

CERTIFIED SURGICAL FIRST ASSISTANT (CSFA) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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 is the anatomical landmark at the junction of the duodenum and jejunum?**
 - A. Ligament of Treitz
 - B. Falciform ligament
 - C. Hepatoduodenal ligament
 - D. Pancreatic ligament
- 2. What is a common complication of internal K-wire fixation for a Colles' fracture?**
 - A. Skin infection
 - B. Bone necrosis
 - C. Nerve damage
 - D. Joint stiffness
- 3. During a surgical procedure, what is the principal role of the surgical assistant?**
 - A. Provide anesthesia
 - B. Document surgical findings
 - C. Provide exposure
 - D. Transfer instruments
- 4. What is a key feature of the fibroplastic phase of wound healing?**
 - A. Formation of granulation tissue
 - B. Re-epithelialization
 - C. Vascular contraction
 - D. Infection control
- 5. What is the name of the curved transverse incision often used in pelvic surgery?**
 - A. Lower midline incision
 - B. Pfannenstiel
 - C. McBurney incision
 - D. Paramedian incision

- 6. What is the central structure of the intervertebral disc that may herniate and affect the spinal nerve?**
- A. Annulus fibrosus
 - B. Nucleus pulposus
 - C. Vertebral body
 - D. Spinal lamina
- 7. What is the correct order of the three protective tissue layers surrounding the brain, starting from the most superficial?**
- A. pia mater, arachnoid, duramater
 - B. duramater, pia mater, arachnoid
 - C. duramater, arachnoid, pia mater
 - D. arachnoid, duramater, pia mater
- 8. Where should the kidney lift be positioned when prepping for a nephrectomy?**
- A. Above the pubic symphysis
 - B. At the navel
 - C. Directly below the iliac crest
 - D. Beside the lumbar vertebrae
- 9. Adenocarcinoma of the head of the pancreas can lead to jaundice due to compression of which structure?**
- A. Gallbladder
 - B. Bile duct
 - C. Portal vein
 - D. Aorta
- 10. What type of knot tying is performed externally and secured intra-abdominally?**
- A. Intracorporeal
 - B. Extracorporeal
 - C. Transcorporeal
 - D. Subcorporcal

Answers

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

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Explanations

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1. What is the anatomical landmark at the junction of the duodenum and jejunum?

- A. Ligament of Treitz**
- B. Falciform ligament
- C. Hepatoduodenal ligament
- D. Pancreatic ligament

The anatomical landmark at the junction of the duodenum and jejunum is known as the Ligament of Treitz. This ligament is a band of muscle and connective tissue that extends from the diaphragm (at the duodenum) to the small intestine (jejunum). It is significant not only in providing anatomical orientation but also for clinical purposes, as it helps in distinguishing between upper and lower gastrointestinal bleeding. The Ligament of Treitz can also indicate the extent of bowel obstruction and plays a role in surgical procedures involving the upper gastrointestinal tract. The other options refer to different structures with distinct functions or locations. The falciform ligament, for instance, is a peritoneal fold that connects the liver to the anterior abdominal wall and diaphragm, not related to the duodenojejunal junction. The hepatoduodenal ligament connects the liver to the duodenum and contains the blood vessels that supply the liver, but does not mark the junction of the two segments of the small intestine. The pancreatic ligament refers to connective tissue associated with the pancreas and its location; it is unrelated to the anatomical junction in question. Thus, the Ligament of Treitz serves as the correct identification for the junction of the duodenum and jejunum.

2. What is a common complication of internal K-wire fixation for a Colles' fracture?

- A. Skin infection
- B. Bone necrosis
- C. Nerve damage**
- D. Joint stiffness

The choice of nerve damage as a common complication of internal K-wire fixation for a Colles' fracture is grounded in the understanding of the anatomy and median nerve involvement in wrist fractures. During K-wire fixation, the placement of wires can inadvertently impinge on surrounding soft tissue structures, including nerves, particularly the median nerve which runs in proximity to the wrist joint. Colles' fractures typically occur in the distal radius and involve the wrist, where the nerves are anatomically located. If the K-wires are placed improperly or if there is significant swelling and displacement from the fracture, there is a risk that the median nerve may be compressed or injured, leading to complications such as numbness, tingling, or weakness in the hand. While skin infection, bone necrosis, and joint stiffness are also risks associated with K-wire fixation and fracture stabilization, they are not as directly related to the nerve damage that can occur during or after the procedure. Skin infection usually results from surgical exposure rather than from the K-wires themselves, bone necrosis is more common with extensive ischemia, and joint stiffness generally arises from immobility after the fracture rather than from the fixation technique. Therefore, nerve damage stands out as a critical concern directly associated with the process of internal

3. During a surgical procedure, what is the principal role of the surgical assistant?

- A. Provide anesthesia
- B. Document surgical findings
- C. Provide exposure**
- D. Transfer instruments

In the context of a surgical procedure, the principal role of the surgical assistant is to provide exposure. This involves establishing a clear and unobstructed view of the surgical site, which is critical for the surgeon to perform effectively. The surgical assistant helps by retracting tissues, suctioning blood or fluids, and positioning the patient as necessary, all of which contribute to optimal visibility during the operation. Providing exposure is essential because it allows the surgeon to access the area they are operating on without obstruction, thereby enhancing the precision and efficiency of the procedure. While other duties, such as transferring instruments and documenting findings, are also important, they serve to support the main role of ensuring adequate visibility at the surgical site.

4. What is a key feature of the fibroplastic phase of wound healing?

- A. Formation of granulation tissue**
- B. Re-epithelialization
- C. Vascular contraction
- D. Infection control

The fibroplastic phase of wound healing is primarily characterized by the formation of granulation tissue. This phase occurs after the inflammatory phase and is crucial for the repair of damaged tissue. During fibroplasia, fibroblasts proliferate and migrate to the wound site, where they synthesize collagen and other extracellular matrix components that provide structural support. Granulation tissue is distinguished by its rich supply of new capillaries, which facilitates nutrient delivery and oxygenation, and its characteristic pink or red appearance due to the vascularization. Re-epithelialization does occur during the wound healing process but is more prominently associated with later stages of healing, particularly when the granulation tissue is being covered by new epithelial cells. Vascular contraction, while important in the wound healing process, does not define the fibroplastic phase specifically. Lastly, infection control is a critical component of overall wound management at all stages but is not a direct feature attributed to the fibroplastic phase itself. Thus, the formation of granulation tissue stands out as the essential element of this stage in the wound healing process.

5. What is the name of the curved transverse incision often used in pelvic surgery?

- A. Lower midline incision
- B. Pfannenstiel**
- C. McBurney incision
- D. Paramedian incision

The correct answer is Pfannenstiel. This curved transverse incision is specifically designed for access to the pelvic area, making it particularly useful in gynecological and obstetric surgeries. The Pfannenstiel incision is characterized by its horizontal orientation just above the pubic symphysis, allowing for optimal exposure of the pelvic organs while minimizing damage to surrounding structures and incisional pain postoperatively. This incision type also facilitates better cosmetic outcomes due to its placement below the bikini line, thus making it aesthetically favorable for patients. Its design reduces the tension on the wound, which can enhance healing and reduce the risk of complications. Overall, the Pfannenstiel incision is a preferred choice in many pelvic surgeries due to its balance of accessibility and patient considerations.

6. What is the central structure of the intervertebral disc that may herniate and affect the spinal nerve?

- A. Annulus fibrosus
- B. Nucleus pulposus**
- C. Vertebral body
- D. Spinal lamina

The nucleus pulposus is the central structure of the intervertebral disc, consisting of a gel-like substance that provides cushioning and support between the vertebrae. In the context of herniation, it's the nucleus pulposus that can bulge or protrude through a tear in the surrounding annulus fibrosus, which can lead to compression or irritation of nearby spinal nerves. This condition is often referred to as a herniated disc, and it can result in significant pain and neurological symptoms due to the proximity of the spinal nerves to the disc space. The annulus fibrosus, while important for maintaining the integrity of the disc, serves more as the outer layer that provides structural stability and limits motion. Although it can contribute to disc issues when damaged, it is the nucleus pulposus that directly herniates and affects nerve function. Other structures like the vertebral body and spinal lamina do not play a direct role in the herniation process associated with intervertebral discs.

7. What is the correct order of the three protective tissue layers surrounding the brain, starting from the most superficial?

- A. pia mater, arachnoid, duramater
- B. duramater, pia mater, arachnoid
- C. duramater, arachnoid, pia mater**
- D. arachnoid, duramater, pia mater

The correct order of the three protective tissue layers surrounding the brain, starting from the most superficial, is indeed the dura mater, followed by the arachnoid mater, and then the pia mater. The dura mater is the outermost layer and is a tough, fibrous membrane that provides an essential barrier to protect the brain from physical impacts. Beneath the dura mater lies the arachnoid mater, which is a web-like structure that helps cushion the brain and contains cerebrospinal fluid, further providing protection and support. The innermost layer is the pia mater, which is a delicate membrane closely adhering to the surface of the brain and spinal cord, supplying nutrients and oxygen through its vascularization. Understanding the correct sequence is crucial for anyone in the medical field, particularly in contexts where knowledge of brain protection and anatomy is important for surgical procedures or diagnoses related to neurological conditions.

8. Where should the kidney lift be positioned when prepping for a nephrectomy?

- A. Above the pubic symphysis
- B. At the navel
- C. Directly below the iliac crest**
- D. Beside the lumbar vertebrae

The correct positioning of the kidney lift during nephrectomy preparation is essential for optimal surgical access and visibility. By placing the kidney lift directly below the iliac crest, the abdominal cavity is effectively positioned to relieve any pressure on the kidneys. This specific location helps to elevate the kidney and provides better access for the surgeon to perform the nephrectomy, which involves removing one of the patient's kidneys. This positioning minimizes potential injury to surrounding structures and enables effective mobilization of the kidney for surgical removal. It helps to establish the ideal angle and view needed during the procedure, allowing for a more controlled and efficient surgical process. Considering this, let's explore why the other options might not be as suitable. Positioning above the pubic symphysis could place undue stress on the bladder and surrounding tissues, potentially complicating the surgical approach. At the navel, while it may seem central, it does not provide the necessary elevation of the kidney for a nephrectomy. Finally, positioning the lift beside the lumbar vertebrae would likely not elevate the kidney appropriately, leading to inadequate surgical exposure. Therefore, the correct choice provides the best anatomical advantage for the procedure.

9. Adenocarcinoma of the head of the pancreas can lead to jaundice due to compression of which structure?

- A. Gallbladder
- B. Bile duct**
- C. Portal vein
- D. Aorta

Adenocarcinoma of the head of the pancreas can lead to jaundice primarily due to the compression of the bile duct. The bile duct travels in close proximity to the head of the pancreas; thus, as the tumor grows, it can exert pressure on the duct. This compression obstructs the flow of bile from the liver to the duodenum. When bile cannot flow properly, it accumulates in the liver and enters the bloodstream, resulting in the yellowing of the skin and eyes known as jaundice. While the gallbladder is related to the bile excretion process, it is not directly compressed by pancreatic tumors in a way that would cause jaundice; rather, it functions as a storage reservoir for bile. The portal vein and aorta are not involved in the direct pathway of bile drainage, making them unlikely related structures in the context of jaundice caused by pancreatic adenocarcinoma.

10. What type of knot tying is performed externally and secured intra-abdominally?

- A. Intracorporeal
- B. Extracorporeal**
- C. Transcorporeal
- D. Subcorporcal

The correct answer is associated with the process of tying a knot outside the body and then placing it into the abdominal cavity for securing various tissues or sutures. This technique, known as extracorporeal knot tying, allows for greater control and manipulation of the knot as it is tied outside of the surgical site before being pulled into the abdomen. This is particularly useful in laparoscopic surgeries where access within the body is limited, but the surgeon can take advantage of dexterity in tying a strong knot prior to securing it in a final position. In surgeries requiring intracorporeal techniques, the knot is tied within the cavity itself, which can present challenges related to the limited space and visibility. Transcorporeal methods are typically not standard terms used in surgical practice. Subcorporcal does not refer to a recognized technique within surgical knot tying. Understanding these methods helps in selecting the appropriate technique to enhance surgical outcomes, especially during minimally invasive procedures.

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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://csfa.examzify.com>

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

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