

# Medical-Surgical Endocrine Practice Test (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

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- 1. Which postoperative instruction is advised after transsphenoidal hypophysectomy to minimize complications?**
  - A. Avoid Sneezing**
  - B. Drink Through a Straw**
  - C. Cough Forcefully**
  - D. Wash Mouth Out With Peroxide**
  
- 2. A patient is one day after subtotal thyroidectomy and shows signs including poor color, tachycardia, rapid breathing, and feeling frightened. What should the nurse do first?**
  - A. Tell her that there is nothing to fear, and to stay calm.**
  - B. Ask her if she would like pain medication.**
  - C. Call the charge nurse; these are signs of a thyroid storm.**
  - D. Get a tracheostomy set at the bedside.**
  
- 3. A tumor of the adrenal medulla causing excess catecholamines is known as which condition?**
  - A. Leiomyoma**
  - B. Pheochromocytoma**
  - C. Sarcoma**
  - D. Pituitary tumor**
  
- 4. Which statement about hypothyroidism in older adults is most accurate?**
  - A. Signs and symptoms are subtle**
  - B. Signs discounted as age-related changes**
  - C. Weight changes are not pronounced**
  - D. Dementia misattributed to aging**

- 5. To assess for hemorrhage after thyroidectomy, the nurse should:**
- A. Assess upper chest for the patient positioned in high Fowler position.**
  - B. Turn the patient to the side to check; the patient must be kept flat in the bed.**
  - C. Lift up the neck dressing to assess for excessive bleeding.**
  - D. Examine behind patient's neck and upper back to assess for hemorrhage.**
- 6. Which statement about exophthalmos and hyperthyroidism is accurate?**
- A. Usually subsides after treatment begins.**
  - B. Not reversible.**
  - C. Masked with makeup.**
  - D. Eyelid surgery.**
- 7. A tumor of the adrenal medulla causing excessive secretion of catecholamines and resulting in hypertension is a \_\_\_\_.**
- A. Leiomyoma**
  - B. Sarcoma**
  - C. Pheochromocytoma**
  - D. Pituitary tumor**
- 8. Which response is best when addressing a parent of a teenager with gigantism?**
- A. Gigantism is treatable.**
  - B. Her height could help her be a basketball star or a model.**
  - C. What is it about her height that makes her a freak?**
  - D. All parents feel responsible when their children have problems.**
- 9. The drug octreotide (Sandostatin) used for acromegaly has which effect?**
- A. Reverse the effects of acromegaly.**
  - B. Be given on a daily basis by injection.**
  - C. Increase insulin secretion causing hypoglycemia.**
  - D. Suppress the growth hormone.**

**10. Which presentation most closely aligns with the hallmark features of Cushing syndrome?**

**A. Edema and Fluid Retention**

**B. Hypertension and Weight Gain**

**C. Moon Face, Truncal Obesity, Slender Extremities**

**D. Fatigue and Anemia**

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## **Answers**

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

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## **Explanations**

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**1. Which postoperative instruction is advised after transsphenoidal hypophysectomy to minimize complications?**

- A. Avoid Sneezing**
- B. Drink Through a Straw**
- C. Cough Forcefully**
- D. Wash Mouth Out With Peroxide**

After transsphenoidal hypophysectomy, protecting the skull-base repair and avoiding rises in intracranial pressure is essential to prevent complications like CSF leak and meningitis. Sneezing causes a rapid, intense spike in nasal and intracranial pressure that can stress the surgical site and disrupt the closure. By avoiding sneezing, the risk of CSF rhinorrhea and infection is reduced, making it the best postoperative instruction for minimizing complications. Drinking through a straw or coughing forcefully would also raise pressure and strain healing, while mouth rinsing with peroxide isn't a standard protective measure and could irritate tissues. The focus is on avoiding sudden pressure changes that threaten healing.

**2. A patient is one day after subtotal thyroidectomy and shows signs including poor color, tachycardia, rapid breathing, and feeling frightened. What should the nurse do first?**

- A. Tell her that there is nothing to fear, and to stay calm.**
- B. Ask her if she would like pain medication.**
- C. Call the charge nurse; these are signs of a thyroid storm.**
- D. Get a tracheostomy set at the bedside.**

Postoperative thyroid storm is a life-threatening hyperthyroid crisis triggered by surgery and physiologic stress. The combination of tachycardia, rapid breathing, pallor or poor color, and a sense of fear or agitation in a patient who is just after thyroidectomy fits this emergency picture. The priority for the nurse is to mobilize rapid medical management by calling the charge nurse or the treating physician so urgent orders can be written and immediate treatment can begin. This isn't a situation where reassurance alone will help, and offering pain relief doesn't address the underlying crisis. While airway readiness is important, the critical first step is to escalate the situation so definitive therapy—antithyroid meds, beta-blockade to blunt sympathetic effects, cooling and IV fluids, and steroids to reduce hormone conversion and support hemodynamics—can be started promptly. Early recognition and rapid escalation improve outcomes.

**3. A tumor of the adrenal medulla causing excess catecholamines is known as which condition?**

- A. Leiomyoma**
- B. Pheochromocytoma**
- C. Sarcoma**
- D. Pituitary tumor**

A tumor of the adrenal medulla that releases excess catecholamines is pheochromocytoma. The adrenal medulla contains chromaffin cells that produce catecholamines (primarily epinephrine and norepinephrine) in response to sympathetic activation. When a tumor arises from these cells, it can overproduce these catecholamines, leading to episodic or sustained symptoms such as high blood pressure, headaches, sweating, palpitations, and anxiety. Clinically, patients may experience spells with sudden hypertension plus tachycardia and diaphoresis. Understanding the origin helps: pheochromocytoma is tied to the neural crest-derived chromaffin cells in the adrenal medulla, and the ensuing catecholamine excess directly explains the symptom pattern. Diagnosis is typically by measuring plasma-free metanephrines or 24-hour urine metanephrines and catecholamines, with imaging to locate the tumor. Treatment involves surgical removal of the tumor, preceded by careful alpha-adrenergic blockade to prevent perioperative hypertensive crises. Leiomyoma is a smooth muscle tumor, often in the uterus or GI tract, not linked to catecholamine excess. Sarcoma is a malignant connective tissue tumor with no specific relation to catecholamine overproduction. Pituitary tumors arise from the pituitary gland and alter other hormonal pathways, not adrenal catecholamine secretion.

**4. Which statement about hypothyroidism in older adults is most accurate?**

- A. Signs and symptoms are subtle**
- B. Signs discounted as age-related changes**
- C. Weight changes are not pronounced**
- D. Dementia misattributed to aging**

Older adults with hypothyroidism often show nonspecific, mild symptoms rather than the classic textbook signs. Fatigue, weakness, memory problems, constipation, dry skin, and slight weight gain can blend into what's expected with aging, so the thyroid problem can be missed unless clinicians actively consider it. This subtle presentation is the reason it's the most accurate statement: signs and symptoms aren't dramatic or obvious, they're easy to overlook, which is why screening for thyroid dysfunction is important in older patients who have even mild symptoms. Weight changes may occur but aren't a reliable or pronounced marker, and cognitive shifts can occur for many reasons, so they aren't the defining clue by themselves.

5. To assess for hemorrhage after thyroidectomy, the nurse should:
- A. Assess upper chest for the patient positioned in high Fowler position.
  - B. Turn the patient to the side to check; the patient must be kept flat in the bed.
  - C. Lift up the neck dressing to assess for excessive bleeding.
  - D. Examine behind patient's neck and upper back to assess for hemorrhage.**

Hemorrhage after thyroidectomy is most dangerous when it forms a neck hematoma that can rapidly compromise the airway. The best way to detect this is to inspect the posterior neck and upper back, because blood and swelling from the incision can track to those areas and may be concealed by the front dressing. Checking behind the neck allows you to identify a developing hematoma early—before it causes airway obstruction—without disturbing the dressing or the wound site. While front dressings are important to monitor, hidden bleeding can accumulate posteriorly, so the nurse's careful assessment of the back of the neck is essential. If you notice increasing swelling or signs of bleeding in that area, report immediately and be prepared for potential airway intervention.

6. Which statement about exophthalmos and hyperthyroidism is accurate?

- A. Usually subsides after treatment begins.**
- B. Not reversible.
- C. Masked with makeup.
- D. Eyelid surgery.

The main idea is how eye involvement in Graves' disease (exophthalmos) tends to change once the thyroid problem is treated. Exophthalmos occurs from autoimmune inflammation and edema in the orbit when hyperthyroidism is present. When treatment is started and thyroid hormone levels normalize, this inflammatory process often decreases, and the eye protrusion tends to improve over weeks to months. So saying it usually subsides after treatment begins reflects the common course: improvement of the underlying thyroid condition often leads to a reduction in eye symptoms. It's important to note that improvement can be incomplete and may require additional eye-directed therapies if the inflammation is severe or persistent. Masking with makeup does not affect the underlying orbital changes, and eyelid surgery is not a routine outcome of initial treatment; it's considered only for specific cosmetic or functional issues after stabilization or in more severe cases.

7. A tumor of the adrenal medulla causing excessive secretion of catecholamines and resulting in hypertension is a \_\_\_\_.
- A. Leiomyoma
  - B. Sarcoma
  - C. Pheochromocytoma**
  - D. Pituitary tumor

The main concept is a tumor that arises from adrenal medulla and secretes catecholamines, leading to high blood pressure. This fits pheochromocytoma, a neuroendocrine tumor of adrenal medulla cells (chromaffin cells) that overproduces epinephrine and norepinephrine. Those catecholamines cause vasoconstriction and increased heart rate, which raises blood pressure and can produce episodic headaches, sweating, and tachycardia. Other tumors listed don't explain excess catecholamine-driven hypertension. Leiomyoma is a smooth muscle tumor (often uterine) with no typical catecholamine secretion. Sarcoma is a malignant tumor of connective tissue. Pituitary tumors cause overproduction of pituitary hormones (like ACTH, growth hormone, prolactin) but not adrenal medulla catecholamine excess, so they don't directly explain the hypertensive episodes from catecholamines. So the correct description is pheochromocytoma.

8. Which response is best when addressing a parent of a teenager with gigantism?
- A. Gigantism is treatable.
  - B. Her height could help her be a basketball star or a model.
  - C. What is it about her height that makes her a freak?**
  - D. All parents feel responsible when their children have problems.

When talking with a parent about gigantism, the goal is to address emotions and stigma while preserving the teen's dignity and inviting open, supportive dialogue. The best response does this by directly confronting the hurtful label and inviting reflection on how height and health affect the teen's feelings and daily life. Saying, "What is it about her height that makes her a freak?" challenges the negative stigma in the moment and shifts the focus from shaming to understanding, which can help the parent acknowledge the impact of words and steer the conversation toward empathy, the teen's psychosocial well-being, and appropriate care. Why the other options fit less well: stating that gigantism is treatable can sound like a simple solution and may overlook individual variability and the emotional weight of the situation. suggesting the teen's height could make her a basketball star or a model reduces her to appearances or potential roles, which can objectify and overlook health concerns and prestige-based expectations. implying that all parents feel responsible generalizes a personal feeling and may dampen the opportunity for a constructive, supportive discussion about the teen's needs.

**9. The drug octreotide (Sandostatin) used for acromegaly has which effect?**

- A. Reverse the effects of acromegaly.**
- B. Be given on a daily basis by injection.**
- C. Increase insulin secretion causing hypoglycemia.**
- D. Suppress the growth hormone.**

Octreotide works by acting as a somatostatin analogue that directly suppresses growth hormone release from the pituitary tumor. By lowering growth hormone, it reduces the downstream IGF-1 effects that drive the tissue overgrowth and metabolic problems seen in acromegaly. This direct suppression of GH is why the drug is used to control the disease. It's not accurate to say it immediately reverses all established changes, and dosing can be monthly with long-acting formulations rather than daily injections. It also does not increase insulin secretion; in fact, somatostatin analogues can decrease pancreatic hormone secretion, though glucose effects vary and monitoring is important.

**10. Which presentation most closely aligns with the hallmark features of Cushing syndrome?**

- A. Edema and Fluid Retention**
- B. Hypertension and Weight Gain**
- C. Moon Face, Truncal Obesity, Slender Extremities**
- D. Fatigue and Anemia**

Chronic cortisol excess reshapes fat distribution and causes muscle breakdown, producing a distinctive appearance. Moon face comes from fat deposition in the facial area, truncal obesity reflects central fat accumulation, and slender extremities result from proximal muscle wasting due to protein breakdown. This combination is the most recognizable and specific picture of Cushing syndrome. Other findings like edema or fluid retention can occur but aren't as characteristic, and fatigue or anemia are nonspecific. So the presentation describing moon face, truncal obesity, and slender extremities best matches the hallmark features.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://medsurgendocrine.examzify.com>**

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

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