

AST SURGICAL TECHNOLOGIST PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. Under what condition is it acceptable to remove a patient's identification bracelet?**
 - A. When transferring to another unit
 - B. Never until the patient is discharged
 - C. When requested by the patient
 - D. When surgery is completed
- 2. What term refers to the waxy secretion found in the external ear canal?**
 - A. Cerumen
 - B. Wax.
 - C. Secretion
 - D. Earwax
- 3. Where should the safety strap be placed on a patient who is in the supine position?**
 - A. Over the chest
 - B. Across the shoulders
 - C. Over the thighs
 - D. Under the arms
- 4. Which of the following is NOT a type of passive drain?**
 - A. Penrose
 - B. Vacuum-assisted
 - C. Jackson-Pratt
 - D. Gravity
- 5. Plaster rolls for casting should be submerged in which of the following?**
 - A. Cold water
 - B. Hot water
 - C. Room temperature water
 - D. Lukewarm water

- 6. Which of the following is a commonly used preservative for tissue specimens?**
- A. Alcohol
 - B. Formalin
 - C. Chlorhexidine
 - D. Hydrogen Peroxide
- 7. Which surgical technique focuses on the use of high-frequency electrical currents?**
- A. Microsurgery
 - B. Cauterization
 - C. Laser surgery
 - D. Ultrasonic surgery
- 8. Which type of drape is classified as non-fenestrated?**
- A. Chalazion drape
 - B. U-drape
 - C. Fenestrated drape
 - D. Split drape
- 9. How should an illiterate adult patient sign the surgical informed consent?**
- A. By verbal consent
 - B. By marking with an "X" and having a witness verify
 - C. By having a guardian sign
 - D. By using a signature stamp
- 10. The larynx is located between the:**
- A. Trachea and bronchi
 - B. Pharynx and trachea
 - C. Esophagus and trachea
 - D. Pharynx and esophagus

Answers

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

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Explanations

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1. Under what condition is it acceptable to remove a patient's identification bracelet?

- A. When transferring to another unit
- B. Never until the patient is discharged**
- C. When requested by the patient
- D. When surgery is completed

The rationale for stating that a patient's identification bracelet should never be removed until the patient is discharged emphasizes the crucial role that these bracelets play in ensuring patient safety and preventing errors in care. Identification bracelets serve to confirm a patient's identity, which is vital in a healthcare setting where multiple patients may be undergoing similar procedures or receiving similar treatments. Maintaining the bracelet helps ensure that healthcare providers can accurately match the patient with their medical records, medications, and surgical procedures. Removing the bracelet prematurely—whether during a transfer, upon patient request, or after surgery—could lead to significant risks, including misidentification and potential medical errors. The integrity of the patient identification process must be upheld until formal discharge, ensuring that each step of care is properly documented and communicated among the healthcare team.

2. What term refers to the waxy secretion found in the external ear canal?

- A. Cerumen**
- B. Wax.
- C. Secretion
- D. Earwax

The term that refers to the waxy secretion found in the external ear canal is "cerumen." This substance plays a critical role in the ear's health by protecting the skin of the ear canal from water and infection, as well as trapping dust and debris. Cerumen has a natural antibacterial property, which helps to keep the ear canal clear of pathogens. While "earwax" is a common term that many people use synonymously with cerumen, cerumen is the medical term that is more precise and is used in clinical settings. The term "wax" is overly simplistic and does not convey the specific nature or function of this substance. "Secretion" is too broad and could refer to various types of substances produced by glands in the body, making it less specific than cerumen. Thus, cerumen not only accurately describes the substance's chemical and biological characteristics, but it also reflects the formal terminology used in medical discussions about ear health.

3. Where should the safety strap be placed on a patient who is in the supine position?

- A. Over the chest
- B. Across the shoulders
- C. Over the thighs**
- D. Under the arms

The safety strap for a patient in the supine position should be placed over the thighs. This placement secures the patient to the operating table while allowing for proper circulation and comfort. It helps prevent sliding or falling off the table during a surgical procedure, which is particularly important given the various positions the patient may be in during the operation. Placing the strap over the thighs maintains the safety of the patient without restricting the chest or respiratory movements, ensuring that vital physiological functions are not impeded. When positioned correctly, the safety strap allows the surgical team to proceed with the procedure, maintaining both safety and accessibility. Other placements, such as over the chest or shoulders, could restrict breathing or cause discomfort. Therefore, it's crucial to position the safety strap effectively for both safety and patient welfare.

4. Which of the following is NOT a type of passive drain?

- A. Penrose
- B. Vacuum-assisted**
- C. Jackson-Pratt
- D. Gravity

A vacuum-assisted drain is not considered a type of passive drain. Passive drains are designed to allow fluids to flow out of a wound or body cavity due to the force of gravity or natural body dynamics without requiring any additional pressure or suction. In contrast, vacuum-assisted drains, such as the one made by the Jackson-Pratt system, utilize a vacuum or negative pressure to actively draw fluids out of the surgical area. This mechanism enhances drainage by creating suction, which is a key characteristic that distinguishes it from passive drainage systems. In passive systems, such as Penrose drains and gravity drains, fluid movement is solely dependent on gravity. Therefore, they allow fluid to exit the body by natural drainage without the use of mechanical assistance, whereas vacuum-assisted drains specifically utilize active suction to manage fluid accumulation. Understanding these distinctions is crucial in surgical practice, as the choice of drainage type can impact patient outcomes by influencing the rate and efficiency of fluid removal from surgical sites.

5. Plaster rolls for casting should be submerged in which of the following?

- A. Cold water
- B. Hot water
- C. Room temperature water
- D. Lukewarm water**

Plaster rolls for casting should be submerged in lukewarm water because this temperature facilitates an appropriate reaction for the plaster to set correctly. Lukewarm water ensures that the plaster absorbs water at a controlled rate, allowing for an even and consistent hydration. This is critical because if the water is too cold, the plaster may not mix properly and could lead to longer setting times and weakened structure. Conversely, if the water is too hot, it could cause the plaster to set too rapidly, potentially compromising the integrity of the cast and increasing the risk of burns or injuries to the skin. Room temperature water may not provide the optimal conditions for effective plaster application. By using lukewarm water, the saturation process is balanced, leading to a properly hardened cast that maintains its intended strength and form.

6. Which of the following is a commonly used preservative for tissue specimens?

- A. Alcohol
- B. Formalin**
- C. Chlorhexidine
- D. Hydrogen Peroxide

Formalin is widely recognized as a commonly used preservative for tissue specimens due to its effectiveness in fixing and preserving biological tissues. It contains formaldehyde, a potent chemical that cross-links proteins and helps maintain the structural integrity of the tissue during transportation and storage. This preservation process is crucial for pathologists and laboratory personnel to accurately evaluate the specimens for diagnosis and research purposes. Other substances listed, such as alcohol, chlorhexidine, and hydrogen peroxide, have their own specific uses in different contexts. Alcohol, for instance, can be used to dehydrate tissues during certain laboratory preparations but is not typically chosen for preservation over a longer term. Chlorhexidine is primarily an antiseptic agent used for skin disinfection and does not serve the role of a preservative for tissue samples. Hydrogen peroxide is mainly known for its disinfectant properties and oxidative action but is not effective in preserving tissue samples in the same way that formalin is. Thus, among the options given, formalin stands out as the most appropriate choice for tissue preservation.

7. Which surgical technique focuses on the use of high-frequency electrical currents?

- A. Microsurgery
- B. Cauterization**
- C. Laser surgery
- D. Ultrasonic surgery

Cauterization is a surgical technique that utilizes high-frequency electrical currents to achieve hemostasis, destroy tissue, or create a thermal wound closure. This technique is particularly effective in managing bleeding by coagulating blood vessels and minimizing blood loss during surgical procedures. By employing electrical energy, cauterization can precisely target and treat specific areas, resulting in reduced damage to surrounding tissues. Microsurgery, while highly specialized, primarily involves the use of optical magnification and fine instruments for procedures on small structures, such as nerves and blood vessels, but it does not center on the use of electrical currents. Laser surgery employs focused light energy to cut or coagulate tissue, differing in mechanism from electrical current use. Ultrasonic surgery uses sound waves to disrupt and cut tissue, rather than electrical energy, which again does not fall under the category of high-frequency electrical currents. Understanding the differences in these techniques is essential for recognizing the specific applications and mechanisms behind cauterization and how it is utilized in surgical practice.

8. Which type of drape is classified as non-fenestrated?

- A. Chalazion drape
- B. U-drape**
- C. Fenestrated drape
- D. Split drape

A non-fenestrated drape is one that does not have an opening or window to expose a specific area for surgical access. The U-drape is classified as non-fenestrated because it is designed to cover areas around the surgical site while leaving the center undraped, allowing the surgeon to access the area without any specific openings or fenestrations. Other types of drapes, such as the fenestrated drape, include cut-outs that provide openings for surgical procedures. The Chalazion drape is specifically designed for ocular procedures and may also have a central opening, categorizing it as fenestrated. A split drape is specifically designed to cover the body while allowing access to the extremities or certain areas through narrower openings but is still not categorized as non-fenestrated. In contrast, the U-drape's design is purely for encompassing areas without specific perforations, aligning with the definition of non-fenestrated drapes.

9. How should an illiterate adult patient sign the surgical informed consent?

- A. By verbal consent
- B. By marking with an "X" and having a witness verify**
- C. By having a guardian sign
- D. By using a signature stamp

An illiterate adult patient can effectively sign the surgical informed consent by marking with an "X" and having a witness verify this action. This method is recognized as an acceptable way for individuals who cannot write to provide consent. The process ensures that the patient's intent to agree to the surgery is documented properly, while the witness serves to validate the patient's decision and confirm that the consent was freely given. This approach adheres to legal guidelines regarding informed consent, ensuring both the patient's rights and the healthcare provider's obligations are met. Using verbal consent does not provide a tangible record of consent and may lead to misunderstandings or disputes later. Having a guardian sign may be appropriate in cases where the patient is unable to give consent due to incapacity; however, if the patient is an adult and mentally competent to understand the procedure, their direct consent is still needed. A signature stamp may not be universally accepted in all jurisdictions, and it may raise questions about the authenticity of consent if not verified properly. Thus, marking with an "X" and having a witness ensures clarity and compliance with legal requirements in the context of informed consent.

10. The larynx is located between the:

- A. Trachea and bronchi
- B. Pharynx and trachea**
- C. Esophagus and trachea
- D. Pharynx and esophagus

The larynx is properly situated between the pharynx and the trachea. This anatomical positioning is significant because the larynx serves multiple functions including air passage, voice production, and protection of the airway during swallowing. The larynx connects directly to the pharynx above, allowing the passage of air from the throat to the vocal cords and subsequently into the trachea, which leads to the lungs. This connection helps facilitate respiration and phonation. Below the larynx, it leads into the trachea, ensuring that air can move to and from the respiratory system effectively. Other options reflect parts of the respiratory and digestive systems but do not accurately describe the placement of the larynx. For instance, the esophagus, which lies posterior to the trachea, is primarily involved in the digestive process rather than respiration, making that option inconsistent with the larynx's primary purpose. Understanding the correct anatomical location reinforces the concept of how air passage, voice, and protection function through the larynx's relationship with both the pharynx and trachea.

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://ast-surgicaltechnologist.examzify.com>

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

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