

PAEA SURGERY END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 symptom of achalasia tends to be the worst for patients?**
 - A. Dysphagia for solids
 - B. Heartburn
 - C. Dysphagia for liquids
 - D. Regurgitation

- 2. 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

- 3. What is the recommended treatment for hypocalcemia?**
 - A. Oral calcium carbonate
 - B. Intravenous calcium gluconate
 - C. Vitamin D supplements
 - D. Bisphosphonates

- 4. What percentage of liver tumors are classified as malignant?**
 - A. 50%
 - B. 75%
 - C. 90%
 - D. 95%

- 5. In the case of nephrolithiasis, an alkaline urine pH indicates the presence of which type of salts?**
 - A. Struvite salts
 - B. Calcium salts
 - C. Uric acid salts
 - D. Creatinine salts

- 6. What type of carcinoma is most common after proctocolectomy in patients with familial polyposis?**
- A. Colorectal carcinoma
 - B. Duodenal carcinoma
 - C. Pyloric carcinoma
 - D. Gastric carcinoma
- 7. What is the defining feature of an incisional hernia?**
- A. It occurs at the site of a previous surgical wound
 - B. It never reduces
 - C. It is always associated with inguinal hernias
 - D. It presents only in female patients
- 8. At what size is surgical intervention typically recommended for an aneurysm?**
- A. 4.0 cm
 - B. 5.0 cm
 - C. 5.5 cm
 - D. 6.0 cm
- 9. What is the medical term for an infection of the biliary tract?**
- A. Cholecystitis
 - B. Cholangitis
 - C. Choledocholithiasis
 - D. Liver abscess
- 10. Kidney stones measuring less than what size may pass spontaneously?**
- A. 3 mm
 - B. 4 mm
 - C. 5 mm
 - D. 6 mm

Answers

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

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Explanations

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1. Which symptom of achalasia tends to be the worst for patients?

- A. Dysphagia for solids
- B. Heartburn
- C. Dysphagia for liquids**
- D. Regurgitation

Dysphagia for liquids tends to be the most distressing symptom for patients with achalasia. This condition involves a significant impairment of the esophagus's ability to move food and liquids down into the stomach due to dysfunction of the lower esophageal sphincter and loss of peristalsis. As a result, many patients first present with difficulty swallowing solids, but it is often the inability to swallow liquids that causes greater concern and discomfort. Liquids are typically easier to consume, and when patients experience difficulty or pain in swallowing them, it can severely impact their ability to stay hydrated and nourished. This can lead to a more pronounced feeling of frustration and anxiety, as well as signs of dehydration. Other symptoms like heartburn or regurgitation may occur, but they typically do not elicit the same degree of distress as the inability to consume liquids. The focus of patients' complaints often centers around how these symptoms affect their day-to-day quality of life, with dysphagia for liquids emerging as particularly challenging due to its implications for hydration and nutrition.

2. 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

3. What is the recommended treatment for hypocalcemia?

- A. Oral calcium carbonate
- B. Intravenous calcium gluconate**
- C. Vitamin D supplements
- D. Bisphosphonates

The recommended treatment for hypocalcemia, particularly in cases where there is severe symptomatic hypocalcemia or when the patient is unable to take oral supplements, is intravenous calcium gluconate. This form of calcium is preferred in acute situations because it provides a rapid increase in serum calcium levels. Intravenous administration allows for immediate availability of calcium to the bloodstream, which is crucial in addressing life-threatening conditions such as tetany or cardiac dysfunction that can arise from very low calcium levels. While oral calcium carbonate is effective for mild hypocalcemia, it takes longer to increase serum calcium than intravenous options and may not be suitable in acute situations or when rapid correction is necessary. Vitamin D supplements can aid in calcium absorption but do not act as a direct treatment for acute hypocalcemia. Bisphosphonates, on the other hand, are primarily used to treat hypercalcemia or slow down bone loss but not to directly address low calcium levels. In summary, intravenous calcium gluconate is the most appropriate choice for immediate management of severe hypocalcemia.

4. What percentage of liver tumors are classified as malignant?

- A. 50%
- B. 75%
- C. 90%
- D. 95%**

The classification of liver tumors is essential in understanding their behavior and treatment options. It is noted that a significant majority of liver tumors are indeed malignant, with approximately 90-95% classified as such. The most common type of malignant liver tumor is hepatocellular carcinoma (HCC), which is primarily linked to chronic liver diseases, such as cirrhosis and hepatitis B or C infections. This high percentage reflects the prevalence of serious underlying liver conditions that contribute to cancer development. While there are benign liver tumors, such as hemangiomas and adenomas, they represent a much smaller fraction of liver tumors overall. Consequently, the statement that 95% of liver tumors are malignant aligns with epidemiological data regarding the incidence and classification of liver tumors.

5. In the case of nephrolithiasis, an alkaline urine pH indicates the presence of which type of salts?

- A. Struvite salts
- B. Calcium salts**
- C. Uric acid salts
- D. Creatinine salts

In the context of nephrolithiasis, an alkaline urine pH is primarily associated with the presence of struvite salts, which are magnesium ammonium phosphate salts. These salts form in urine that has a higher pH, usually as a result of infection with urease-producing bacteria. Conversely, calcium salts, which include calcium oxalate and calcium phosphate stones, can form in either alkaline or acidic urine. However, their formation is not specifically indicated by an alkaline urine pH. Uric acid stones are typically associated with acidic urine rather than alkaline, as uric acid solubility decreases in low pH environments. Therefore, alkaline urine would not suggest the presence of uric acid stones. Creatinine salts do not typically form stones and are more of a waste product rather than a contributor to nephrolithiasis. Understanding these relationships between urine pH and the type of urinary crystals or stones can help in diagnosing and managing nephrolithiasis effectively.

6. What type of carcinoma is most common after proctocolectomy in patients with familial polyposis?

- A. Colorectal carcinoma
- B. Duodenal carcinoma**
- C. Pyloric carcinoma
- D. Gastric carcinoma

In patients with familial polyposis, especially those who have undergone proctocolectomy, the type of carcinoma that is most commonly observed is duodenal carcinoma. This occurs due to the presence of multiple adenomatous polyps in the duodenum, which can lead to the development of cancer over time. Familial adenomatous polyposis (FAP) is characterized by the formation of numerous polyps throughout the gastrointestinal tract, and although colorectal carcinoma is a significant concern, the surgical removal of the colon and rectum (proctocolectomy) leads to the risk of other types of malignancies, particularly in the upper gastrointestinal tract. As a result, surveillance of the duodenum is essential in patients with familial polyposis, even after a proctocolectomy, because the risk for developing duodenal carcinoma increases significantly. Regular endoscopic evaluations are recommended for early detection and management of any neoplastic changes in the duodenum of these patients.

7. What is the defining feature of an incisional hernia?

- A. It occurs at the site of a previous surgical wound**
- B. It never reduces
- C. It is always associated with inguinal hernias
- D. It presents only in female patients

An incisional hernia is specifically characterized by its occurrence at the site of a previous surgical incision. When the abdominal wall is incised for surgery, the layers of the abdominal wall can weaken as they heal. This weakness can lead to the development of a hernia where the abdominal contents protrude through this weakened area. This feature distinguishes incisional hernias from other types of hernias that may occur in different anatomical locations or due to different causes. The notion that incisional hernias never reduce is inaccurate since many of them can be manually pushed back into the abdomen, especially if they are of a small size. The idea that incisional hernias are always associated with inguinal hernias does not hold true, as these two types of hernias can occur independently of one another. Additionally, the statement regarding the gender specificity of incisional hernias is incorrect; they can occur in both males and females, regardless of prior surgical history.

8. At what size is surgical intervention typically recommended for an aneurysm?

- A. 4.0 cm
- B. 5.0 cm
- C. 5.5 cm**
- D. 6.0 cm

Surgical intervention for an aneurysm is generally recommended at a threshold of 5.5 cm for abdominal aortic aneurysms (AAAs) and varies for other types of aneurysms. This particular size is significant as it typically indicates an increased risk of aneurysm rupture, which can be life-threatening. When an aneurysm reaches this size, the benefits of surgical intervention outweigh the risks associated with surgery. Monitoring is usually employed for smaller aneurysms, in which the risks of surgery might not justify the procedure, and in cases measuring less than 5.5 cm, conservative management with regular follow-up imaging is often sufficient. This approach helps to prevent unnecessary surgical interventions while still closely observing the aneurysm for signs of growth or other changes that would necessitate surgical treatment. Aneurysms that are symptomatic or rapidly expanding may also necessitate earlier surgical intervention, irrespective of their size. The decision for surgery also takes into account individual patient factors such as overall health, the presence of co-existing medical conditions, and the anatomical features of the aneurysm.

9. What is the medical term for an infection of the biliary tract?

- A. Cholecystitis
- B. Cholangitis**
- C. Choledocholithiasis
- D. Liver abscess

The medical term for an infection of the biliary tract is cholangitis. Cholangitis typically refers to an infection that occurs in the bile ducts, which can be due to a blockage caused by gallstones, strictures, or tumors. This condition is characterized by symptoms such as fever, jaundice, and right upper quadrant pain, often referred to as Charcot's triad. Cholecystitis, while related to the biliary system, specifically refers to inflammation of the gallbladder, often due to infection or obstruction by gallstones. Choledocholithiasis refers to the presence of gallstones in the common bile duct, which can lead to complications like cholangitis but is not itself an infection. A liver abscess, on the other hand, is a localized collection of pus within the liver tissue typically due to infections that can originate from bacteria, amoebas, or other pathogens, but it is distinct from biliary tract infections. Understanding these distinctions is important in correctly identifying and treating conditions related to the biliary system.

10. Kidney stones measuring less than what size may pass spontaneously?

- A. 3 mm
- B. 4 mm
- C. 5 mm**
- D. 6 mm

Kidney stones that are 5 mm or smaller have a good chance of passing spontaneously through the urinary tract. This is important because the likelihood of spontaneous passage decreases as the stone size increases. Stones smaller than 5 mm are more likely to get pushed along by the urine flow due to less resistance in the ureter, while larger stones can cause obstruction and may require medical intervention. Typically, stones that measure 4 mm or less have a very high probability of passing spontaneously, often cited as around 80% or higher. Stones that measure precisely 5 mm are at a critical size where the passage probability drops but is still considered feasible. Stones larger than this size often necessitate treatments such as extracorporeal shock wave lithotripsy (ESWL) or ureteroscopy, especially as they approach sizes of 6 mm and above, which significantly increases the risk of complications. Understanding these size parameters helps guide management and counseling for patients presenting with kidney stones, emphasizing the importance of monitoring and the potential for spontaneous resolution based on stone size.

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://surgeryor-paea.examzify.com>

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

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