PSI NBSTSA Certified Surgical Technologist (CST) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. Don’t worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. **What should be the surgical technologist's response when a procedure deviates from standard protocols?**

   A. Immediately alert the surgeon to the deviation

   B. Document it thoroughly post-surgery

   C. Allow the team to proceed without interruption

   D. Suggest changes at the next departmental meeting

2. **During a laparoscopic cholecystectomy, if the surgeon determines that the procedure will convert to an open case, which incision is preferred for access?**

   A. subcostal

   B. vertical

   C. transverse

   D. thoracoabdominal

3. **What is the purpose of a positioner in surgery?**

   A. To support the surgeon during complex tasks

   B. To assist in positioning the patient safely

   C. To hold surgical instruments

   D. To monitor the patient's comfort

4. **A three-way Foley catheter is inserted following a transurethral resection of the prostate (TURP) to achieve what purpose?**

   A. irrigate and aid in hemostasis

   B. prevent the patient from getting out of bed

   C. maintain accurate input and output records

   D. keep the perineal area dry

5. **If a hole is noticed in the surgical technologist's glove during a procedure, what should be done next?**

   A. Continue the case

   B. Change the glove using the open-gloving technique

   C. Change the glove using the closed-gloving technique

   D. Break scrub, rescrub, gown, and glove

6. What is the role of the surgical technologist during patient transport?

- **A. To supervise the surgical team**
- **B. To assist in safely moving the patient from the preoperative area to the operating room**
- **C. To prepare the surgical instruments for use**
- **D. To clean the operating room**

7. Which combination of medications is commonly used during a MAC?

- **A. nerve conduction blockades with supplemental analgesics, sedatives, or amnesics**
- **B. induction agents, anticholinergics, and antiemetics**
- **C. hemostatics, ringer's solution, analgesics, amnesics or sedatives**
- **D. tranquilizers, gastric acid management, or lubricants**

8. What is a common use for Coban in surgical settings?

- **A. To secure dressings**
- **B. To stabilize fractures**
- **C. To provide hemostasis**
- **D. To administer anesthesia**

9. What is the standard rate in air exchanges per hour in an operating room suite?

- **A. 5-10.**
- **B. 15-25.**
- **C. 30-35.**
- **D. 40-50.**

10. What kind of lighting is utilized in the operating room?

- **A. Dim, ambient lighting for patient comfort**
- **B. Bright, focused surgical lights to enhance visibility during the procedure**
- **C. Colored lights for mood setting**
- **D. LED screens for display purposes**

Answers

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

Explanations

1. What should be the surgical technologist's response when a procedure deviates from standard protocols?

A. Immediately alert the surgeon to the deviation

B. Document it thoroughly post-surgery

C. Allow the team to proceed without interruption

D. Suggest changes at the next departmental meeting

When a procedure deviates from standard protocols, the surgical technologist's immediate response should be to alert the surgeon to the deviation. This is critical for patient safety and the overall success of the surgical procedure. By communicating any deviations as they occur, the surgical technologist helps ensure that the surgical team can make informed decisions on how to proceed safely. Timely intervention allows for the assessment of the implications of the deviation, whether it relates to surgical technique, instrument use, or patient monitoring. Addressing deviations promptly helps maintain the integrity of the surgical process and allows for any necessary modifications or additional precautions to be taken to protect the patient. The surgical environment is fast-paced and may involve significant risks, which makes immediate communication essential. Other options may involve appropriate actions but are not suitable immediate responses to deviations in procedure. Documenting thoroughly post-surgery contributes to the surgical record but does not address the immediate need for communication during the procedure. Allowing the team to proceed without interruption may lead to unforeseen complications or safety issues. Suggesting changes at a departmental meeting may lead to improvements in practice but does not address the urgent need for consultation with the surgeon at that moment.

2. During a laparoscopic cholecystectomy, if the surgeon determines that the procedure will convert to an open case, which incision is preferred for access?

A. subcostal

B. vertical

C. transverse

D. thoracoabdominal

The preferred incision for converting a laparoscopic cholecystectomy to an open cholecystectomy is the subcostal incision, which is also known as the Kocher incision. This choice is ideal because it allows for direct access to the gallbladder and biliary structures while minimizing trauma to surrounding tissues. The subcostal incision is located beneath the rib cage, providing excellent visualization and access to the upper abdomen where the gallbladder is located. In a case where conversion is necessary, the surgeon needs to ensure a safe and efficient transition, and the subcostal incision facilitates this by allowing adequate access to the area of interest. Furthermore, the subcostal approach is well-tolerated by patients and aids in quicker recovery. Other incision types, while they may have their own applications, do not offer the same advantages in terms of access and visibility to the gallbladder for this specific case. A vertical incision may provide access but can involve greater incisional pain and healing time. A transverse incision could work but wouldn't typically be the first choice for this specific anatomical region. The thoracoabdominal incision is too extensive for a laparoscopic procedure and would only be considered in very complex situations, making it impractical for standard

3. What is the purpose of a positioner in surgery?

A. To support the surgeon during complex tasks

B. To assist in positioning the patient safely

C. To hold surgical instruments

D. To monitor the patient's comfort

The purpose of a positioner in surgery is primarily to assist in positioning the patient safely. Proper positioning is crucial during surgical procedures to ensure both patient safety and optimal access to the surgical site. Positioners help maintain alignment, reduce the risk of pressure injuries, and ensure that vital organs and structures are protected during the operation. In surgical settings, a well-positioned patient allows for better visibility and access for the surgical team, while also promoting patient safety by minimizing the risk of injury. This is essential for the duration of the surgery, as changes in position can affect the overall outcome and recovery. Other functions, such as supporting the surgeon during tasks or holding instruments, are handled by different tools and personnel, and while monitoring patient comfort is important, it is typically the responsibility of the nursing staff and anesthesiologists rather than the positioner itself.

4. A three-way Foley catheter is inserted following a transurethral resection of the prostate (TURP) to achieve what purpose?

A. irrigate and aid in hemostasis

B. prevent the patient from getting out of bed

C. maintain accurate input and output records

D. keep the perineal area dry

The primary purpose of inserting a three-way Foley catheter following a transurethral resection of the prostate (TURP) is to irrigate the bladder and aid in hemostasis. During a TURP procedure, tissue is removed from the prostate, which can lead to bleeding. The three-way Foley catheter enables continuous irrigation of the bladder with sterile saline or water, helping to flush out blood clots, debris, and any residual tissue fragments. This irrigation also minimizes the risk of clot formation within the bladder, thus facilitating hemostasis by keeping the operative site clear and allowing for better visualization during recovery. Additionally, the catheter allows for monitoring urine output, which can provide critical information regarding the patient's recovery and fluid balance post-surgery. While the other options may address important aspects of patient care following surgery, they do not directly relate to the specific purpose of the three-way Foley catheter in this scenario, which focuses on managing bleeding and maintaining bladder function after a procedure that involves significant manipulation of the prostate tissue.

5. If a hole is noticed in the surgical technologist's glove during a procedure, what should be done next?

A. Continue the case

B. Change the glove using the open-gloving technique

C. Change the glove using the closed-gloving technique

D. Break scrub, rescrub, gown, and glove

When a surgical technologist notices a hole in their glove during a procedure, the immediate and correct action is to change the glove using the open-gloving technique. This technique allows the surgical tech to replace the damaged glove without the need to break scrub and rescrub, which saves time and maintains sterile conditions. The open-gloving technique is particularly useful in the operating room for quickly addressing issues like a glove perforation while ensuring that sterility is maintained. By changing the glove using this method, the surgical technologist can effectively prevent contamination and help ensure patient safety without unnecessary interruptions to the surgical procedure. Using the closed-gloving technique or breaking scrub to rescrub and don a new gown and gloves is not necessary in this situation, as these approaches are more time-consuming and would disrupt the workflow of the surgery unnecessarily. Continuing the case with a compromised glove would also pose a risk of contamination, which is critical to avoid in a sterile environment.

6. What is the role of the surgical technologist during patient transport?

A. To supervise the surgical team

B. To assist in safely moving the patient from the preoperative area to the operating room

C. To prepare the surgical instruments for use

D. To clean the operating room

The role of the surgical technologist during patient transport is primarily to assist in safely moving the patient from the preoperative area to the operating room. This responsibility is crucial as it ensures the patient's safety and comfort during transport, which often involves maneuvering through various areas within the hospital. The surgical technologist may also help secure the patient, monitor vital signs, and communicate with the surgical team about the patient's condition and readiness for surgery. This task requires attention to detail and a thorough understanding of patient safety protocols, as improper transport can lead to complications. While other tasks, such as supervising the surgical team, preparing instruments, or cleaning the operating room, are essential functions of a surgical technologist, they are not directly related to the specific context of patient transport. Thus, assisting with this process is a critical aspect of ensuring a smooth transition to the operating room.

7. Which combination of medications is commonly used during a MAC?

A. nerve conduction blockades with supplemental analgesics, sedatives, or amnesics

B. induction agents, anticholinergics, and antiemetics

C. hemostatics, ringer's solution, analgesics, amnesics or sedatives

D. tranquilizers, gastric acid management, or lubricants

The combination of medications used during monitored anesthesia care (MAC) typically includes nerve conduction blockades alongside supplemental analgesics, sedatives, or amnesics. This approach allows for the provision of adequate pain control while also ensuring that the patient remains comfortable and possibly unaware of the procedure taking place. Nerve conduction blockades are effective in providing localized anesthesia, which can minimize the need for systemic analgesics and reduce the risk of sedation-related complications. Sedatives create a calming effect, which is crucial for patient comfort and cooperation during procedures that may otherwise induce anxiety or discomfort. Amnesics help prevent the formation of memories related to the procedure, contributing to an overall positive experience for the patient. In contrast, other combinations listed include agents not typically associated with MAC. For instance, induction agents and anticholinergics are more relevant to general anesthesia rather than MAC, which emphasizes a lighter level of sedation. Anti-emetics, while important in some contexts, are not a primary focus for medication during MAC procedures compared to the sedative and analgesic approach. Overall, the correct combination aligns with the principles of MAC, allowing for a procedural experience that prioritizes safety, comfort, and effective pain management.

8. What is a common use for Coban in surgical settings?

A. To secure dressings

B. To stabilize fractures

C. To provide hemostasis

D. To administer anesthesia

Coban, a type of elastic bandage, is commonly used in surgical settings primarily to secure dressings in place. Its self-adhering properties allow it to stick to itself without the need for additional adhesives or tape, making it particularly useful for holding dressings securely on wounds. This is crucial in maintaining a sterile environment post-surgery and ensuring that the dressing remains intact, thus promoting proper healing and reducing the risk of infection. Its versatility in sizing and the ability to conform to various body contours make it ideal for securing gauze pads, sterile drapes, or even splints. This utility in securing dressings underlines why it is widely employed in both surgical and non-surgical contexts. Other uses, such as stabilization of fractures, hemostasis, or anesthesia administration, are not within the primary function of Coban, highlighting its specific role in dressing application.

9. What is the standard rate in air exchanges per hour in an operating room suite?

A. 5-10.

B. 15-25.

C. 30-35.

D. 40-50.

The standard rate for air exchanges in an operating room suite is typically established between 15 to 25 air exchanges per hour. This rate is crucial for maintaining a sterile environment during surgical procedures, as it helps to dilute and remove airborne contaminants, pathogens, and anesthetic gases. Adequate ventilation is essential in ensuring patient and staff safety, as well as in minimizing the risk of surgical site infections. Guidelines from various health organizations, such as the American Institute of Architects (AIA) and the Centers for Disease Control and Prevention (CDC), support this range to optimize air quality. While other rates mentioned may appear sufficient, they either exceed or fall below the requirements established for effective ventilation in a surgical setting. Maintaining a balance between airflow, temperature, and humidity is vital in creating an environment conducive to safe surgical procedures.

10. What kind of lighting is utilized in the operating room?

A. Dim, ambient lighting for patient comfort

B. Bright, focused surgical lights to enhance visibility during the procedure

C. Colored lights for mood setting

D. LED screens for display purposes

The lighting utilized in the operating room is based on the critical need for visibility during surgical procedures. Bright, focused surgical lights play a crucial role by illuminating the surgical field. These lights are specifically designed to minimize shadows and provide high-intensity illumination, which is essential for the surgical team to accurately perform tasks and ensure patient safety. In contrast, the other options do not meet the fundamental requirements for operating-room lighting. Dim, ambient lighting can create shadows and hinder visibility, making it unsuitable for surgical procedures where precision is paramount. Colored lights, while they may affect mood, are not appropriate for surgical settings due to the necessity of clear visibility and accurate color differentiation of tissues. LED screens serve specific functions such as displaying vital signs or surgical images but are not a replacement for direct surgical lighting. Hence, the use of bright, focused surgical lights is essential for optimal performance and safety in the operating room.

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://psinbstsacst.examzify.com

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