

CCI REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST (RCIS) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://ccircis.examzify.com>



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	15

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. Which of the following is commonly used to treat flow-limiting dissections during PCI?**
 - A. stent
 - B. angioplasty
 - C. atherectomy
 - D. covered stent

- 2. Initial dosage for Midazolam (Versed)?**
 - A. .5-1 mg
 - B. .5-1 mcg
 - C. 2-4 mcg
 - D. 2-4 mg

- 3. Radial access compared with femoral access generally reduces which complication?**
 - A. Increased bleeding
 - B. Reduced bleeding
 - C. Longer bed rest requirements
 - D. Higher risk of renal injury

- 4. In CRT, the LV pacing lead is delivered via which venous structure?**
 - A. Coronary Sinus
 - B. Superior Vena Cava
 - C. Left Subclavian Vein
 - D. Pulmonary Vein

- 5. Which medications are used to pre-treat a patient with a history of contrast allergies?**
 - A. amrinone, diphenhydramine, epinephrine
 - B. methyl-prednisolone, famotidine, sodium bicarbonate
 - C. famotidine (H2 antagonist), diphenhydramine (antihistamine), Solu-Medrol (glucocorticoid)
 - D. cimetidine, Solu-Medrol, sodium bicarbonate

- 6. What component in fluoroscopy converts x-rays into visible light?**
- A. anode
 - B. cathode
 - C. tungsten filament
 - D. image intensifier
- 7. During PFO closures, which imaging modality is commonly used to guide the procedure?**
- A. IVUS
 - B. ICE
 - C. MRI
 - D. FFR
- 8. One advantage of a percutaneous left ventricular assist device is that they provide perfusion in which scenario?**
- A. Do Not Decrease Preload
 - B. Require a Small Sheath Size
 - C. Eliminate the Need to Treat Ischemic Lesions
 - D. Provide Perfusion Regardless of Patient's Intrinsic Rate
- 9. Which artery lies near the sternomastoid muscle?**
- A. Carotid
 - B. Subclavian
 - C. Internal Jugular
 - D. External Jugular
- 10. Which view is NOT the best for visualizing the most lateral wall of the left ventricle?**
- A. RAO
 - B. LAO
 - C. AP Cranial
 - D. AP Caudal

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following is commonly used to treat flow-limiting dissections during PCI?

- A. stent**
- B. angioplasty
- C. atherectomy
- D. covered stent

When a dissection narrows or blocks flow during PCI, the go-to treatment is placing a stent. The stent acts as a scaffold that holds the vessel open and presses the dissection flap against the wall, sealing the tear and preventing further propagation, which restores and stabilizes blood flow. Performing angioplasty alone can push the flap or leave it unsupported, increasing the risk of persistent flow limitation. Atherectomy modifies plaque but doesn't address the dissection itself. Covered stents are reserved for cases with vessel rupture or larger, high-risk dissections; they're not the routine choice for a standard flow-limiting dissection because of higher complication risks and other drawbacks.

2. Initial dosage for Midazolam (Versed)?

- A. .5-1 mg**
- B. .5-1 mcg
- C. 2-4 mcg
- D. 2-4 mg

Midazolam is a very potent, short-acting benzodiazepine used for anxiolysis and sedation, so its dosing is given in small, titratable increments rather than a single large amount. The safest and most reliable approach is to start with a small IV dose and then increase in tiny steps until the desired level of sedation is reached, all while carefully monitoring breathing, oxygenation, and circulation. This titration strategy minimizes the risk of oversedation and respiratory depression, which are more likely if you give a larger initial amount. Because of its potency, a sub-milligram to low-milligram starting dose is appropriate, and effects can be adjusted quickly with subsequent small doses. Doses expressed in micrograms would be far too small to achieve sedation, while larger fixed doses can lead to deeper sedation than intended. Reversal with flumazenil is available if needed, but safe practice emphasizes careful titration and monitoring throughout.

3. Radial access compared with femoral access generally reduces which complication?

- A. Increased bleeding
- B. Reduced bleeding**
- C. Longer bed rest requirements
- D. Higher risk of renal injury

Radial access generally reduces bleeding complications compared with femoral access because the wrist is a superficial, easily compressible site. After the procedure, manual pressure or a compression device can achieve hemostasis quickly and effectively, which lowers the risk of large groin hematomas, pseudoaneurysm, and transfusion-requiring bleeding that are more common with femoral access. While radial access can have other issues like radial artery occlusion or spasm, its impact on bleeding is the most notable advantage.

4. In CRT, the LV pacing lead is delivered via which venous structure?

- A. Coronary Sinus**
- B. Superior Vena Cava
- C. Left Subclavian Vein
- D. Pulmonary Vein

In CRT, the left ventricular pacing lead is placed through the coronary venous system. After gaining venous access (often via the subclavian or axillary vein), the lead is advanced into the coronary sinus and then into a lateral or posterolateral vein of the left ventricle. The coronary sinus is a large vein that runs in the posterior atrioventricular groove and drains into the right atrium, providing a direct route to epicardial LV veins for stable LV pacing. The other structures listed aren't the path for the LV lead: the superior vena cava is part of the drainage pathway to reach the right atrium but isn't the route into LV veins; the left subclavian vein is an access site, not the LV lead's final path; the pulmonary veins are in the left atrium and have no role in LV pacing lead delivery.

5. Which medications are used to pre-treat a patient with a history of contrast allergies?

- A. amrinone, diphenhydramine, epinephrine
- B. methyl-prednisolone, famotidine, sodium bicarbonate
- C. famotidine (H2 antagonist), diphenhydramine (antihistamine), Solu-Medrol (glucocorticoid)**
- D. cimetidine, Solu-Medrol, sodium bicarbonate

Premedication to prevent contrast reactions relies on blocking histamine effects and damping inflammation before exposure. The standard approach uses an H1 antihistamine to reduce immediate histamine-driven symptoms, an H2 blocker to provide additional suppression of histamine's effects on the vasculature, and a corticosteroid to lessen the inflammatory response that can contribute to a reaction. The combination of an H2 blocker (famotidine), an H1 blocker (diphenhydramine), and a glucocorticoid (Solu-Medrol, methylprednisolone) fits this strategy, making it the best choice. The other options mix drugs that are not used together for premedication in this scenario: epinephrine is reserved for treating acute reactions, not prophylaxis; sodium bicarbonate is mainly used for nephroprotection rather than allergy prevention; and while an older H2 blocker like cimetidine could be used, famotidine is preferred in current practice.

6. What component in fluoroscopy converts x-rays into visible light?

- A. anode
- B. cathode
- C. tungsten filament
- D. image intensifier**

Fluoroscopy relies on turning X-ray energy into visible light so the image can be viewed in real time. That conversion happens inside the image intensifier, which contains the input phosphor that absorbs X-rays and re-emits visible light. The image intensifier then amplifies and transmits this light to produce a bright, viewable image. The other components listed belong to the X-ray tube and generate X-rays (anode, cathode, tungsten filament) rather than converting X-rays to light. So the image intensifier is the device that converts X-rays into visible light.

7. During PFO closures, which imaging modality is commonly used to guide the procedure?

- A. IVUS
- B. ICE**
- C. MRI
- D. FFR

Real-time intracardiac imaging from inside the heart is essential for precise device placement during a PFO closure. Intracardiac echocardiography provides high-resolution views of the interatrial septum from within the right atrium, allowing you to clearly visualize the fossa ovalis, locate the PFO anatomy, and guide the delivery sheath and occluder into the correct position. As the device is deployed, ICE lets you confirm seating on the septum and perform an immediate gap assessment with a saline (bubble) contrast to ensure there's no residual shunt. This real-time feedback during deployment is a major advantage, and in many labs can reduce the need for general anesthesia compared with transesophageal approaches. Intravascular ultrasound won't image the septal structure well since it's used inside vessels rather than the cardiac chambers. MRI isn't practical for real-time guidance in the cath lab. FFR is a physiology test that measures pressure differences across a lesion, not a tool for guiding device placement.

8. One advantage of a percutaneous left ventricular assist device is that they provide perfusion in which scenario?

- A. Do Not Decrease Preload
- B. Require a Small Sheath Size
- C. Eliminate the Need to Treat Ischemic Lesions
- D. Provide Perfusion Regardless of Patient's Intrinsic Rate**

The key idea is that a percutaneous left ventricular assist device provides forward flow driven by the pump itself, not by the heart's own rhythm. It draws blood from the left ventricle and returns it to the aorta, creating continuous systemic perfusion that does not rely on how fast or even whether the native heart is beating. In situations like severe cardiogenic shock or bradyarrhythmias where the intrinsic rate is very slow or absent, perfusion can be maintained as long as the device is delivering flow. While the device unloads the LV and often reduces preload, its main advantage in this context is delivering perfusion regardless of the patient's intrinsic rate.

9. Which artery lies near the sternomastoid muscle?

- A. Carotid**
- B. Subclavian
- C. Internal Jugular
- D. External Jugular

In the neck, the carotid artery lies close to the sternocleidomastoid muscle as part of the carotid sheath, which also contains the internal jugular vein and the vagus nerve. The common carotid artery is typically palpated along the medial edge of the sternocleidomastoid near the level of the cricoid cartilage, making it the artery most closely associated with this muscle. The other structures are either veins (internal and external jugular) or located lower, under the clavicle (subclavian), and thus not the artery most closely adjacent to the sternomastoid.

10. Which view is NOT the best for visualizing the most lateral wall of the left ventricle?

A. RAO

B. LAO

C. AP Cranial

D. AP Caudal

Visualizing the most lateral wall of the left ventricle works best when the projection puts that wall in a clear, true profile with minimal foreshortening and overlap. In a right anterior oblique view, the heart is rotated toward the right, which tends to shorten the left ventricle and push the lateral wall behind other structures. This makes the lateral wall harder to delineate and to assess for contour or motion abnormalities. By contrast, left anterior oblique views rotate the heart toward the left, bringing the lateral wall into a more favorable profile, and adding cranial or caudal tilt adjusts the long axis alignment to maximize visibility of the lateral wall. So the view that is least favorable for visualizing the most lateral wall is the RAO projection.

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://ccircis.examzify.com>

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

SAMPLE