

CERTIFIED SURGICAL TECHNOLOGIST (CST) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. Which of the following is a characteristic of dentin?**
 - A. Hard, protective layer
 - B. Soft tissue inside the tooth
 - C. Mineralized tissue with collagen
 - D. Outer enamel layer

- 2. What is typically utilized to prevent the bladder from injury during pelvic surgery?**
 - A. Ureter
 - B. Vagina
 - C. Urethra
 - D. Bladder

- 3. According to Maslow's hierarchy of needs, which of the following is the patient satisfying when he/she trusts the surgical team's abilities?**
 - A. Belonging
 - B. Esteem
 - C. Safety
 - D. Physiological

- 4. Which of the following is a risk factor for surgical site infections?**
 - A. Advanced age
 - B. Low blood sugar
 - C. High protein intake
 - D. Regular exercise

- 5. What is the next step for reattachment of a severed digit after debridement?**
 - A. Vessel reanastomosis
 - B. Nerve reanastomosis
 - C. Bone to bone fixation
 - D. Tendon to tendon fixation

- 6. What surgical tool is specifically designed for cutting fascia?**
- A. Scalpel
 - B. Curved Mayo scissors
 - C. Metzenbaum scissors
 - D. Left-handed scissors
- 7. What is another name for the electrosurgical unit's patient return electrode?**
- A. Cautery
 - B. Generator
 - C. Foot pedal
 - D. Grounding pad
- 8. Which of the following is a curved, transverse incision across the lower abdomen frequently used in gynecological surgery?**
- A. Midline
 - B. Paramedian
 - C. McBurney's
 - D. Pfannenstiel
- 9. The apron-like structure attached to the greater curvature of the stomach is called?**
- A. Ligamentum
 - B. Mesentery
 - C. Omentum
 - D. Peritoneum
- 10. What type of anesthesia is a combination of inhalation and intravenous drugs?**
- A. Spinal
 - B. Regional
 - C. Balanced
 - D. Sedation

Answers

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

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Explanations

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1. Which of the following is a characteristic of dentin?

- A. Hard, protective layer
- B. Soft tissue inside the tooth
- C. Mineralized tissue with collagen**
- D. Outer enamel layer

Dentin is indeed characterized as a mineralized tissue that consists of collagen fibers. This unique composition contributes to the structure and strength of the tooth, making it crucial for the overall integrity of dental health. Dentin lies beneath the enamel and the cementum, providing a supportive role to these outer layers. The mineral content of dentin comprises hydroxyapatite crystals, which give it rigidity, while the collagen fibers provide a degree of flexibility. This combination allows dentin to absorb the forces exerted during chewing and grinding, protecting the more delicate pulp chamber located in the center of the tooth. In contrast, while the outer enamel layer is hard and protective, it is not a characteristic of dentin. Similarly, soft tissue inside the tooth refers typically to the dental pulp rather than dentin itself. Thus, the correct understanding of dentin's composition and characteristics is essential for recognizing its function and significance within the structure of the tooth.

2. What is typically utilized to prevent the bladder from injury during pelvic surgery?

- A. Ureter
- B. Vagina
- C. Urethra
- D. Bladder**

In the context of pelvic surgery, the bladder is at risk of injury due to its anatomical position and proximity to other structures. To prevent damage during surgical procedures, the surgical team typically uses protective measures that can include retractors for the bladder or other techniques. While the bladder itself doesn't serve a protective role, options like the ureter, vagina, and urethra are anatomical structures related to the pelvic region but are not specifically designed to protect the bladder during surgery. The use of the bladder as the focus from which protective strategies are considered is why it's relevant in this context. It's important to ensure the integrity of all surrounding structures, including the bladder, which is why surgical protocols and practices emphasize awareness of its location during surgery to avoid injury.

3. According to Maslow's hierarchy of needs, which of the following is the patient satisfying when he/she trusts the surgical team's abilities?

- A. Belonging
- B. Esteem
- C. Safety**
- D. Physiological

When a patient trusts the surgical team's abilities according to Maslow's hierarchy of needs, they are primarily satisfying the safety needs. This level of the hierarchy emphasizes the importance of feeling secure and protected from harm. Trust in the expertise and competence of the surgical team contributes significantly to the patient's sense of safety before undergoing a procedure. The physiological needs, belonging, and esteem are related concepts but do not directly correlate with the trust in a surgical team's abilities. Physiological needs are about basic survival requirements such as food and water. The belonging level pertains to emotional connections and social relationships, while esteem encompasses feelings of accomplishment and recognition. Hence, trust in the surgical team's skills falls squarely under the safety needs, as it directly addresses the patient's concerns regarding their well-being during surgery.

4. Which of the following is a risk factor for surgical site infections?

- A. Advanced age
- B. Low blood sugar
- C. High protein intake
- D. Regular exercise

Advanced age is considered a significant risk factor for surgical site infections due to several physiological changes that occur as individuals age. Older adults often have compromised immune systems, resulting in a reduced ability to fight infections. Additionally, there may be underlying comorbidities, such as diabetes or vascular diseases, which can further inhibit the healing process and increase the likelihood of infection. The skin's elasticity and integrity may also decline with age, making it more susceptible to surgical wounds becoming infected. In contrast, the other options do not directly correlate with increased risks for surgical site infections. Low blood sugar can lead to other complications but is not typically recognized as a direct risk for infection. High protein intake generally supports wound healing and recovery, offering a protective benefit rather than posing a risk. Regular exercise is known to improve overall health and can boost the immune system, thereby reducing the risk of infections post-surgery.

5. What is the next step for reattachment of a severed digit after debridement?

- A. Vessel reanastomosis
- B. Nerve reanastomosis
- C. Bone to bone fixation
- D. Tendon to tendon fixation

After debridement of a severed digit, the next step in the reattachment procedure is typically the fixation of bone to bone. This is crucial as the bone provides a stable foundation for the reattachment of the digit, allowing for proper alignment and stabilization of the skeletal structure. Bone fixation is essential in ensuring that the anatomy of the finger is restored, which will subsequently aid in the healing process and the overall function of the digit. Once the bones are properly aligned and fixed together, attention can then turn to other structures, such as blood vessels and nerves, which are also vital for the recovery of the digit. However, the immediate priority after debridement is to achieve secure bone fixation to reestablish the integrity of the digit, making it a critical step before addressing the reanastomosis of vessels or nerves.

6. What surgical tool is specifically designed for cutting fascia?

- A. Scalpel
- B. Curved Mayo scissors
- C. Metzenbaum scissors
- D. Left-handed scissors

The choice of curved Mayo scissors as the correct answer is appropriate because these scissors are specifically designed for cutting tougher tissues, including fascia. The curvature allows for optimal maneuvering and control when cutting through dense fibrous connective tissues, making them ideal for surgical procedures involving the fascia. Mayo scissors come with a robust design that provides the necessary strength to cut through thick tissues that require a more substantial cutting force, such as fascia. The curved blades can also help in reaching areas that might be difficult to access with straight scissors, enhancing their utility in the surgical field. Other tools like the scalpel primarily serve the function of incising skin and softer tissues rather than the tougher fascia. Metzenbaum scissors, although versatile, are more suited for delicate tissue dissection and may not be as effective in cutting through the denser fascia. Left-handed scissors cater to a specific user's needs and do not have a unique design aimed at cutting fascia specifically. Thus, curved Mayo scissors stand out as the optimal choice for this particular function.

7. What is another name for the electrosurgical unit's patient return electrode?

- A. Cautery
- B. Generator
- C. Foot pedal
- D. Grounding pad**

The patient return electrode in an electrosurgical unit is known as the grounding pad. This component is pivotal in the electrosurgical process as it serves to complete the electrical circuit during surgical procedures that utilize electrical current to cut or coagulate tissue. The grounding pad is placed on the patient's skin away from the surgical site, allowing the electrical current to return safely back to the electrosurgical generator. This is crucial for patient safety; if the grounding pad isn't applied properly or is not functioning, it could result in burns or other injuries due to electrical current concentration in certain areas. The grounding pad, therefore, ensures that the electrosurgical unit operates effectively and safely by providing a pathway for the current to return to the generator without causing harm to the patient. The other options, such as cautery, generator, and foot pedal, refer to different components or functions within the electrosurgical system but do not describe the patient return electrode specifically. Cautery generally pertains to the process of burning tissue to achieve hemostasis, the generator is the machine that produces the electrical energy, and the foot pedal is used to activate the generator, not to return the current from the patient.

8. Which of the following is a curved, transverse incision across the lower abdomen frequently used in gynecological surgery?

- A. Midline
- B. Paramedian
- C. McBurney's
- D. Pfannenstiel**

The Pfannenstiel incision is specifically designed for surgeries in the pelvic region, particularly in gynecological procedures. This incision is characterized by its curved shape that runs transversely across the lower abdomen, just above the pubic symphysis. It is less invasive than some other types of incisions and helps to provide good access to the reproductive organs while minimizing damage to the abdominal muscles and nerves. This incision is associated with various procedures like cesarean sections and hysterectomies because it allows for optimal visibility and access while maintaining better cosmetic results due to its placement low on the abdomen. In contrast, the other incisions listed are utilized for different purposes or in different areas; for example, the midline incision runs vertically down the center of the abdomen, and the paramedian incision is also vertical but offset to the side. McBurney's incision is typically used for appendectomies and is positioned in a specific location in the right lower quadrant, which is quite different from the transverse positioning of the Pfannenstiel incision.

9. The apron-like structure attached to the greater curvature of the stomach is called?

- A. Ligamentum
- B. Mesentery
- C. Omentum**
- D. Peritoneum

The apron-like structure attached to the greater curvature of the stomach is known as the omentum. Specifically, this refers to the greater omentum, which is a large fold of peritoneum extending from the stomach to other abdominal organs. Its primary function includes providing insulation to the abdominal organs, storing fat, and playing a role in immune response by containing a significant number of immune cells. The greater omentum is often described as having a 'fattening' effect due to its high fatty content, and it also helps in protecting the intestines and providing a conduit for blood vessels and nerves. Its mobility allows it to move to sites of inflammation or infection, aiding in the healing process. Other options, while related to abdominal structures, are not correct in describing the specific apron-like feature. Ligamentum generally refers to fibrous connective tissues that connect bones to other bones, mesentery is a fold of peritoneum attaching the intestines to the abdominal wall that supports blood vessels and nerves to the intestine, and peritoneum refers to the serous membrane lining the abdominal cavity and covering abdominal organs. These structures serve different purposes that do not align with the characteristics of the omentum.

10. What type of anesthesia is a combination of inhalation and intravenous drugs?

- A. Spinal
- B. Regional
- C. Balanced**
- D. Sedation

Balanced anesthesia is characterized by the use of a combination of inhalation and intravenous drugs to achieve optimal anesthesia for surgical procedures. This approach allows for a more controlled anesthetic experience by utilizing the unique advantages of both types of agents. Inhalation agents provide rapid induction and adjustment of anesthetic depth, while intravenous drugs can offer a quicker onset and might be used for analgesia or sedation. By balancing these agents, healthcare providers can minimize the side effects associated with high doses of either method alone and enhance patient comfort during the procedure. Other types of anesthesia, such as spinal and regional, focus primarily on specific areas of the body and involve different techniques that do not incorporate both inhalation and intravenous drugs in the same manner. Sedation typically refers to a lighter state of consciousness achieved through medication alone, without full anesthetic effects, making it distinct from the combined approach of balanced anesthesia.

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:

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

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