PAEA Surgery End Of Rotation (EOR) 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. **During hiatal hernia repair, which structures are cut circumferentially around the esophagus?**

   A. Mucosa and submucosa

   B. Nerves and blood vessels

   C. Lymphatics and vessels

   D. Muscle and connective tissue

2. **Which factors are known to predispose individuals to hepatomas (hepatocellular carcinoma)?**

   A. Obesity and diabetes

   B. Cirrhosis and smoking

   C. Hypertension and hyperlipidemia

   D. Aflatoxins and high-fat diet

3. **What does the "E" stand for in the ABCDE rule for melanoma?**

   A. Elevation

   B. Endoscopy

   C. Evolution

   D. Edge

4. **What surgical therapy is commonly performed for hyperthyroidism?**

   A. Bilateral subtotal thyroidectomy

   B. Thyroid lobectomy

   C. Thyroidectomy

   D. Parathyroidectomy

5. **Which risk factor is associated with an increased incidence of pancreatic carcinoma?**

   A. High intake of fruits and vegetables

   B. BRCA gene mutation

   C. Low body mass index

   D. Regular physical activity

6. What are the common symptoms of a rectal prolapse?

- **A. Rectal pain, fever, and vomiting**
- **B. Rectal pain, mild bleeding, mucous discharge, and a wet anus**
- **C. Severe abdominal pain and constipation**
- **D. Itching and abnormal stool consistency**

7. Which condition is commonly associated with normocytic anemia?

- **A. Anemia of chronic disease**
- **B. Iron deficiency anemia**
- **C. Lead poisoning**
- **D. Thalassemia**

8. What treatments can temporarily lower potassium levels above 6 mEq/L?

- **A. Calcium gluconate and sodium bicarbonate**
- **B. Insulin and glucose, kayexalate**
- **C. All of the above**
- **D. Lipid emulsion therapy**

9. Which of the following is a type of intussusception?

- **A. Ileocolic**
- **B. Ileostomy**
- **C. Jejunoileal**
- **D. Colovesical**

10. What happens to the lung during inhalation in a tension pneumothorax?

- **A. The lung expands further**
- **B. The lung remains the same size**
- **C. The lung collapses further**
- **D. The lung re-inflates**

Answers

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

Explanations

1. During hiatal hernia repair, which structures are cut circumferentially around the esophagus?

A. Mucosa and submucosa

B. Nerves and blood vessels

C. Lymphatics and vessels

D. Muscle and connective tissue

The correct choice pertains to the structures associated with the esophagus that are typically encircled during a hiatal hernia repair. In this surgical procedure, lymphatic tissues and surrounding blood vessels are often carefully cut circumferentially. This approach is essential to provide sufficient exposure and to relieve the pressure of the hernia without causing excessive damage to surrounding tissues. The dissection around the esophagus allows for the identification and preservation of critical structures while facilitating the repositioning of the stomach into the abdominal cavity. By managing the lymphatic vessels, surgeons can minimize the risk of postoperative complications, such as fluid collections or infections that could arise from damaged or compromised lymphatics. In surgical settings like this, understanding the anatomy and the tissues involved is paramount. Lymphatics play a significant role in the circulatory system and understanding their management is essential for a successful outcome in hernia repairs. Additionally, during such operations, careful consideration is given to not disrupting nerves and blood vessels, which while present, are not the primary structures being circumferentially cut in this specific context.

2. Which factors are known to predispose individuals to hepatomas (hepatocellular carcinoma)?

A. Obesity and diabetes

B. Cirrhosis and smoking

C. Hypertension and hyperlipidemia

D. Aflatoxins and high-fat diet

Hepatocellular carcinoma (HCC), also known as hepatoma, has several well-established risk factors that contribute to its development. Among these, cirrhosis is the most significant predispositional factor, as the scarring of the liver significantly increases the risk of liver cancer. Cirrhosis can develop from various underlying conditions, including chronic viral hepatitis B and C infections, excessive alcohol consumption, and non-alcoholic fatty liver disease. Smoking is also a recognized risk factor for numerous types of cancer, including liver cancer, although its role in HCC specifically is less pronounced than that of cirrhosis. The carcinogenic effects of smoking can contribute to liver damage and, in combination with other factors like cirrhosis, may exacerbate the risk of developing hepatomas. The other choices present various factors that may have associations with liver health, but they do not have the same direct impact on the development of hepatomas. For example, while obesity and diabetes are significant risk factors for metabolic liver disease, their linkage to HCC is primarily mediated through the development of cirrhosis. Similarly, aflatoxins (toxic compounds produced by certain molds) and high-fat diets can contribute to hepatic damage and

3. What does the "E" stand for in the ABCDE rule for melanoma?

A. Elevation

B. Endoscopy

C. Evolution

D. Edge

The "E" in the ABCDE rule for melanoma stands for "Evolution." This concept is crucial in dermatology as it emphasizes the importance of changes in a mole or skin lesion. When assessing a mole for potential melanoma, it is vital to observe whether there have been any changes over time in size, shape, color, or surface characteristics. An evolutionary change in a mole can indicate malignancy, as many melanomas undergo significant transformations that distinguish them from benign lesions. Recognizing evolution or changes in a lesion can assist in early diagnosis and intervention, which are critical for melanoma management. The other terms such as elevation, endoscopy, and edge do not fit into the framework of the ABCDE rule and do not specifically indicate the criteria for distinguishing melanoma from benign skin lesions. Thus, understanding that "E" represents evolution highlights the dynamic nature of skin lesions that healthcare providers need to monitor and assess.

4. What surgical therapy is commonly performed for hyperthyroidism?

A. Bilateral subtotal thyroidectomy

B. Thyroid lobectomy

C. Thyroidectomy

D. Parathyroidectomy

Bilateral subtotal thyroidectomy is a surgical therapy commonly performed for hyperthyroidism, particularly in cases where medical management or radioactive iodine therapy is not effective or feasible. This procedure involves the partial removal of the thyroid gland, preserving some functioning thyroid tissue while reducing hormone production. This approach is especially beneficial in patients with Graves' disease, the most common cause of hyperthyroidism, as it allows for sufficient reduction in hormone levels while minimizing the risk of hypothyroidism, which can occur with a total thyroidectomy. The preservation of thyroid tissue can enable a more balanced hormonal environment post-surgery, making this procedure a favorable option for managing hyperthyroidism in the appropriate patient population. In contrast, a thyroid lobectomy typically involves removing only one lobe of the thyroid and is usually performed for diagnosis or treatment of thyroid nodules rather than for widespread hyperthyroidism. Total thyroidectomy entails the removal of the entire gland and is often considered when malignancies or large goiters are present, but it may lead to permanent hypothyroidism. Parathyroidectomy targets the parathyroid glands and is unrelated to thyroid disease. Thus, bilateral subtotal thyroidectomy is preferred when surgical intervention for hyperthyroidism is indicated.

5. Which risk factor is associated with an increased incidence of pancreatic carcinoma?

A. High intake of fruits and vegetables

B. BRCA gene mutation

C. Low body mass index

D. Regular physical activity

The association between BRCA gene mutations and an increased incidence of pancreatic carcinoma is well-documented in medical literature. Mutations in the BRCA1 and BRCA2 genes are primarily known for their link to breast and ovarian cancers, but they also significantly elevate the risk for developing other cancers, including pancreatic cancer. Individuals with these mutations have a hereditary predisposition to malignancies, which includes a higher likelihood of pancreatic cancer due to the genetic alterations that promote tumorigenesis. In contrast, high intake of fruits and vegetables, low body mass index, and regular physical activity are typically associated with positive health outcomes and may even contribute to a reduced risk of various cancers, including pancreatic carcinoma. Eating a balanced diet high in fruits and vegetables provides essential nutrients and antioxidants that can help protect against cancer, while regular physical activity helps maintain a healthy weight and reduces overall cancer risk. Therefore, these factors do not align with an increased risk for pancreatic carcinoma.

6. What are the common symptoms of a rectal prolapse?

A. Rectal pain, fever, and vomiting

B. Rectal pain, mild bleeding, mucous discharge, and a wet anus

C. Severe abdominal pain and constipation

D. Itching and abnormal stool consistency

The common symptoms of rectal prolapse include rectal pain, mild bleeding, a mucous discharge, and a wet anus. When the rectum protrudes through the anal opening, it can lead to discomfort and pain around the rectal area due to the tissue being stretched and potentially damaged. Mild bleeding may occur as the delicate rectal tissue becomes irritated or injured during the prolapse. Additionally, the mucous discharge is a result of the exposed rectal mucosa, which can produce mucus as part of the normal gastrointestinal function. A wet anus often occurs because the exposed tissue can lead to an inability to maintain proper anal hygiene or continence, resulting in moisture accumulation. The characteristics and symptoms described align closely with what is typically observed in patients experiencing rectal prolapse, making this option the most accurate representation of the condition's common clinical features.

7. Which condition is commonly associated with normocytic anemia?

A. Anemia of chronic disease

B. Iron deficiency anemia

C. Lead poisoning

D. Thalassemia

Normocytic anemia is characterized by red blood cells that are of normal size but reduced in number. One of the conditions commonly associated with this type of anemia is anemia of chronic disease. This condition typically arises in the context of chronic inflammation, infection, or malignancy, where the body's response to disease impairs the production of red blood cells. In these cases, the bone marrow usually produces red blood cells normally, but systemic factors, such as elevated levels of inflammatory cytokines, reduce their lifespan and overall production. In contrast, iron deficiency anemia is characterized by smaller, microcytic red blood cells due to insufficient iron. Lead poisoning typically results in microcytic anemia as well due to interference with heme synthesis. Thalassemia, a genetic condition affecting hemoglobin production, can lead to microcytic anemia or targeting more irregular sized cells but is not typically associated with normocytic anemia. Thus, anemia of chronic disease stands out as the primary condition linked to normocytic anemia.

8. What treatments can temporarily lower potassium levels above 6 mEq/L?

A. Calcium gluconate and sodium bicarbonate

B. Insulin and glucose, kayexalate

C. All of the above

D. Lipid emulsion therapy

When dealing with elevated potassium levels, particularly when they reach 6 mEq/L or higher, it is crucial to implement treatments that can help stabilize the cardiac function and temporarily lower the serum potassium. Both calcium gluconate and sodium bicarbonate play significant roles in this context. Calcium gluconate is utilized to stabilize cardiac myocytes against the effects of hyperkalemia, as elevated potassium can increase the risk of cardiac arrhythmias. Sodium bicarbonate can drive potassium back into cells, reducing serum potassium levels temporarily, especially in cases of acidosis. Similarly, insulin and glucose can significantly lower potassium levels. Insulin facilitates the uptake of potassium into cells, which is particularly effective for acute management of hyperkalemia. Glucose is administered alongside insulin to prevent hypoglycemia, as insulin drives glucose into cells, which can also facilitate the movement of potassium intracellularly. Kayexalate is an exchange resin that can be used to lower potassium levels by binding potassium in the gastrointestinal tract, promoting its excretion. While it is not an immediate treatment, it is effective for longer-term management of hyperkalemia. Lipid emulsion therapy, though useful in certain contexts like local anesthetic toxicity, does not have a role in the direct treatment of

9. Which of the following is a type of intussusception?

A. Ileocolic

B. Ileostomy

C. Jejunoileal

D. Colovesical

Intussusception refers to a condition in which a segment of the intestine telescopes into an adjacent segment, leading to obstruction and potentially compromising blood supply. The correct choice, ileocolic, specifically describes one of the most common types of intussusception seen, particularly in children. In this case, ileocolic intussusception involves the ileum (the last portion of the small intestine) sliding into the cecum or the beginning of the large intestine. This type is significant clinically because it can lead to major complications, such as bowel ischemia if not addressed promptly. While the other choices like ileostomy (a surgical procedure), jejunoileal (which refers to the connection between the jejunum and ileum but does not indicate intussusception), and colovesical (a fistula between the colon and bladder, not classified as intussusception) are relevant terms in gastrointestinal pathology, they do not describe a specific type of intussusception. Thus, the ileocolic type is correctly identified as a defined and actionable subtype of this serious condition.

10. What happens to the lung during inhalation in a tension pneumothorax?

A. The lung expands further

B. The lung remains the same size

C. The lung collapses further

D. The lung re-inflates

In the case of tension pneumothorax, the lung collapses further during inhalation due to the increasing pressure in the pleural space. Tension pneumothorax occurs when air enters the pleural cavity and cannot escape, leading to a buildup of pressure that compresses the lung on the affected side. As a person inhales, the diaphragm moves down and the chest wall expands; however, the pressure in the pleural cavity remains higher than that in the surrounding atmospheric air. As a result, rather than expanding, the already compromised lung experiences further collapse due to the surrounding pressure. The inability to inflate the lung properly can lead to severe respiratory distress and reduced oxygenation. Understanding the mechanics of this condition emphasizes the urgency in treatment to relieve the pressure and allow re-expansion of the lung.

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://surgeryeor-paea.examzify.com

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