

COMPREHENSIVE INCONTINENCE, UROLOGY, AND SAFETY NURSING 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. Which practice best reduces catheter occlusion and infection risk?**
 - A. Keep Drainage System Open
 - B. Disconnect Frequently
 - C. Secure Catheter But Leave System Open
 - D. Maintain a Closed Drainage System, Secure the Catheter, and Avoid Unnecessary Disconnections
- 2. What can malabsorption cause?**
 - A. Weight gain
 - B. Increased appetite
 - C. Vitamin deficiencies
 - D. Hyperglycemia
- 3. What is the role of finasteride or dutasteride in BPH management and what is a notable long-term side effect?**
 - A. They rapidly reduce prostate size within hours, with no sexual side effects.
 - B. They reduce prostate size over months and may cause decreased libido, erectile dysfunction, and breast tenderness.
 - C. They increase testosterone production.
 - D. They cure BPH with no side effects.
- 4. What symptom suggests malnutrition?**
 - A. Weight gain
 - B. Hair loss
 - C. Fatigue
 - D. Weight loss
- 5. What surgical procedure is commonly performed to relieve obstruction from BPH?**
 - A. Radical prostatectomy
 - B. Laser enucleation of the prostate
 - C. Urethral dilation
 - D. Transurethral resection of the prostate (TURP)

- 6. Which statement demonstrates therapeutic communication?**
- A. Explain the treatment plan in detail without asking questions.
 - B. Avoid discussing the patient's concerns.
 - C. Ignore the patient's emotional cues.
 - D. Tell me more about your concerns.
- 7. What is an important part of the digital rectal exam process to ensure patient comfort and privacy?**
- A. Perform the exam quickly to save time.
 - B. Ensure privacy, explain the procedure, and monitor patient comfort.
 - C. Perform the exam without consent.
 - D. Limit the exam to minimal movement.
- 8. Oxybutynin manages overactive bladder by which action?**
- A. Increasing detrusor activity
 - B. Relaxing urethral sphincter
 - C. Reducing bladder contractions
 - D. Increasing urine production
- 9. Which imaging modality is used to evaluate hydronephrosis after urinary obstruction?**
- A. Mammography
 - B. Renal ultrasound
 - C. Plain X-ray of the abdomen
 - D. Echocardiography
- 10. What classification describes urinary incontinence that is present with cognitive impairment or functional barriers to toileting but with adequate detrusor function?**
- A. Functional incontinence
 - B. Overflow incontinence
 - C. Urge incontinence
 - D. Stress incontinence

Answers

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

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Explanations

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1. Which practice best reduces catheter occlusion and infection risk?

- A. Keep Drainage System Open
- B. Disconnect Frequently
- C. Secure Catheter But Leave System Open
- D. Maintain a Closed Drainage System, Secure the Catheter, and Avoid Unnecessary Disconnections**

Maintaining a closed drainage system with the catheter secured and avoiding unnecessary disconnections minimizes both infection risk and occlusion. Keeping the system closed prevents ambient bacteria from entering the urinary tract and reduces backflow and contamination that can lead to infection. Securing the catheter decreases movement and urethral trauma, which helps prevent kinking or displacement that can block flow. Avoiding unnecessary disconnections keeps the sterile pathway intact, preventing air and contaminants from entering the system and reducing opportunities for occlusion. This integrated approach directly lowers the chances of catheter-associated infection and blockage, making it the best practice.

2. What can malabsorption cause?

- A. Weight gain
- B. Increased appetite
- C. Vitamin deficiencies**
- D. Hyperglycemia

Malabsorption means the intestine isn't absorbing nutrients from food as it should. When this happens, vitamins and minerals aren't taken up in adequate amounts, so vitamin deficiencies develop. This is the most direct and common consequence, especially for fat-soluble vitamins A, D, E, and K when fat absorption is impaired, and for B12 and folate as well. Deficiencies can lead to a range of issues such as night blindness or eye problems (A), bone weakness or deformities (D), easy bruising or bleeding (K), and anemia or neuropathy (B12/folate). Weight gain or increased appetite aren't typical outcomes of malabsorption, and hyperglycemia isn't a direct result.

3. What is the role of finasteride or dutasteride in BPH management and what is a notable long-term side effect?

- A. They rapidly reduce prostate size within hours, with no sexual side effects.
- B. They reduce prostate size over months and may cause decreased libido, erectile dysfunction, and breast tenderness.**
- C. They increase testosterone production.
- D. They cure BPH with no side effects.

Finasteride and dutasteride work by blocking the enzyme 5-alpha-reductase, which converts testosterone to dihydrotestosterone (DHT). DHT drives prostate growth, so lowering DHT gradually reduces prostate size over several months. This slower, long-term effect is why they're used to shrink the gland and help with BPH symptoms over time rather than providing immediate relief. They may be used alone or with alpha-blockers to improve outcomes and can reduce the need for surgical intervention. A well-known long-term side effect is hormonal changes that can affect sexual function and breast tissue. Patients may experience decreased libido, erectile dysfunction, and breast tenderness or gynecomastia. These reflect the hormonal shifts from reduced DHT and are the reason this class of medications is associated with sexual and breast-related side effects.

4. What symptom suggests malnutrition?

- A. Weight gain
- B. Hair loss
- C. Fatigue
- D. Weight loss**

Malnutrition means not getting enough nutrients to meet the body's needs, so the body starts breaking down its stores and losing mass. The most direct and reliable clue among the options is weight loss, because it shows an energy and protein deficit happening over time. Fatigue and hair loss can occur with malnutrition, but they are nonspecific and can result from many other causes. Weight gain does not signal malnutrition and can reflect adequate or excessive intake or fluid shifts. So, weight loss is the symptom best indicating malnutrition.

5. What surgical procedure is commonly performed to relieve obstruction from BPH?

- A. Radical prostatectomy
- B. Laser enucleation of the prostate
- C. Urethral dilation
- D. Transurethral resection of the prostate (TURP)**

Relieving the blockage from benign prostatic hyperplasia is achieved by removing or reducing the tissue pressing on the urethra. The classic approach is transurethral resection of the prostate, done endoscopically through the urethra. A resectoscope is inserted into the bladder and prostate, and portions of the enlarged tissue are removed from the inner zone around the urethra. This direct debulking widens the channel, allowing urine to flow more freely. Because there are no external incisions, recovery is typically straightforward, and the procedure often provides rapid and durable relief of obstructive symptoms. Radical prostatectomy is a cancer operation that removes the entire prostate, which is far more invasive than needed for BPH. Urethral dilation offers only temporary relief and may not address the underlying tissue growth, so symptoms frequently recur. Laser enucleation of the prostate is another effective option and is used in many centers, especially for larger glands or patients with bleeding risks, but TURP has long been the standard and remains the most commonly performed surgical treatment for obstructive BPH.

6. Which statement demonstrates therapeutic communication?

- A. Explain the treatment plan in detail without asking questions.
- B. Avoid discussing the patient's concerns.
- C. Ignore the patient's emotional cues.
- D. Tell me more about your concerns.**

Therapeutic communication relies on inviting patients to share their concerns and responding with empathy. Saying "Tell me more about your concerns" invites the patient to expand on what's on their mind, shows genuine interest, and creates a safe space for them to express fears, questions, or preferences. This open-ended prompt helps gather meaningful information, validates the patient's experiences, and supports trust and collaboration in care. In contrast, explaining the plan in detail without asking questions can feel paternalistic and shut down patient input. Avoiding discussion of the patient's concerns and ignoring emotional cues fail to acknowledge the patient's needs and emotions, which undermines rapport and safety.

7. What is an important part of the digital rectal exam process to ensure patient comfort and privacy?

- A. Perform the exam quickly to save time.
- B. Ensure privacy, explain the procedure, and monitor patient comfort.**
- C. Perform the exam without consent.
- D. Limit the exam to minimal movement.

During a digital rectal exam, the patient's comfort and privacy are central. Explaining what will happen and obtaining consent helps reduce anxiety and gives the patient a sense of control. Ensuring privacy—proper draping, closing the curtain, and exposing only what's necessary—preserves dignity. Monitoring comfort means watching for signs of discomfort, asking about pain, and adjusting the technique or pausing as needed, while using warm lubricant and a gentle approach. Rushing the exam, performing without consent, or limiting movement can increase distress or compromise both comfort and privacy, so they aren't appropriate.

8. Oxybutynin manages overactive bladder by which action?

- A. Increasing detrusor activity
- B. Relaxing urethral sphincter
- C. Reducing bladder contractions**
- D. Increasing urine production

Oxybutynin helps overactive bladder by dampening the signals that cause the bladder to contract. It's an antimuscarinic medication that blocks acetylcholine at muscarinic receptors on the detrusor muscle, mainly the M3 receptors. By reducing those parasympathetic-driven contractions during the filling phase, the detrusor relaxes, the bladder can hold more urine, and urgency, frequency, and urge incontinence are decreased. This is opposite of increasing detrusor activity, and it doesn't work by relaxing the urethral sphincter or by increasing urine production. Side effects come from the same anticholinergic action, such as dry mouth or blurred vision.

9. Which imaging modality is used to evaluate hydronephrosis after urinary obstruction?

- A. Mammography
- B. Renal ultrasound**
- C. Plain X-ray of the abdomen
- D. Echocardiography

Hydronephrosis from urinary obstruction is best evaluated with renal ultrasound. Ultrasound directly visualizes dilation of the renal pelvis and calyces, allowing you to see the extent of hydronephrosis and any accompanying hydroureter. It also helps assess kidney size and cortical thickness, which can indicate chronicity, and can evaluate the bladder for post-void residual to gauge obstruction. Importantly, it's noninvasive, uses no ionizing radiation, and can be repeated easily, which is ideal for monitoring response after relief of obstruction or during follow-up. Other options don't fit as well. Mammography has no role in assessing the urinary tract. A plain abdominal X-ray may miss hydronephrosis, as it is not sensitive for collecting-system dilation and prints only limited information about soft tissues. Echocardiography focuses on the heart, not the urinary tract. If more detail about the cause of obstruction is needed, CT urography or MRI can be used, but renal ultrasound is the standard initial imaging to evaluate hydronephrosis.

10. What classification describes urinary incontinence that is present with cognitive impairment or functional barriers to toileting but with adequate detrusor function?

A. Functional incontinence

B. Overflow incontinence

C. Urge incontinence

D. Stress incontinence

The main idea is that urinary leakage can occur even when the bladder itself works normally, if the person cannot access or use the toilet because of cognitive impairment or other functional barriers. When detrusor function is adequate, there isn't leakage from overactive or underactive bladder or from pelvic floor weakness; instead, the issue is the person's inability to reach or manage toileting tasks in a timely way. That makes functional incontinence the best fit for this scenario. Overflow incontinence would involve poor bladder emptying due to detrusor underactivity or obstruction, leading to continuous dribbling or a distended bladder. Urge incontinence involves involuntary detrusor contractions with a strong urge to void. Stress incontinence involves leakage with physical activity or pressure due to pelvic floor weakness. In practice, functional incontinence is addressed by environmental adaptations, scheduled toileting, and assistance to improve access to the bathroom, rather than changing bladder muscle activity.

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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:

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

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