

NPLEX II MINOR 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. Niacinamide is a topical form of which vitamin, and what is a typical concentration for acne use?**
 - A. Vitamin B3; 3-5% concentration
 - B. Vitamin C; 5-10% concentration
 - C. Vitamin B5; 2-4% concentration
 - D. Vitamin A; 1-3% concentration
- 2. Isotretinoin is known to carry which major safety risk that requires monitoring?**
 - A. It is a desired effect
 - B. It is a potential adverse effect requiring monitoring
 - C. It occurs only with topical isotretinoin
 - D. It has no safety concerns
- 3. What is the maximum time to use the cutting electrode for incision with electrocautery (hyfrecation)?**
 - A. Five Seconds
 - B. Ten Seconds
 - C. Fifteen Seconds
 - D. Two Seconds
- 4. What is the mechanism underlying cardiovascular toxicity of local anesthetics?**
 - A. Potassium channel activation
 - B. Calcium channel blockade
 - C. Sodium channel blockade
 - D. Beta-adrenergic receptor antagonism
- 5. Amide local anesthetics are primarily metabolized in which organ?**
 - A. Liver
 - B. Lungs
 - C. Kidneys
 - D. Spleen

- 6. Which melanoma subtype is the most aggressive and tends to skip the radial growth phase?**
- A. Superficial spreading
 - B. Nodular
 - C. Lentigo maligna
 - D. Acral lentiginous
- 7. Cryotherapy precautions include risk of tissue necrosis in patients with which impairment?**
- A. Blood circulation impairments
 - B. Normal circulation
 - C. Hyperlipidemia
 - D. Hypertension
- 8. Which describes a potential complication of chemical cautery?**
- A. Increased granulation
 - B. Healthy tissue cauterization
 - C. Immediate healing
 - D. Dehydration
- 9. Which of the following describes central nervous system signs of local anesthetic systemic toxicity?**
- A. Metallic taste, numbness, tinnitus, dizziness
 - B. Arrhythmia, cardiac arrest, hypotension
 - C. Flushing, sweating, weakness, nausea
 - D. Hives, angioedema, dyspnea, wheezing
- 10. Which pathogens have been linked to pityriasis rosea?**
- A. Mycoplasma, picornavirus, and human herpesvirus 7
 - B. Streptococcus pyogenes
 - C. Bacillus anthracis
 - D. Rhinovirus only

Answers

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

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Explanations

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1. Niacinamide is a topical form of which vitamin, and what is a typical concentration for acne use?

- A. Vitamin B3; 3-5% concentration**
- B. Vitamin C; 5-10% concentration
- C. Vitamin B5; 2-4% concentration
- D. Vitamin A; 1-3% concentration

Niacinamide is the topical form of vitamin B3 (nicotinamide). It helps acne by reducing inflammation, moderating sebum production, and strengthening the skin barrier, which can lead to fewer lesions and better tolerance of other acne treatments. For acne, a typical concentration is 3–5%, which balances efficacy with tolerability. Higher concentrations don't necessarily add benefit and can increase irritation, while lower ones may be less effective. Niacinamide is preferred over niacin because the latter can cause flushing when used topically.

2. Isotretinoin is known to carry which major safety risk that requires monitoring?

- A. It is a desired effect
- B. It is a potential adverse effect requiring monitoring**
- C. It occurs only with topical isotretinoin
- D. It has no safety concerns

Main concept: Isotretinoin has major safety risks that require ongoing monitoring. This drug is highly teratogenic, so pregnancy must be prevented and frequent pregnancy testing and contraception are required during treatment. In addition, it can cause hepatotoxicity and lipid abnormalities, so liver function tests and lipid panels are monitored regularly. Because of these significant safety concerns, the idea that it's just a desired effect or that it has no safety concerns is incorrect, and safety issues are present with systemic use (not just topical). The option describing it as a potential adverse effect requiring monitoring best captures why monitoring is essential.

3. What is the maximum time to use the cutting electrode for incision with electrocautery (hyfrecation)?

- A. Five Seconds**
- B. Ten Seconds
- C. Fifteen Seconds
- D. Two Seconds

In electrosurgical cutting, controlling how long the electrode stays in contact with tissue is crucial to limit heat spread and tissue damage. The cutting electrode should be applied only briefly so the tissue is incised cleanly without excessive thermal injury to surrounding structures. About five seconds is the maximum recommended exposure for a single incision. Keeping it to this short time helps prevent carbonization and deep thermal damage, which can impair healing and obscure the incision margins. If more length is needed, you stop, lift, and reposition for additional passes rather than sustaining contact longer than necessary. Longer contact can cause charring, wider zones of necrosis, and poorer wound healing, which is why a five-second limit is preferred.

4. What is the mechanism underlying cardiovascular toxicity of local anesthetics?

- A. Potassium channel activation
- B. Calcium channel blockade
- C. Sodium channel blockade**
- D. Beta-adrenergic receptor antagonism

Sodium channel blockade in cardiac tissue is what drives cardiovascular toxicity from local anesthetics. These drugs bind to voltage-gated sodium channels and stabilize them in the inactivated state, preventing sodium influx during the rapid depolarization (phase 0). In the heart, this slows conduction across the myocardium and through the His-Purkinje system, leading to slower atrioventricular conduction, QRS widening, bradycardia, and, in severe cases, heart block or asystole. This is the same basic mechanism by which local anesthetics block nerve impulses, but at toxic levels the effect extends to the heart. While very high concentrations can have other effects, the clinically relevant cardiovascular toxicity stems primarily from Na⁺ channel blockade.

5. Amide local anesthetics are primarily metabolized in which organ?

- A. Liver**
- B. Lungs
- C. Kidneys
- D. Spleen

Amide local anesthetics are inactivated mainly by the liver. They are metabolized by hepatic enzymes—primarily amidases and parts of the cytochrome P450 system—into inactive metabolites, with the kidneys responsible for excreting those metabolites. The lungs and spleen don't play a significant role in their metabolism, and this is in contrast to ester local anesthetics, which are rapidly hydrolyzed by plasma cholinesterases. Clinically, impaired liver function slows this metabolism, prolonging effects and raising toxicity risk, which reinforces why the liver is the primary organ involved.

6. Which melanoma subtype is the most aggressive and tends to skip the radial growth phase?

- A. Superficial spreading
- B. Nodular**
- C. Lentigo maligna
- D. Acral lentiginous

A key concept here is how melanoma grows over time and why depth matters for prognosis. The radial growth phase is a horizontal spread of tumor cells within the epidermis and superficial dermis, which often occurs first and can keep the lesion thinner for a period, sometimes allowing earlier detection and treatment. The subtype that stands out for aggressiveness is the one that tends to invade downward into deeper tissues from the start, with little to no radial spread. This early vertical growth leads to a rapid increase in Breslow depth, which is the strongest prognostic factor in melanoma. Because depth can advance quickly, this subtype is more likely to metastasize early and has a poorer overall prognosis. In practice, this means nodular melanoma typically presents as a rapidly enlarging raised nodule and lacks a prolonged radial growth phase, distinguishing it from the other subtypes that show a more prominent horizontal spread before deep invasion.

7. Cryotherapy precautions include risk of tissue necrosis in patients with which impairment?

- A. Blood circulation impairments**
- B. Normal circulation
- C. Hyperlipidemia
- D. Hypertension

Cryotherapy induces vasoconstriction and reduces tissue perfusion. When blood flow is already impaired, this further decrease in circulation can lead to ischemia and eventually tissue necrosis. In contrast, someone with normal circulation can usually tolerate brief cold exposure without necrosis. Hyperlipidemia and hypertension don't directly cause acute tissue death from cryotherapy, though they're associated with vascular disease over time. The key precaution is to avoid cryotherapy over areas with impaired blood flow to prevent compromising tissue viability.

8. Which describes a potential complication of chemical cautery?

- A. Increased granulation
- B. Healthy tissue cauterization**
- C. Immediate healing
- D. Dehydration

Chemical cautery uses caustic chemicals to destroy tissue, but it can damage more than just the target lesion if the agent spreads or is applied too aggressively. The best description of a potential complication is unintended destruction of healthy tissue—healthy tissue cauterization—which means nearby normal areas can be harmed, delaying healing or causing scarring. The other options describe outcomes that are not complications of cautery: immediate healing is a favorable result, dehydration isn't a typical direct consequence of cautery, and while granulation tissue can occur during healing, it's not the specific complication implied here.

9. Which of the following describes central nervous system signs of local anesthetic systemic toxicity?

- A. Metallic taste, numbness, tinnitus, dizziness**
- B. Arrhythmia, cardiac arrest, hypotension
- C. Flushing, sweating, weakness, nausea
- D. Hives, angioedema, dyspnea, wheezing

Central nervous system signs appear first in local anesthetic systemic toxicity, and the classic early manifestations are sensory and perceptual changes rather than cardiovascular or allergic reactions. A metallic or bitter taste in the mouth, perioral numbness, tinnitus, and dizziness are hallmark CNS symptoms, reflecting the anesthetic's effect on neural conduction in the brain and cranial nerves. These signs alert you to systemic absorption before the heart and circulation are severely affected. The other descriptions fit different phenomena: arrhythmia, cardiac arrest, and hypotension are cardiovascular toxic effects that tend to appear as toxicity progresses; flushing, sweating, weakness, and nausea are nonspecific autonomic or systemic symptoms; hives, angioedema, dyspnea, and wheezing point to an allergic or anaphylactoid reaction rather than LAST CNS toxicity.

10. Which pathogens have been linked to pityriasis rosea?

A. Mycoplasma, picornavirus, and human herpesvirus 7

B. Streptococcus pyogenes

C. Bacillus anthracis

D. Rhinovirus only

Pityriasis rosea is considered to be triggered by infectious agents, rather than caused by a single bacteria. The most consistently linked pathogens are human herpesviruses 6 and 7, which have been found in or near lesions in many cases. In addition, there are reports of pityriasis rosea following Mycoplasma pneumoniae infection, and some associations with various picornaviruses. Therefore, a choice that includes Mycoplasma, a picornavirus, and HHV-7 captures the range of pathogens that have been linked to pityriasis rosea. In contrast, the other options involve organisms not associated with pityriasis rosea (streptococcal species, Bacillus anthracis), or incorrectly limit the viral association to rhinovirus only.

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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://nplex2minorsurgery.examzify.com>

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

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