# Dr. High Yield Surgery Practice Test (Sample)

## Study Guide


**Everything you need from our exam experts!**

**Sample study guide. For the full version with hundreds of questions, visit: https://drhighyieldsurgery.examzify.com**

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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.**

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# 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!**

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# Questions

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**1. What is the first step in treating hyperkalemia?**

**A. Administration of insulin and glucose**

**B. Infusion of calcium gluconate**

**C. Use of Kayexalate**

**D. Dialysis**

**2. What gauge needles are considered appropriate for large bore IV lines in trauma?**

**A. 14 gauge**

**B. 16 gauge**

**C. 18 gauge**

**D. 20 gauge**

**3. What is the best initial diagnostic step for esophageal carcinoma?**

**A. CT scan of the chest**

**B. Barium swallow followed by endoscopy**

**C. Esophageal manometry**

**D. Barrett's esophagus screening**

**4. When is it appropriate to use 3% saline for hyponatremia treatment?**

**A. When sodium level is 135-145 mEq/L**

**B. When sodium is less than 110 mEq/L with symptoms**

**C. When symptoms are mild and sodium is 120-130 mEq/L**

**D. For all cases of hyponatremia regardless of symptoms**

**5. How does Kayexalate function in the treatment of hyperkalemia?**

**A. Stabilizes cardiac membrane**

**B. Enables renal excretion of potassium**

**C. Shifts potassium into cells**

**D. Causes diarrhea to excrete potassium**

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**6. In subclavian steal syndrome, what occurs due to proximal subclavian artery stenosis?**

**A. Increased blood flow to the brain**

**B. Normal flow to the affected arm**

**C. Retrograde flow from the vertebral artery**

**D. Enhanced distal circulation**

**7. What is the common treatment for developmental dysplasia of the hip?**

**A. Physical therapy**

**B. Pavlik harness**

**C. Weight-bearing exercises**

**D. Surgery**

**8. What is the first step in confirming the diagnosis of cardiac tamponade?**

**A. CT scan of the chest**

**B. FAST or ECHO**

**C. Physical examination**

**D. X-ray of the chest**

**9. What is a common pathogen associated with epididymitis in men under 35?**

**A. Escherichia coli**

**B. Neisseria gonorrhoeae**

**C. Chlamydia trachomatis**

**D. Staphylococcus aureus**

**10. What shape does an epidural hematoma typically present on a CT scan?**

**A. Wide lens shape**

**B. Narrow crescent shape**

**C. Flat disc shape**

**D. Irregular shape**

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# Answers

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

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# Explanations

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## 1. What is the first step in treating hyperkalemia?

**A. Administration of insulin and glucose**

**B. Infusion of calcium gluconate**

**C. Use of Kayexalate**

**D. Dialysis**

**The initial step in the treatment of hyperkalemia is the infusion of calcium gluconate. Hyperkalemia can lead to life-threatening complications, particularly cardiac issues, due to its effect on myocardial excitability. Calcium gluconate acts quickly to stabilize the cardiac membrane, thereby reducing the risk of arrhythmias associated with elevated potassium levels. By counteracting the effects of hyperkalemia on the heart, calcium gluconate provides critical protection while other treatments are instituted. Following the stabilization of the cardiac membrane, additional treatments can be initiated to lower the serum potassium level, such as administering insulin and glucose to facilitate the cellular uptake of potassium or using Kayexalate to promote gastrointestinal potassium exchange. Dialysis is typically reserved for severe cases or when other treatments fail, making calcium gluconate the preferred first step in a clinical emergency.**

## 2. What gauge needles are considered appropriate for large bore IV lines in trauma?

**A. 14 gauge**

**B. 16 gauge**

**C. 18 gauge**

**D. 20 gauge**

**In the context of trauma, large bore IV lines are crucial for rapid fluid resuscitation, as they allow for the swift administration of fluids and blood products in patients who may be experiencing significant blood loss or shock. The most appropriate gauges for large bore IV lines are typically 14, 16, and 18 gauges. Among these, 16 gauge needles strike an optimal balance between flow rate and ease of placement. The use of a 16 gauge needle allows for a relatively high flow rate necessary for trauma cases while being manageable for most healthcare providers to insert. Additionally, it is less traumatizing to the vessel than the larger 14 gauge, which can be more technically challenging and uncomfortable for the patient, especially in emergent scenarios. In trauma management, larger bore needles (like 14 gauge) offer maximum flow rate but are often more complicated to insert. Smaller gauges, such as 18 and 20 gauge, may not provide adequate volume delivery during critical situations where time is of the essence. The choice of a 16 gauge aligns with guidelines for rapid IV access in trauma settings, making it the most appropriate choice for large bore IV lines.**

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## 3. What is the best initial diagnostic step for esophageal carcinoma?

**A. CT scan of the chest**

**B. Barium swallow followed by endoscopy**

**C. Esophageal manometry**

**D. Barrett's esophagus screening**

**The best initial diagnostic step for esophageal carcinoma is a barium swallow followed by endoscopy. This approach is effective because a barium swallow allows for visualization of any abnormal masses or strictures in the esophagus through radiographic imaging. It can reveal obstructions or irregularities that may suggest the presence of cancer. Following the barium swallow, endoscopy provides a direct view of the esophagus and allows for biopsy of any suspicious lesions, which is crucial for confirming a diagnosis of esophageal carcinoma. Endoscopy is considered the gold standard for the diagnosis of esophageal cancers because it enables both visual assessment and retrieval of tissue samples for histological examination. While a CT scan of the chest can be useful for staging the cancer and assessing for metastasis after a diagnosis is confirmed, it is not the best initial diagnostic step. Esophageal manometry is tailored more toward assessing motility disorders rather than diagnosing cancer. Barrett's esophagus screening is relevant for surveillance and risk assessment in patients with chronic gastroesophageal reflux disease but does not serve as a direct diagnostic method for tumors that may have already developed.**

## 4. When is it appropriate to use 3% saline for hyponatremia treatment?

**A. When sodium level is 135-145 mEq/L**

**B. When sodium is less than 110 mEq/L with symptoms**

**C. When symptoms are mild and sodium is 120-130 mEq/L**

**D. For all cases of hyponatremia regardless of symptoms**

**Using 3% saline for the treatment of hyponatremia is appropriate in cases where the sodium level is dangerously low, specifically when the sodium concentration is below 110 mEq/L and the patient exhibits symptoms. This condition often indicates a severe imbalance in electrolyte levels, with the risk of complications such as seizures, altered mental status, and other neurological issues. 3% saline functions to rapidly increase serum sodium levels in these critical situations, thereby addressing the acute symptoms and preventing further complications. Administering hypertonic saline can help stabilize the patient and offer a more immediate correction than other treatments. In contrast, treating patients with sodium levels that are within the normal range or only mildly low does not warrant the use of hypertonic saline, as the risks of overcorrection and potential complications from rapid shifts in sodium levels outweigh the benefits. Therefore, the appropriate use of 3% saline is strictly reserved for severe cases of symptomatic hyponatremia.**

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## 5. How does Kayexalate function in the treatment of hyperkalemia?

**A. Stabilizes cardiac membrane**

**B. Enables renal excretion of potassium**

**C. Shifts potassium into cells**

**D. Causes diarrhea to excrete potassium**

**Kayexalate, also known as sodium polystyrene sulfonate, treats hyperkalemia primarily by causing diarrhea, which leads to the excretion of potassium. The mechanism involves the resin binding to potassium ions in the gastrointestinal tract. When Kayexalate is administered, it exchanges sodium for potassium in the gut, resulting in the elimination of potassium from the body through feces. This binding process effectively reduces serum potassium levels, thereby alleviating hyperkalemia. While it is important to recognize that other treatments for hyperkalemia exist—such as calcium gluconate to stabilize cardiac membranes and insulin or beta-agonists that shift potassium into cells—Kayexalate's distinct action of causing diarrhea is crucial in its specific mechanism of potassium elimination. Thus, the correct function of Kayexalate lies in its ability to facilitate potassium excretion through the gastrointestinal route, leading to decreased potassium levels in patients suffering from hyperkalemia.**

## 6. In subclavian steal syndrome, what occurs due to proximal subclavian artery stenosis?

**A. Increased blood flow to the brain**

**B. Normal flow to the affected arm**

**C. Retrograde flow from the vertebral artery**

**D. Enhanced distal circulation**

**In subclavian steal syndrome, proximal subclavian artery stenosis leads to a decrease in blood flow distal to the stenosis. To compensate for this reduced blood flow, the body redirects blood from the vertebral artery, which is typically a branch of the subclavian artery. This results in retrograde (reverse) flow in the vertebral artery, causing blood to flow back toward the subclavian artery rather than toward the brain. This compensatory mechanism is a classic feature of subclavian steal syndrome, as the body attempts to maintain perfusion to the affected regions at the expense of cerebral blood flow. Therefore, the correct answer highlights how the stenosis affects blood flow dynamics, particularly the shift in the direction of flow in the vertebral artery.**

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## 7. What is the common treatment for developmental dysplasia of the hip?

**A. Physical therapy**

**B. Pavlik harness**

**C. Weight-bearing exercises**

**D. Surgery**

**The common treatment for developmental dysplasia of the hip is the use of a Pavlik harness. This harness is a soft, strapping system that holds the infant's legs in an abducted and flexed position. This positioning is critical because it encourages the femoral head to remain seated within the acetabulum (the hip socket), promoting proper development and reducing the risk of complications, such as dislocation, as the child grows. The effectiveness of the Pavlik harness is highest when treatment is initiated early, ideally in the first few months of life when the cartilage is still pliable and the hip joint is more malleable. If the condition is diagnosed and treated promptly with the Pavlik harness, many infants can avoid surgical intervention and develop normal hip function as they grow. Other options, while they may have roles in managing hip health or fitness, do not specifically address the underlying issue of developmental dysplasia in infants. For instance, physical therapy or weight-bearing exercises are often not appropriate for very young children with this condition, and surgery is generally considered only if non-operative measures, like the Pavlik harness, fail to achieve proper hip stabilization.**

## 8. What is the first step in confirming the diagnosis of cardiac tamponade?

**A. CT scan of the chest**

**B. FAST or ECHO**

**C. Physical examination**

**D. X-ray of the chest**

**The first step in confirming the diagnosis of cardiac tamponade is typically with a focused assessment with sonography for trauma (FAST) or echocardiography (ECHO). These imaging modalities allow for rapid assessment of fluid accumulation in the pericardial space, which is indicative of cardiac tamponade. Echocardiography is particularly valuable in diagnosing this condition because it can visualize the heart's chambers, assess diastolic collapse of the right atrium or ventricle, and evaluate the amount of fluid surrounding the heart. FAST is used primarily in trauma settings to detect free fluid in the pericardial space. While physical examination and chest X-rays can provide initial clues (like muffled heart sounds, hypotension, and jugular venous distention in physical exam findings), and suggest the possibility of cardiac tamponade, they are not confirmatory. Chest X-rays can show an enlarged cardiac silhouette if significant fluid is present, but this is not definitive. CT scans are more detailed and can provide additional information about the pericardium and adjacent structures, but they are rarely the first step in the acute setting due to time constraints and the need for rapid diagnosis. Thus, the use of FAST or echocardiography**

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## 9. What is a common pathogen associated with epididymitis in men under 35?

**A. Escherichia coli**

**B. Neisseria gonorrhoeae**

**C. Chlamydia trachomatis**

**D. Staphylococcus aureus**

**Chlamydia trachomatis is the most common pathogen associated with epididymitis in men under 35 years of age due to its role as a prevalent sexually transmitted infection (STI) in this demographic. This group of patients typically engages in sexual activities that can expose them to pathogens that cause sexually transmitted diseases. Chlamydia trachomatis is particularly relevant because it leads to both urethritis and epididymitis, presenting often with similar symptoms and can occur simultaneously. The inflammation of the epididymis is often a consequence of the infection spreading from the urethra or prostate. In contrast, while Escherichia coli is a common cause of epididymitis overall and often implicated in older men, it's less associated with the younger population where STIs are more frequent. Neisseria gonorrhoeae can also cause epididymitis, but it tends to be less common than Chlamydia in this age group. Staphylococcus aureus is not typically a pathogen linked to epididymitis; it is more associated with skin or systemic infections. Thus, highlighting the significance of Chlamydia trachomatis in the context of epididymitis in younger males helps clarify**

## 10. What shape does an epidural hematoma typically present on a CT scan?

**A. Wide lens shape**

**B. Narrow crescent shape**

**C. Flat disc shape**

**D. Irregular shape**

**An epidural hematoma typically presents as a biconvex, or lens-shaped, area of hyperdensity on a CT scan. This distinctive shape arises because the blood collects between the skull and the dura mater, pushing the dura away from the skull, creating a convex appearance. The nature of the epidural hematoma, often due to arterial bleeding following a skull fracture, contributes to this well-defined, wide lens shape, which does not cross suture lines due to the attachments of the dura to the skull. The other shapes mentioned do not accurately describe how an epidural hematoma appears. A narrow crescent shape is characteristic of a subdural hematoma, where the blood collects between the dura mater and the arachnoid membrane, wrapping around the convexities of the brain. A flat disc shape does not typically correlate with hematomas since they usually present with more defined contouring due to their location and the pressure effects on surrounding structures. An irregular shape might suggest a more complex pathology, such as lacerations or other types of bleeding situations, but does not apply to the classic presentation of an epidural hematoma.**

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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://drhighyieldsurgery.examzify.com**

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

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