

DR. HIGH YIELD SURGERY 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. The presence of flank pain and hypotension after a blood transfusion is indicative of which reaction?**
 - A. Febrile non-hemolytic reaction
 - B. Acute hemolytic reaction
 - C. Hyperacute reaction
 - D. Delayed hemolytic reaction

- 2. What is the next step for a stab wound to the abdomen with signs of instability or peritonitis?**
 - A. CT abdomen
 - B. Explorative laparotomy
 - C. Observation
 - D. Administer pain medication

- 3. What is the most common cause of a transient ischemic attack (TIA)?**
 - A. Blood clot from the heart
 - B. Emboli from the internal carotid artery
 - C. Low blood sugar
 - D. Hemorrhage in the brain

- 4. What is the most common cause of Boerhaave syndrome?**
 - A. Esophagogastroduodenoscopy (EGD)
 - B. Hernia
 - C. Adhesions
 - D. Acute mesenteric ischemia

- 5. What laboratory finding indicates rheumatoid arthritis in a pleural effusion?**
 - A. High pleural glucose
 - B. High lymphocytes
 - C. Low pleural glucose
 - D. Malignant cells

- 6. What is a significant feature of a renal injury diagnosis?**
- A. Swelling in the lower abdomen
 - B. Presence of gross hematuria
 - C. Blood in the urine for over a week
 - D. High levels of creatinine in urine
- 7. What is the potential risk associated with the use of silver sulfadiazine for burn treatment?**
- A. It can cause leukopenia
 - B. It is very painful
 - C. It may lead to fluid overload
 - D. It penetrates eschar poorly
- 8. Which condition is identified by a triad of colicky abdominal pain, bloody "currant jelly" stool, and a sausage-shaped abdominal mass?**
- A. Meckel diverticulum
 - B. Hirschsprung disease
 - C. Intussusception
 - D. Midgut volvulus
- 9. What is the recommended treatment for a pyogenic liver abscess?**
- A. Surgical resection
 - B. Percutaneous drainage
 - C. Antibiotics alone
 - D. Transaminase therapy
- 10. What is the INR goal for patients with a mechanical valve after replacement?**
- A. 2-3
 - B. 2.5-3.5
 - C. 3-4
 - D. 1.5-2.5

Answers

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

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Explanations

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1. The presence of flank pain and hypotension after a blood transfusion is indicative of which reaction?

- A. Febrile non-hemolytic reaction
- B. Acute hemolytic reaction**
- C. Hyperacute reaction
- D. Delayed hemolytic reaction

Flank pain and hypotension occurring after a blood transfusion are hallmark signs of an acute hemolytic reaction. This type of reaction often results from ABO blood group incompatibility, where the recipient's immune system responds to the transfused red blood cells as foreign. The rapid destruction of these cells leads to the release of hemoglobin and other intracellular components into the circulation. This can cause significant cardiovascular instability, resulting in hypotension. Flank pain often arises from kidney damage due to the hemolysis and the subsequent release of free hemoglobin, which can lead to renal tubular obstruction and acute kidney injury. In contrast, febrile non-hemolytic reactions are usually characterized by fever and chills without the severe systemic manifestations seen in acute hemolytic reactions. Hyperacute reactions, while also serious, are rare and typically occur almost immediately after transfusion due to pre-existing antibodies—usually in cases of organ transplantation rather than blood transfusion. Delayed hemolytic reactions can occur days to weeks after a transfusion and are less likely to present with acute flank pain and hypotension. Overall, the combination of flank pain and hypotension specifically points towards an acute hemolytic reaction as the cause, emphasizing the need for careful monitoring during and

2. What is the next step for a stab wound to the abdomen with signs of instability or peritonitis?

- A. CT abdomen
- B. Explorative laparotomy**
- C. Observation
- D. Administer pain medication

In cases of stab wounds to the abdomen accompanied by signs of instability or peritonitis, the immediate and appropriate response is to perform an exploratory laparotomy. When a patient exhibits instability, which may indicate bleeding or significant internal injury, or presents with peritonitis, which is the inflammation of the peritoneum often due to contamination from intestinal perforation, timely surgical intervention is essential. Exploratory laparotomy allows for direct visualization of abdominal organs, assessment of any injuries, and surgical correction of any damage such as bleeding or perforated viscera. This approach is critical because the abdomen houses many vital structures, and any delay can increase morbidity and mortality. Other options such as a CT scan of the abdomen may delay necessary surgical intervention and is not suitable in a stable patient, let alone one who is unstable. Similarly, observation and administering pain medication do not address the potential life-threatening injuries that may be present and can lead to further complications. Therefore, the urgency and potential severity of the situation necessitate immediate surgical exploration to ensure patient safety and optimal outcomes.

3. What is the most common cause of a transient ischemic attack (TIA)?

- A. Blood clot from the heart
- B. Emboli from the internal carotid artery**
- C. Low blood sugar
- D. Hemorrhage in the brain

The most common cause of a transient ischemic attack (TIA) is indeed emboli from the internal carotid artery. TIAs are often caused by temporary interruptions in blood flow to the brain, leading to symptoms that may resolve quickly. The internal carotid artery is a major vessel supplying blood to the brain, and a buildup of plaque or thrombus can lead to an embolic event. When an embolus detaches from the internal carotid due to atherosclerosis or other vascular conditions, it can travel through the bloodstream and temporarily obstruct smaller cerebral arteries, resulting in a TIA. The transient nature of the symptoms—typically lasting less than 24 hours, often just a few minutes—correlates with the temporary nature of the obstruction. Other potential causes listed may contribute to neurological deficits, but they are less common in the context of TIAs. For instance, a blood clot from the heart could certainly cause a TIA if it travels to the brain, yet this scenario occurs less frequently compared to emboli from the carotid system. Low blood sugar primarily leads to altered mental status and neurological symptoms but does not directly cause ischemia in the same mechanical way. Hemorrhage, conversely, results in a different type of event

4. What is the most common cause of Boerhaave syndrome?

- A. Esophagogastroduodenoscopy (EGD)**
- B. Hernia
- C. Adhesions
- D. Acute mesenteric ischemia

Boerhaave syndrome is characterized by a spontaneous rupture of the esophagus, typically as a result of severe vomiting that increases intra-esophageal pressure. Among the options provided, esophagogastroduodenoscopy (EGD) is the most recognized procedural cause of Boerhaave syndrome. When EGD is poorly executed or if there is excessive manipulation of the esophagus, it can lead to a tear. This condition is distinct due to its clinical presentation of severe chest pain, followed by mediastinal signs such as subcutaneous emphysema, and it is critical to identify and manage it promptly due to the risk of sepsis from the leakage of esophageal contents into the thoracic cavity. Other options, such as hernia, adhesions, and acute mesenteric ischemia, are not associated with Boerhaave syndrome. Hernias can cause gastrointestinal issues, but they do not typically lead to the spontaneous rupture of the esophagus. Adhesions usually affect the intestines rather than causing rupture of the esophagus. Acute mesenteric ischemia involves blood flow obstruction to the intestines, which is unrelated to esophageal rupture. Understanding the context of these conditions helps clarify why EGD is recognized as the most common cause of this syndrome

5. What laboratory finding indicates rheumatoid arthritis in a pleural effusion?

- A. High pleural glucose
- B. High lymphocytes
- C. Low pleural glucose**
- D. Malignant cells

In the context of a pleural effusion associated with rheumatoid arthritis, the laboratory finding that is indicative is a low pleural glucose level. This occurs because inflammatory processes, such as those seen in rheumatoid arthritis, can lead to increased consumption or reduced availability of glucose in the pleural space. Inflammatory cells, particularly lymphocytes, may engage in metabolic activities that deplete glucose, resulting in lower levels in the effusion compared to serum glucose levels. Pleural effusions from rheumatoid arthritis are typically exudative, and they often exhibit elevated levels of certain inflammatory markers, while glucose levels tend to decline. This biochemical environment reflects the active inflammatory state associated with rheumatoid arthritis, as well as the presence of immune-mediated damage. Hence, detecting a low glucose concentration in the pleural fluid can assist in corroborating a diagnosis of rheumatoid arthritis, alongside clinical features and other diagnostic criteria.

6. What is a significant feature of a renal injury diagnosis?

- A. Swelling in the lower abdomen
- B. Presence of gross hematuria**
- C. Blood in the urine for over a week
- D. High levels of creatinine in urine

The presence of gross hematuria is a significant feature of a renal injury diagnosis because it directly indicates trauma to the kidney or urinary tract. Hematuria, which is the presence of blood in the urine, can result from injury to the renal parenchyma, renal pelvis, or ureters due to blunt or penetrating trauma. It is considered a hallmark sign of renal injury and often prompts further evaluation through imaging studies such as a CT scan to assess the extent of the damage and guide treatment. In contrast, while other symptoms like swelling in the lower abdomen and elevated creatinine levels in urine may suggest possible complications or other conditions, they are not as specific to renal injuries. Similarly, blood in the urine persisting for over a week might indicate other medical conditions and does not have the same immediate relevance to acute renal trauma as gross hematuria does.

7. What is the potential risk associated with the use of silver sulfadiazine for burn treatment?

- A. It can cause leukopenia**
- B. It is very painful
- C. It may lead to fluid overload
- D. It penetrates eschar poorly

Silver sulfadiazine is a topical antimicrobial agent frequently used in the treatment of burn wounds to prevent and treat infections. One of the recognized potential risks associated with its use is the development of leukopenia, which refers to a decrease in the white blood cell count. This condition can occur due to the drug's sulfadiazine component, which can cause bone marrow suppression, leading to a reduced production of leukocytes. Monitoring the white blood cell count is essential in patients receiving this treatment, especially in those who may already be immunocompromised. The other options present considerations that, while relevant to patient care, do not specifically correlate with the significant risk profile associated with silver sulfadiazine. While it can be painful and may lead to fluid overload in certain patients, these are not the principal concerns linked to its use in treating burns. The concern about poor penetration through eschar is also valid; however, this primarily pertains to its efficacy rather than a direct adverse effect like leukopenia, which can have immediate health ramifications. Therefore, the association of silver sulfadiazine with leukopenia is a well-documented and critical risk that warrants careful observation during its therapeutic use.

8. Which condition is identified by a triad of colicky abdominal pain, bloody "currant jelly" stool, and a sausage-shaped abdominal mass?

- A. Meckel diverticulum
- B. Hirschsprung disease
- C. Intussusception**
- D. Midgut volvulus

Intussusception is characterized by the triad of colicky abdominal pain, bloody "currant jelly" stools, and a palpable abdominal mass often described as sausage-shaped. In this condition, a part of the intestine telescopes into an adjacent segment, leading to obstruction and compromised blood supply. The intense abdominal pain occurs because of the intermittent obstruction and ischemia. As the blood supply is further compromised, the ingested blood mixes with mucus, resulting in the characteristic "currant jelly" stool appearance. The abdominal mass is palpable in many cases, providing another hallmark sign of this condition. Understanding the specific symptoms and the mechanism of intussusception helps differentiate it from other gastrointestinal conditions. Meckel diverticulum, for instance, can lead to pain and gastrointestinal bleeding, but it doesn't typically present with the same acute symptoms or the distinct presentation of "currant jelly" stools. Hirschsprung disease primarily manifests with constipation and abdominal distention rather than colicky pain and bloody stools, while midgut volvulus presents with severe pain and bilious vomiting but lacks the specific stool appearance associated with intussusception. Thus, recognizing the combination of colicky pain, the appearance of stools, and the abdominal mass is crucial for diagnosing intussusception.

9. What is the recommended treatment for a pyogenic liver abscess?

- A. Surgical resection
- B. Percutaneous drainage**
- C. Antibiotics alone
- D. Transaminase therapy

The recommended treatment for a pyogenic liver abscess is percutaneous drainage. This approach is favored because it allows for effective evacuation of the abscess, which is critical for resolution of the infection. Percutaneous drainage can usually be performed using imaging guidance such as ultrasound or CT, enabling targeted access to the abscess while minimizing the need for invasive procedures. Drainage helps to remove the purulent material inside the abscess, which significantly reduces the bacterial load and allows for antibiotics to work more effectively. While antibiotics are essential in treating the underlying infection, they are often not sufficient on their own to resolve the abscess, especially if there is a significant amount of pus present. Surgical resection is reserved for cases where there are complications or failures of other therapies, such as a persistent or complicated abscess that does not respond to drainage. Antibiotics alone would not adequately manage the condition because they may not penetrate well into the abscess cavity and cannot eliminate the infection without the removal of the infected material. Transaminase therapy is not a recognized treatment for pyogenic liver abscesses, as this condition does not respond to this type of intervention. Thus, the reason percutaneous drainage is the recommended treatment lies in its effectiveness at both symptom

10. What is the INR goal for patients with a mechanical valve after replacement?

- A. 2-3
- B. 2.5-3.5**
- C. 3-4
- D. 1.5-2.5

The target International Normalized Ratio (INR) for patients with a mechanical heart valve replacement is indeed set between 2.5 and 3.5. This range is essential for maintaining a balance between preventing thrombosis, which is a risk associated with mechanical valves, and minimizing the risks of bleeding due to anticoagulation therapy. Patients with mechanical valves require more intensive anticoagulation compared to those with biological valves because mechanical valves have a higher propensity for thrombus formation. Thus, the INR goal is set higher to ensure adequate anticoagulation, allowing for proper management of the patient's condition while minimizing the risk of complications associated with clot formation. The other INR ranges provided are inappropriate for patients with mechanical valves. Specifically, the lower range (2-3) is generally suitable for other indications of anticoagulation, such as atrial fibrillation or venous thromboembolism, while the highest range (3-4) could correspond with more aggressive anticoagulation protocols that are typically not recommended for mechanical valve management. The lower range (1.5-2.5) would not provide sufficient anticoagulation and could put patients at a higher risk for complications after valve replacement.

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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