Fundamentals of Endoscopic Surgery (FES) Written Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. Why should a supine position be avoided in ERCP procedures?

- **A. It improves patient comfort**
- **B. It reduces anxiety**
- **C. It is associated with cannulation difficulty**
- **D. It promotes better imaging**

2. What defines post-ERCP pancreatitis?

- **A. Increased abdominal pain with normal serum amylase**
- **B. Increased abdominal pain with elevation of serum amylase over 3 times normal**
- **C. Decreased abdominal pain with elevation of serum amylase**
- **D. None of the above**

3. What is the ideal patient positioning during ERCP if advancing the scope into the duodenum is challenging?

- **A. Supine position throughout**
- **B. Left lateral decubitus and then switch to prone**
- **C. Right lateral decubitus only**
- **D. Sitting up at a 45-degree angle**

4. What is the recommended time frame for upper endoscopy after sclerotherapy for esophageal varices?

- **A. Every week**
- **B. Every 6-8 weeks**
- **C. Every 3 months**
- **D. Once a year**

5. What does the thermal buffer created by mucosal resection help to protect?

- **A. The outer layer of the bowel wall**
- **B. The deeper layers of the bowel or stomach wall**
- **C. The polyp itself during resection**
- **D. The patient's overall health**

6. What is the purpose of passing a 14G sheathed needle during PEG placement?

- **A. To inject medication**
- **B. To create a gastric wall incision**
- **C. To pass a guidewire into the gastric lumen**
- **D. To secure the PEG tube in place**

7. What technique can help decrease the incidence of post ERCP pancreatitis?

- **A. Use of adjunctive medication**
- **B. Selective bile duct cannulation with guidewire**
- **C. Increased contrast injection**
- **D. Rapid biliary dilation**

8. How does photodynamic therapy achieve targeted tissue destruction?

- **A. By cooling the affected area**
- **B. By using electrical currents**
- **C. By combining with antioxidants**
- **D. By using a photosensitizer and laser light**

9. What instrument is most effective for removing objects lodged transrectally?

- **A. Scissors**
- **B. Delivery forecep**
- **C. Forceps**
- **D. Endoscopic grasper**

10. What is an absolute contraindication for ERCP?

- **A. None**
- **B. Cardiopulmonary instability**
- **C. Pregnancy**
- **D. Coagulopathy**

Answers

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

Explanations

1. Why should a supine position be avoided in ERCP procedures?

A. It improves patient comfort

B. It reduces anxiety

C. It is associated with cannulation difficulty

D. It promotes better imaging

The supine position is typically avoided in Endoscopic Retrograde Cholangiopancreatography (ERCP) procedures primarily because it is associated with increased difficulty in cannulating the bile duct. In this position, the anatomical orientation can make access to the duodenum and the papilla more challenging for the endoscopist. The supine position may also obscure the duodenum's natural curves, complicating the navigation of the endoscope toward the ampulla of Vater, where the bile duct opens. When the patient is positioned in a left lateral decubitus or prone position, it can often enhance visibility and access to the duodenum, facilitating easier cannulation of the biliary tree. This positioning allows for better gravity-assisted flow and alignment of the endoscope's tip with the target structures. Therefore, the choice to avoid the supine position is directly linked to improving procedural success rates and reducing complications related to difficult cannulation.

2. What defines post-ERCP pancreatitis?

A. Increased abdominal pain with normal serum amylase

B. Increased abdominal pain with elevation of serum amylase over 3 times normal

C. Decreased abdominal pain with elevation of serum amylase

D. None of the above

Post-ERCP pancreatitis is defined by the occurrence of abdominal pain accompanied by an elevation of serum amylase and/or lipase levels that is greater than three times the upper limit of the normal range. This increase in enzyme levels indicates pancreatic injury that may have arisen due to the endoscopic retrograde cholangiopancreatography (ERCP) procedure. The pain associated with post-ERCP pancreatitis typically manifests within a few hours to a few days following the procedure. It's essential to recognize that the confirmation of pancreatitis relies not only on the clinical symptom of abdominal pain but also on the biochemical markers of pancreatic inflammation, specifically the significant elevation of serum amylase or lipase. The timeframe and correlation between the procedure and the onset of symptoms are critical in establishing a diagnosis of post-ERCP pancreatitis. The substantial elevation in enzyme levels indicates the degree of pancreatic irritation or damage that has occurred, which marks the distinction from other causes of abdominal pain post-ERCP.

3. What is the ideal patient positioning during ERCP if advancing the scope into the duodenum is challenging?

A. Supine position throughout

B. Left lateral decubitus and then switch to prone

C. Right lateral decubitus only

D. Sitting up at a 45-degree angle

The ideal patient positioning during ERCP, particularly when advancing the scope into the duodenum is challenging, involves the left lateral decubitus position followed by a switch to a prone position. This positioning technique effectively aids in optimizing the anatomy for better visualization and access, allowing for the duodenum to be more readily encountered. Initially positioning the patient in the left lateral decubitus position provides good access to the ampulla of Vater, where the bile duct and pancreatic duct openings are located. This position also utilizes the natural gravitational pull which may facilitate easier advancement of the scope through the duodenal bulb. After attempting to navigate the scope in this position, changing to the prone position can allow for further manipulation and can enhance the angulation of the scope, further decreasing resistance and potentially resolving any challenges faced. This combination of positions takes advantage of gravity and the overlay relationships of the gastrointestinal structures, allowing for a more optimal approach while minimizing the risk for complications and patient discomfort. Alternatives, such as remaining in the supine position, may not provide the same anatomical advantages; positioning strictly on the right lateral decubitus could limit access; and sitting at a 45-degree angle may impede optimal visualization and scope advancement.

4. What is the recommended time frame for upper endoscopy after sclerotherapy for esophageal varices?

A. Every week

B. Every 6-8 weeks

C. Every 3 months

D. Once a year

The recommended time frame for performing upper endoscopy after sclerotherapy for esophageal varices is every 6-8 weeks. This schedule is essential for monitoring the treatment's effectiveness, assessing for potential complications, and determining if additional sclerotherapy sessions are necessary. Sclerotherapy aims to reduce the size of the varices and decrease the risk of bleeding. During follow-up endoscopies, clinicians can evaluate the healing process, check for any recurrence of varices, and ensure that the treatment is achieving its desired outcomes. Performing the procedure at this interval allows healthcare providers to make timely adjustments to the management plan based on the patient's condition. The guidelines emphasize this follow-up period because it strikes a balance between monitoring efficiency and avoiding unnecessary procedures too frequently, which could expose patients to risks or complications. Therefore, the 6-8 week timeframe is considered optimal for these evaluations after initial sclerotherapy interventions.

5. What does the thermal buffer created by mucosal resection help to protect?

A. The outer layer of the bowel wall

B. The deeper layers of the bowel or stomach wall

C. The polyp itself during resection

D. The patient's overall health

The thermal buffer created by mucosal resection is crucial for protecting the deeper layers of the bowel or stomach wall. During endoscopic procedures that involve mucosal resection, the aim is to remove abnormal tissue while minimizing damage to the underlying structures. When resecting mucosal tissue, the thermal buffer helps dissipate heat generated by the electrosurgical instruments used during the procedure. This is important because excessive heat can lead to thermal injury, which can compromise the integrity of deeper layers of the bowel wall, potentially resulting in complications such as perforation or delayed healing. Therefore, the thermal buffer function is essential in ensuring that the deeper layers remain untouched and intact, which ultimately contributes to better outcomes post-resection and reduces the risk of adverse effects associated with thermal injury.

6. What is the purpose of passing a 14G sheathed needle during PEG placement?

A. To inject medication

B. To create a gastric wall incision

C. To pass a guidewire into the gastric lumen

D. To secure the PEG tube in place

The purpose of passing a 14G sheathed needle during percutaneous endoscopic gastrostomy (PEG) placement is to facilitate the introduction of a guidewire into the gastric lumen. This step is crucial in the PEG procedure because it allows the endoscopist to create a tract from the skin to the stomach, enabling subsequent placement of the PEG tube itself. After the needle is advanced through the abdominal wall and into the stomach, the guidewire can be passed through the needle into the gastric lumen. This guidewire serves as a template for placing the PEG tube, ensuring proper alignment and positioning as it is advanced into the stomach. The precision of this step is critical for the successful and safe placement of the PEG tube, ultimately ensuring that nutrition can be administered effectively through this access point. The other choices highlight actions that do not accurately describe the main function of the 14G sheathed needle during this particular phase of the procedure. Injecting medication, creating a gastric wall incision, or securing the PEG tube involve different steps or instruments that are not directly associated with the primary role of the needle in this context.

7. What technique can help decrease the incidence of post ERCP pancreatitis?

A. Use of adjunctive medication

B. Selective bile duct cannulation with guidewire

C. Increased contrast injection

D. Rapid biliary dilation

Selective bile duct cannulation with guidewire is recognized as an effective technique to reduce the incidence of post-ERCP pancreatitis. This method enhances the ability to navigate the biliary anatomy and facilitates successful cannulation while minimizing trauma to the pancreatic duct. By carefully manipulating the guidewire, the risk of mistakenly injecting contrast into the pancreatic duct is significantly lowered, which is a key factor in the development of post-ERCP pancreatitis. Proper cannulation techniques effectively minimize complications by ensuring that the focus is directed towards the bile duct, thus supporting smoother procedures and decreasing the potential adverse effects associated with contrast injection into the pancreatic duct. It is essential to employ skilled techniques in endoscopic procedures to optimize patient outcomes and reduce the likelihood of complications.

8. How does photodynamic therapy achieve targeted tissue destruction?

A. By cooling the affected area

B. By using electrical currents

C. By combining with antioxidants

D. By using a photosensitizer and laser light

Photodynamic therapy (PDT) effectively achieves targeted tissue destruction through the use of a photosensitizer, which is a light-sensitive compound, in conjunction with laser light. When the photosensitizer is administered to the patient, it selectively accumulates in the targeted tissue. The next critical step involves exposing the affected area to a specific wavelength of light, typically delivered via laser. This light activation causes the photosensitizer to produce reactive oxygen species (ROS) within the tumor or diseased tissue. The accumulation of these reactive molecules leads to cellular damage, ultimately resulting in tissue destruction while sparing surrounding healthy tissues. This mechanism is particularly advantageous in treating conditions such as certain cancers, where precision is crucial in minimizing damage to nearby healthy structures. Thus, the combination of the photosensitizer and laser light is what makes photodynamic therapy a targeted and effective treatment modality.

9. What instrument is most effective for removing objects lodged transrectally?

A. Scissors

B. Delivery forecep

C. Forceps

D. Endoscopic grasper

The delivery forecep is the most effective instrument for removing objects that are lodged transrectally due to its design and functionality. This tool allows for a secure grasp on various objects while providing the necessary control needed during the delicate procedure of retrieval from the rectal area. Its elongated structure and wide jaws enable it to reach deeper into the rectum, facilitating the removal of objects that may be difficult to access with other instruments. In addition, the delivery forecep often features a locking mechanism that can hold onto the object securely, minimizing the risk of dropping the object or causing further injury during extraction. This specialized design makes it particularly well-suited for such tasks, where other instruments may not offer the same precision or safety. While other instruments like forceps and endoscopic graspers can also be used in certain situations to extract objects, the delivery forecep's advantages in reach, grip, and control make it the preferred choice for transrectal removals.

10. What is an absolute contraindication for ERCP?

A. None

B. Cardiopulmonary instability

C. Pregnancy

D. Coagulopathy

An absolute contraindication refers to a situation in which a procedure should not be performed under any circumstances because it poses an unacceptable risk to the patient. In the context of Endoscopic Retrograde Cholangiopancreatography (ERCP), there are various clinical considerations, but the position that there are no absolute contraindications suggests a nuanced understanding of the procedure's risks versus benefits. While conditions such as cardiopulmonary instability, pregnancy, and coagulopathy may significantly increase the risk associated with ERCP, they do not categorically prevent the procedure from being performed. For instance, in certain emergency situations, procedures may still be warranted despite these risks, often accompanied by careful planning and preparation to mitigate potential complications. In cases of significant cardiopulmonary instability, the clinical team may decide against proceeding with ERCP unless absolutely necessary. Similarly, in the case of pregnancy, while there are risks involved with exposure to radiation and sedation, ERCP may still be performed with appropriate precautions. Coagulopathy often raises concerns regarding bleeding, yet if the benefits outweigh the risks, ERCP might still be indicated, potentially using transfusion or other methods to manage coagulation. Thus, the concept of "none" as an absolute contraindication highlights the adaptability of medical

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://fundamentalsofendoscopicsurgery.examzify.com

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