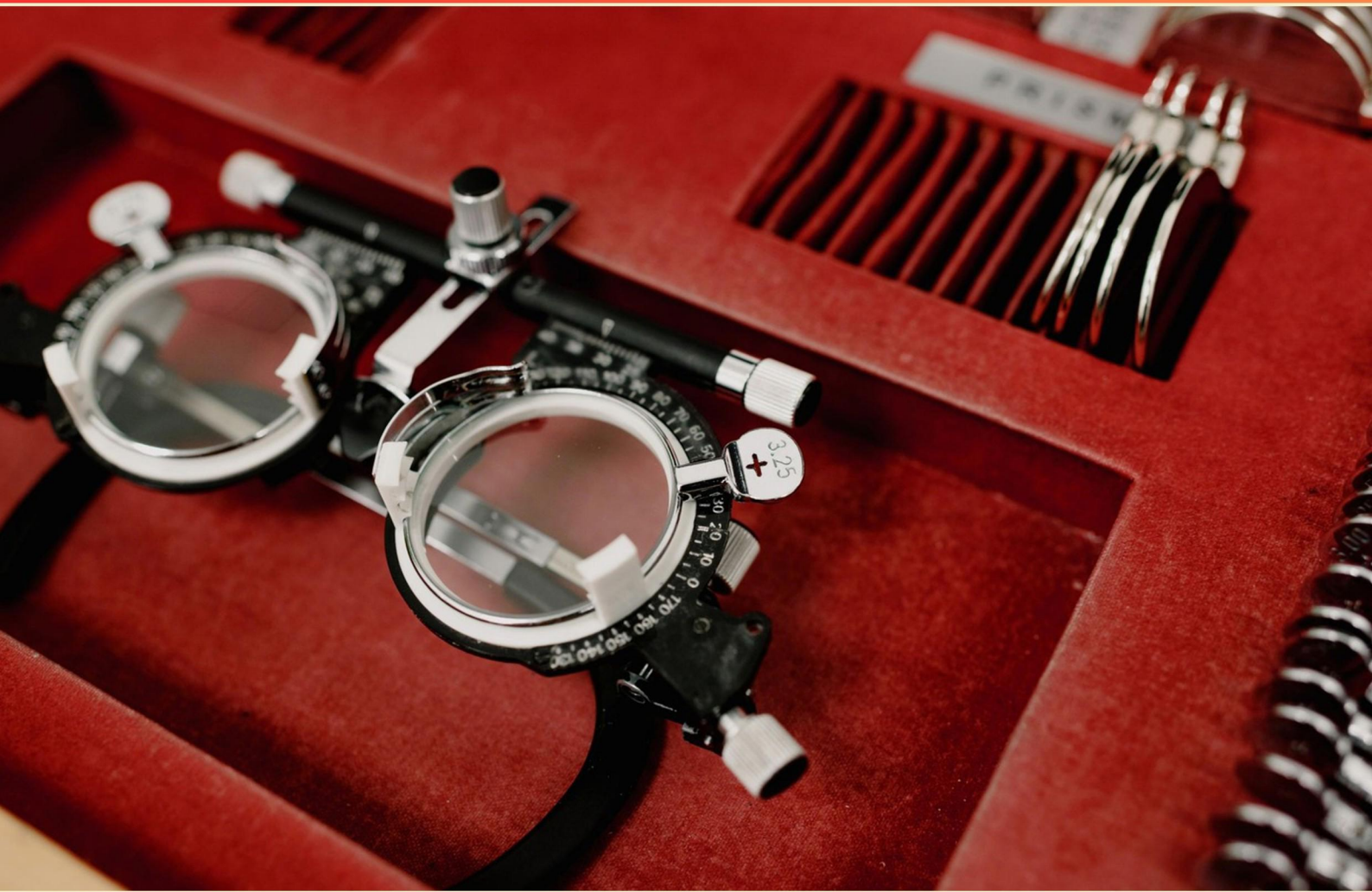


BOARDVITALS INTRA- OP PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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

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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. Which surgical procedure would require the use of Jorgensen scissors?**
 - A. Hysterectomy
 - B. Appendectomy
 - C. Cholecystectomy
 - D. Cesarean section

- 2. Which incision is most commonly associated with an open pyelolithotomy?**
 - A. Vertical midline incision
 - B. Flank incision
 - C. Paramedian incision
 - D. Transverse incision

- 3. When should dressing sponges be opened to the sterile field?**
 - A. Before the final closing count
 - B. After the final closing count
 - C. During the initial prep
 - D. At the beginning of the procedure

- 4. What diagnosis is associated with excruciating shooting pain in the face, often described as an electric shock in the jaw or teeth?**
 - A. Tic douloureux
 - B. Migraine
 - C. Trigeminal neuralgia
 - D. Cluster headache

- 5. What indicates the need for complete silence in the operating room during surgery?**
 - A. Surgeon's concentration
 - B. Noise distractions
 - C. Monitoring equipment
 - D. Sterile field maintenance

- 6. In which procedure would a scrub tech typically find a Heaney clamp?**
- A. Cesarean section
 - B. Hysterectomy
 - C. Abdominal surgery
 - D. Pelvic floor repair
- 7. Which complication is addressed by covering the X-ray cassette with a sterile cover during surgery?**
- A. Infection
 - B. Visibility
 - C. Radiation exposure
 - D. Noise disturbance
- 8. How should sentinel nodes be passed from the surgical technologist to the circulator?**
- A. In a sterile glove
 - B. Wrapped in gauze
 - C. Placing them in a specimen cup
 - D. Using a forceps
- 9. Which muscle is typically retracted during a thyroidectomy?**
- A. Sternocleidomastoid
 - B. Scalenus
 - C. Trapezius
 - D. Platysma
- 10. What is used to repair fractures to the mandible or maxilla?**
- A. Arch bars
 - B. Screws
 - C. Plates
 - D. Wires

Answers

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

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Explanations

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1. Which surgical procedure would require the use of Jorgensen scissors?

- A. Hysterectomy**
- B. Appendectomy
- C. Cholecystectomy
- D. Cesarean section

Jorgensen scissors are specifically designed for gynecological surgeries and are particularly useful in procedures like a hysterectomy. Their unique design allows for precise cutting and dissection of tissue in the pelvic region, which is essential during a hysterectomy as it involves the removal of the uterus along with surrounding structures like ligaments and potentially the cervix. The ability to navigate delicate anatomical structures safely and effectively is a critical component of a successful hysterectomy, making Jorgensen scissors valuable instruments in this context. In contrast, other procedures listed, such as an appendectomy, cholecystectomy, and cesarean section, typically utilize different types of scissors and instruments that are more suited to their specific anatomical needs and surgical techniques.

2. Which incision is most commonly associated with an open pyelolithotomy?

- A. Vertical midline incision
- B. Flank incision**
- C. Paramedian incision
- D. Transverse incision

The most commonly associated incision with an open pyelolithotomy is the flank incision, which provides optimal access to the kidney and urinary tract. This surgical approach is located on the side of the body and allows for direct visualization and manipulation of the renal pelvis where kidney stones are typically removed. The flank incision is advantageous because it minimizes injury to muscle and other surrounding structures, resulting in less postoperative pain and faster recovery for the patient. The position of this incision is ideal for nephrectomy and other renal surgeries due to its exposure to the posterior abdominal wall, where the kidney is situated, making it easier for surgeons to access and operate on the renal pelvis and ureter. In contrast, other incision types like the vertical midline incision are more commonly used for abdominal surgeries that require broader access to the abdominal cavity, but they do not provide the same level of targeted access to the kidney as the flank incision. The paramedian incision may also be used for various abdominal surgeries, but it is less common for renal procedures compared to the flank approach. Transverse incisions are used frequently in pelvic surgeries but are not suited for accessing the kidney specifically.

3. When should dressing sponges be opened to the sterile field?

- A. Before the final closing count
- B. After the final closing count**
- C. During the initial prep
- D. At the beginning of the procedure

Dressing sponges should be opened to the sterile field after the final closing count to maintain sterility and prevent contamination. This practice is essential because it ensures that all items present in the sterile field, including sponges, are accounted for before any item is added that could interfere with that count. Opening dressing sponges after the final count helps to prevent any confusion or potential loss of a sponge inside the surgical site, which is a critical concern during surgery. Additionally, it allows the surgical team to confirm that the area is clear and that proper protocols for maintaining a sterile environment have been followed up to that point. Timing the introduction of dressing sponges after the final closing count also ensures that the sponges can be placed into the sterile field without affecting the tally of sponges used during the procedure, which is crucial for patient safety and prevents the risk of retained foreign objects.

4. What diagnosis is associated with excruciating shooting pain in the face, often described as an electric shock in the jaw or teeth?

- A. Tic douloureux**
- B. Migraine
- C. Trigeminal neuralgia
- D. Cluster headache

The condition associated with excruciating shooting pain in the face, often described as an electric shock in the jaw or teeth, is commonly known as trigeminal neuralgia, which falls under the broader description of tic douloureux. This condition results from irritation of the trigeminal nerve, leading to episodes of severe, sharp pain in areas of the face, particularly affecting the jaw, teeth, and sometimes the forehead. Patients often report that these painful episodes can be triggered by routine activities such as talking, chewing, or even light touch, which adds to the debilitating nature of the condition. The characteristic pain is usually unilateral and can be intermittent, making daily functioning quite challenging. While migraines and cluster headaches also involve facial pain, the nature of that pain is typically different. Migraines can cause a throbbing headache with possible facial tenderness, and cluster headaches are often described as intense, unilateral head pain with autonomic symptoms, but they do not typically present as electric shock-like pain specifically in the jaw or teeth. Therefore, in the context of the provided symptoms, trigeminal neuralgia, also referred to as tic douloureux, is the most fitting diagnosis.

5. What indicates the need for complete silence in the operating room during surgery?

- A. Surgeon's concentration**
- B. Noise distractions
- C. Monitoring equipment
- D. Sterile field maintenance

The need for complete silence in the operating room during surgery is primarily linked to the surgeon's concentration. During a procedure, the surgical team is required to maintain high levels of focus to ensure the safety and accuracy of the operation. Distractions caused by noise can lead to communication errors, misjudgments, and an increased risk of complications. Surgeons need to be acutely aware of the procedure and any subtle changes in the patient's condition. A quiet environment minimizes distractions and helps in maintaining the concentration essential for the success and safety of the surgery. While monitoring equipment and the maintenance of a sterile field are also critical aspects of the surgical environment, they do not directly highlight the necessity for silence in the same way that the surgeon's concentration does. Reduced noise levels also support better team communication, which is vital but secondary to the surgeon's focus during critical moments in a procedure.

6. In which procedure would a scrub tech typically find a Heaney clamp?

- A. Cesarean section
- B. Hysterectomy**
- C. Abdominal surgery
- D. Pelvic floor repair

The Heaney clamp is a specialized surgical instrument designed for grasping and clamping tissue, particularly in gynecological procedures. Its primary use is in operations involving the uterus, where there is a need to securely hold tissue during dissection or to control bleeding. Specifically, the Heaney clamp is commonly utilized during a hysterectomy, where the goal is to remove the uterus and possibly other reproductive structures. In this context, the Heaney clamp allows surgeons to manage the thick ligaments and vascular structures that need to be clamped, cut, or sutured during the procedure. This instrument's design provides the leverage and grip necessary to facilitate the surgical process and ensure effective hemostasis. While other procedures listed may involve clamps and tools, the Heaney clamp's primary association is with hysterectomies, making it the most appropriate choice for this question.

7. Which complication is addressed by covering the X-ray cassette with a sterile cover during surgery?

- A. Infection**
- B. Visibility
- C. Radiation exposure
- D. Noise disturbance

Covering the X-ray cassette with a sterile cover during surgery primarily addresses the risk of infection. Surgical procedures, particularly those involving incisions and exposure of internal tissues, create an environment where bacteria can thrive. If the X-ray cassette comes into direct contact with non-sterile surfaces or instruments, it can become contaminated. By using a sterile cover, the risk of transmitting pathogens to the surgical site is significantly reduced, thereby helping to prevent postoperative infections, which can have serious complications for the patient. While visibility, radiation exposure, and noise disturbance are considerations during surgery, they are not directly mitigated by the use of a sterile cover for the X-ray cassette. The primary focus of using a sterile cover is to maintain a sterile field and minimize the risk of infection, making it an essential practice in maintaining patient safety during surgical procedures.

8. How should sentinel nodes be passed from the surgical technologist to the circulator?

- A. In a sterile glove
- B. Wrapped in gauze
- C. Placing them in a specimen cup**
- D. Using a forceps

The correct method for passing sentinel nodes from the surgical technologist to the circulator involves placing them in a specimen cup. This approach maintains the integrity and sterility of the specimen, which is crucial for accurate diagnosis and subsequent treatment planning. The specimen cup provides a secure, contained environment for the sentinel nodes, ensuring that they are not contaminated during transfer and allowing for easy identification and handling by the circulator. This method also helps in preserving the tissue sample, as it limits direct handling that could potentially damage the nodes. Using a specimen cup ensures that the nodes are ready for pathological examination right after being brought out of the surgical field, which is vital for timely and accurate results. Other methods, such as using a sterile glove or wrapping in gauze, may introduce potential for contamination or may not provide the appropriate containment needed for proper handling of the specimen. Using forceps could also risk damaging the nodes or leaving them exposed to the surgical environment, which is not ideal for maintaining sterility and integrity.

9. Which muscle is typically retracted during a thyroidectomy?

- A. Sternocleidomastoid**
- B. Scalenus
- C. Trapezius
- D. Platysma

During a thyroidectomy, the sternocleidomastoid muscle is typically retracted to provide the surgeon with better visibility and access to the thyroid gland. This muscle, which is located on either side of the neck, runs from the sternum and clavicle up to the mastoid process behind the ear. Retracting this muscle allows for a clearer surgical field and helps to avoid any damage to nearby structures such as the recurrent laryngeal nerve, which is critical for vocal function, and the parathyroid glands, which are crucial for calcium regulation in the body. The other muscles listed do not play as significant a role during this specific surgical procedure. The scalenus muscles are located more posteriorly and laterally, and while they may be involved in other surgical procedures in the neck, they are not typically retracted during thyroid surgeries. The trapezius muscle, primarily involved in movements of the shoulder and neck, is not directly involved in the surgical access to the thyroid gland. The platysma, a superficial muscle, may be affected by the incision but is not usually retracted in the same manner as the sternocleidomastoid during the operation.

10. What is used to repair fractures to the mandible or maxilla?

A. Arch bars

B. Screws

C. Plates

D. Wires

Arch bars are commonly used in the surgical repair of fractures to the mandible or maxilla. They serve as a method of provisional fixation, providing support and stabilization during the healing process. The arch bars are typically attached to the dental arches and allow for the application of intermaxillary fixation, which helps to maintain proper occlusion and alignment of the jaw while it heals. In the context of maxillofacial trauma, arch bars are particularly advantageous because they can be easily applied and removed, making them a versatile choice for managing fractures in this area. They can accommodate various facial fracture patterns and are integral to the stabilization of the dentition during the healing of fractures. Other options such as screws, plates, and wires may also be used in the repair of facial fractures, but they serve different purposes. Screws and plates are often used in internal fixation methods for more stable constructs, while wires might be used alongside arch bars or for specific fracture types where immobilization is required. However, when considering the question specifically about the primary tool for repair in mandible or maxilla fractures, arch bars are the go-to choice due to their effectiveness in maintaining jaw alignment during recovery.

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://boardvitalsintraop.examzify.com>

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

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