

Certified Surgical Technologist (CST) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. When repairing a direct hernia, the surgeon works within which anatomical triangle?**
 - A. Femoral**
 - B. Anterior**
 - C. Hesselbach's**
 - D. Calot's**
- 2. What is the minimum sterilization temperature in Fahrenheit when using the warm cycle of the EtO sterilizer?**
 - A. 55**
 - B. 75**
 - C. 65**
 - D. 85**
- 3. Which of the following is an abnormal tract between two epithelium lined surfaces that is open at both ends?**
 - A. Herniation**
 - B. Sinus**
 - C. Fistula**
 - D. Epithelialization**
- 4. What is the function of the Frazier suction tip during procedures?**
 - A. Stabilizing bones**
 - B. Removing excess fluids**
 - C. Holding tissue**
 - D. Creating incisions**
- 5. In which position are most neurosurgical procedures carried out?**
 - A. Supine**
 - B. Semi fowler's**
 - C. Lithotomy**
 - D. Trendelenburg**

- 6. What information is typically required for patient identification in medical records?**
- A. Name, address, and phone number**
 - B. Name, date of birth, physician**
 - C. Name, procedure, and allergies**
 - D. Name, insurance, and referral source**
- 7. During a surgical procedure, what is the primary purpose of a suction device?**
- A. To remove smoke from laser surgery**
 - B. To visualize the surgical field**
 - C. To manage bleeding**
 - D. To remove fluids and debris**
- 8. Which part of the brain is associated with coordination and balance?**
- A. Cerebrum**
 - B. Cerebellum**
 - C. Brainstem**
 - D. Thalamus**
- 9. What is the common surgical position for thyroid and gallbladder surgeries?**
- A. Supine**
 - B. Fowler's**
 - C. Reverse Trendelenburg**
 - D. Lateral Kidney**
- 10. Under what circumstances would it be appropriate to remove a patient's identification bracelet?**
- A. Never until patient is discharged from facility**
 - B. During insertion of an IV catheter**
 - C. Postoperatively when taken to the nursing unit**
 - D. When patient is awake and alert and can verbally identify self**

Answers

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

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Explanations

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1. When repairing a direct hernia, the surgeon works within which anatomical triangle?

- A. Femoral**
- B. Anterior**
- C. Hesselbach's**
- D. Calot's**

When repairing a direct hernia, the surgical approach focuses on the anatomical area known as Hesselbach's triangle. This triangle, also referred to as the inguinal or abdominal wall triangle, is significant in hernia repair because it is the region where direct hernias typically occur due to a weakness in the abdominal wall. Hesselbach's triangle is bordered by the inferior epigastric vessels, the lateral border of the rectus abdominis muscle, and the inguinal ligament. A direct hernia occurs when abdominal contents protrude through this weak area rather than following the inguinal canal, which would be characteristic of an indirect hernia. Understanding the anatomy of Hesselbach's triangle is crucial for surgical technicians and surgeons as it helps guide the surgical technique and ensures that appropriate structures are recognized and preserved during hernia repair procedures. This knowledge aids in minimizing complications and improving patient outcomes.

2. What is the minimum sterilization temperature in Fahrenheit when using the warm cycle of the EtO sterilizer?

- A. 55**
- B. 75**
- C. 65**
- D. 85**

The warm cycle of an ethylene oxide (EtO) sterilizer typically operates at lower temperatures compared to other sterilization methods, such as steam sterilization. The minimum sterilization temperature for the warm cycle of an EtO sterilizer is considered to be around 55 degrees Fahrenheit. This allows for effective sterilization while minimizing the risk of damaging heat-sensitive instruments or materials. Understanding the specific parameters of the EtO sterilization process is crucial for surgical technologists, as it ensures that sterilization is achieved without compromising the integrity of delicate surgical instruments. In contrast, the other temperature options provided exceed the minimum required for this specific cycle, which could imply unnecessary exposure and potential degradation of certain items being sterilized.

3. Which of the following is an abnormal tract between two epithelium lined surfaces that is open at both ends?

- A. Herniation**
- B. Sinus**
- C. Fistula**
- D. Epithelialization**

A fistula is characterized as an abnormal connection or tract that develops between two epithelial-lined surfaces and remains open at both ends. This can occur between organs or vessels, often as a result of injury, infection, or disease. For instance, a fistula may form between the intestines and the skin after surgery or due to inflammatory conditions, allowing for abnormal communication between these structures. The distinction of a fistula lies in the fact that it connects two separate anatomical structures, contrasting with a sinus, which is typically a sac-like cavity that may not have such a direct communication with another hollow organ. Herniation refers to the protrusion of an organ through the wall of the cavity that contains it and does not describe a tract, while epithelialization refers to the process of the epithelial tissue healing or regenerating, which again does not pertain to the definition of a tract. Thus, the definition and context of a fistula directly align with the question regarding an abnormal tract that is open at both ends.

4. What is the function of the Frazier suction tip during procedures?

- A. Stabilizing bones**
- B. Removing excess fluids**
- C. Holding tissue**
- D. Creating incisions**

The Frazier suction tip is specifically designed for the effective removal of excess fluids, particularly during surgical procedures. Its slender and elongated shape allows for precise suctioning, making it especially useful in areas requiring meticulous control, such as neurosurgery and certain orthopedic or ear, nose, and throat (ENT) procedures. This design helps to clear the surgical field of blood and other fluids, improving visibility for the surgeon and facilitating a safer and more efficient procedure. In contrast, the other options refer to functions that do not align with the purpose of the Frazier suction tip. Stabilizing bones pertains to orthopedic operations where tools like clamps or plates are utilized instead. Holding tissue is generally accomplished with instruments such as forceps or retractors, which are specifically crafted for that purpose. Creating incisions is the role of scalpels or similar cutting instruments, not a suction device like the Frazier tip. Thus, the function of the Frazier suction tip is distinctly related to the removal of excess fluids, making it a critical tool in maintaining a clear operative field during surgery.

5. In which position are most neurosurgical procedures carried out?

- A. Supine**
- B. Semi fowler's**
- C. Lithotomy**
- D. Trendelenburg**

Most neurosurgical procedures are carried out in the supine position. This position allows for optimal access to the head and neck region, which is crucial for performing procedures that involve the brain and surrounding structures. The supine position provides a stable platform for the surgical team, facilitates proper alignment of the patient's head with the surgical field, and ensures adequate blood flow and ventilation. Furthermore, the supine position aids in maintaining the patient's safety and comfort during extended surgeries. It also allows for various access techniques to be employed, including the use of head fixation devices that can secure the patient's head to prevent movement during the procedure, improving the overall precision of neurosurgical techniques. Other positions like semi-fowler's, lithotomy, and Trendelenburg are utilized for different types of surgeries but are not ideal for accessing the cranium or spine effectively, which is why they are less common in neurosurgical procedures. Each of these positions serves specific surgical needs but does not provide the same level of access to the neural structures as the supine position does.

6. What information is typically required for patient identification in medical records?

- A. Name, address, and phone number**
- B. Name, date of birth, physician**
- C. Name, procedure, and allergies**
- D. Name, insurance, and referral source**

The correct choice focuses on essential information that accurately identifies a patient within medical records. Name and date of birth are critical identifiers, as they are universally used to distinguish one patient from another and prevent errors in patient care. The inclusion of the physician adds an important context since it connects the patient to their healthcare provider, which is crucial for managing continuity of care and accountability within the medical system. Other choices include details that, while relevant in their own contexts, do not serve as primary identifiers. For instance, an address and phone number can help with contact but are not as definitive as a date of birth in distinguishing patients. Including a procedure and allergies can be important for clinical data but does not aid in the identification process itself. Lastly, insurance and referral source are administrative details that are necessary for billing or record-keeping but not for recognizing or verifying a patient's identity in a medical environment.

7. During a surgical procedure, what is the primary purpose of a suction device?

- A. To remove smoke from laser surgery**
- B. To visualize the surgical field**
- C. To manage bleeding**
- D. To remove fluids and debris**

The primary purpose of a suction device during a surgical procedure is to remove fluids and debris from the surgical field. This function is vital for maintaining a clear view of the area where the surgery is taking place, which allows the surgical team to operate accurately and safely. By efficiently clearing blood, saline, and any other fluids or particulate matter, suction devices help create an unobstructed view of the anatomy, enabling surgeons to perform procedures without hindrance. While managing bleeding is important during surgery, suction devices primarily focus on evacuating fluids rather than directly controlling blood loss. The other roles mentioned, such as removing smoke from laser surgery and visualizing the surgical field, are secondary functions or rely on different equipment or techniques. Thus, the main function remains to keep the area clear of excess fluids and debris, ensuring a safer and more efficient surgical process.

8. Which part of the brain is associated with coordination and balance?

- A. Cerebrum**
- B. Cerebellum**
- C. Brainstem**
- D. Thalamus**

The cerebellum is the part of the brain specifically associated with coordination and balance. It is located at the back of the brain, beneath the cerebrum, and consists of two hemispheres. The cerebellum receives input from various sensory systems and the spinal cord, allowing it to fine-tune motor movements. Its primary functions include regulating voluntary movements, maintaining posture, and ensuring smooth, balanced coordination during activities. In contrast, the cerebrum is the largest part of the brain and is responsible for higher brain functions such as thought, action, and perception, rather than coordination. The brainstem controls basic life functions, such as breathing and heart rate, while the thalamus acts as a relay station for sensory information but does not play a direct role in coordination or balance. Thus, the cerebellum is essential for executing precise and coordinated movements, making it the correct answer to this question.

9. What is the common surgical position for thyroid and gallbladder surgeries?

- A. Supine**
- B. Fowler's**
- C. Reverse Trendelenburg**
- D. Lateral Kidney**

The common surgical position for thyroid and gallbladder surgeries is typically the supine position. In this position, the patient lies flat on their back with their arms either at their sides or on armboards. This allows adequate access to the surgical sites for both thyroid and gallbladder procedures, ensuring that the surgeon has a clear view and can perform the operation effectively. While the reverse Trendelenburg position is noted for its use in certain types of surgeries, particularly those involving the upper abdomen, it is not the standard position for thyroid or gallbladder surgeries. The Fowler's position, involving the patient sitting up at an angle, is more often used in procedures requiring the upper body to be elevated but is not suitable for the general access needed in these surgeries. The lateral kidney position, primarily utilized for urological procedures to provide access to the kidneys, is not related to thyroid or gallbladder operations. Thus, the supine position is the most appropriate choice for these common surgical interventions.

10. Under what circumstances would it be appropriate to remove a patient's identification bracelet?

- A. Never until patient is discharged from facility**
- B. During insertion of an IV catheter**
- C. Postoperatively when taken to the nursing unit**
- D. When patient is awake and alert and can verbally identify self**

Removing a patient's identification bracelet is appropriate when the patient is awake and alert and can verbally identify themselves. This scenario indicates that the patient is coherent and can confirm their identity, which is a crucial aspect of maintaining safety and ensuring that the correct patient is receiving the correct care. Patient identification is essential in healthcare settings for preventing errors related to medication administration, surgical procedures, and treatment plans. Options that suggest removal in other circumstances do not align with best practices in patient safety. Keeping the bracelet on until discharge ensures continuous verification of the patient's identity throughout their care. Removing the bracelet during procedures like IV insertion could lead to confusion or mistakes if the identification is needed for medication or treatment verification. Postoperative removal before the patient is safely settled back into the nursing unit could lead to potential errors, especially if staff relies on the bracelet for confirming patient identity. Therefore, ensuring that the patient can self-identify clearly justifies the safe removal of the identification bracelet.