to the bone structure.

8. What is the primary function of coagulation drugs?

- A. To induce general anesthesia
- B. To promote blood clotting**
- C. To reduce inflammation
- D. To manage pain during surgeries

The primary function of coagulation drugs is to promote blood clotting. These medications are crucial in surgical settings and various medical situations where bleeding control is necessary. Coagulation drugs enhance the blood's ability to form clots by increasing the activity of clotting factors or platelets, thus preventing excessive blood loss during procedures. Their role is vital, especially in surgeries where the risk of hemorrhage is prominent. In contrast, other options pertain to different clinical functions: inducing general anesthesia involves medications that cause a loss of consciousness and sensation, which is unrelated to blood clotting; reducing inflammation is the role of anti-inflammatory medications, which do not influence the clotting process directly; and managing pain during surgeries focuses on analgesics, which alleviate discomfort but do not affect the coagulation pathways. Each of these alternatives serves distinct purposes that do not align with the primary mechanism of coagulation drugs.

9. What does absence of menstrual periods potentially indicate?

- A. Menorrhagia
- B. Amenorrhea**
- C. Metrorrhagia
- D. Polymenorrhea

The absence of menstrual periods is recognized as amenorrhea, which is the medical term used to describe this condition. Amenorrhea can be classified into two types: primary amenorrhea, where menstruation has not begun by age 15, and secondary amenorrhea, which refers to the absence of menstrual periods for three cycles or for more than three months in someone who previously had regular periods. Various factors contribute to amenorrhea, including hormonal imbalances, pregnancy, significant weight loss, excessive exercise, stress, and underlying medical conditions. Menorrhagia refers to excessively heavy or prolonged menstrual bleeding, which doesn't relate to the absence of periods. Metrorrhagia indicates irregular bleeding between periods, while polymenorrhea denotes menstrual cycles that occur more frequently than every 21 days. These terms describe variations in menstrual bleeding rather than the complete absence of menstruation, making them irrelevant to the condition defined by amenorrhea. Thus, recognizing amenorrhea is crucial for understanding potential underlying health issues and for appropriate diagnosis and management.

10. What is another name for cranial nerve VII?

- A. Optic nerve
- B. Facial nerve**
- C. Vagus nerve
- D. Trigeminal nerve

Cranial nerve VII is commonly known as the facial nerve. This nerve is primarily responsible for controlling the muscles of facial expression, as well as functions related to taste in the anterior two-thirds of the tongue and the production of saliva and tears. It emerges from the brainstem and travels through various structures in the skull, influencing multiple aspects of facial functionality. Understanding the role and pathways of cranial nerve VII is crucial for healthcare professionals, especially in contexts such as surgical procedures or diagnosing conditions that affect facial movement or sensation. In comparison, the optic nerve, vagus nerve, and trigeminal nerve are each designated for distinct functions: the optic nerve is primarily involved in vision, the vagus nerve plays a critical role in autonomic control of the heart, lungs, and digestive tract, and the trigeminal nerve is essential for sensation in the face and motor functions such as biting and chewing. Each of these nerves has a unique name reflecting their specific function and innervation patterns in the body.

SAMPLE

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!

SAMPLE