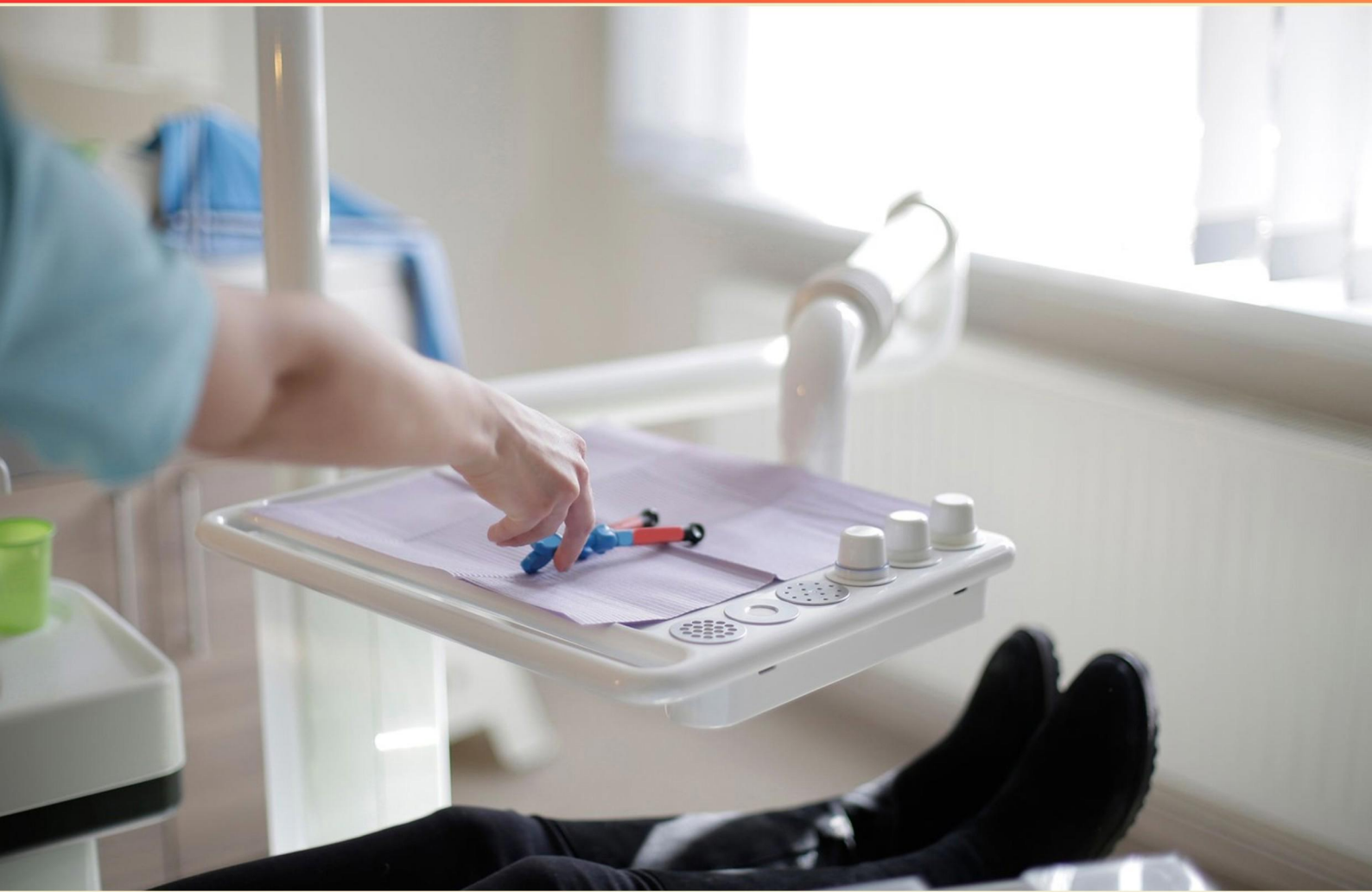


SURGICAL TECHNOLOGY CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 structure is NOT ligated and divided during a cholecystectomy?**
 - A. cystic duct
 - B. cystic artery
 - C. hepatic duct
 - D. cystic vein
- 2. What is the burn degree classification that involves the epidermis and subcutaneous tissue?**
 - A. First
 - B. Second
 - C. Third
 - D. Fourth
- 3. Which of the following items would be considered case dependent in a surgical setting?**
 - A. Instruments that are used universally
 - B. Suture materials
 - C. General sterile supplies
 - D. All surgical instruments
- 4. Which rongeurs is used to expand the antrostomy in a Caldwell-Lub procedure?**
 - A. Cushing
 - B. Bethune
 - C. Kerrison
 - D. Stille-Leur
- 5. Which of the following conditions can polymethyl methacrylate cause if contact lenses are not removed?**
 - A. Corneal burns
 - B. Increased pressure in the eye
 - C. Cataracts
 - D. Color distortion

- 6. Which valve is associated with the flow of blood from the left atrium to the left ventricle?**
- A. tricuspid
 - B. pulmonary
 - C. mitral
 - D. aortic
- 7. How is the small intestine attached to the posterior abdominal wall?**
- A. Mesentery
 - B. Peritoneum
 - C. Falciform ligament
 - D. Lesser omentum
- 8. Cadaver bone is classified as which type of graft?**
- A. Autograft
 - B. Homograft
 - C. Allograft
 - D. Heterograft
- 9. During a sentinel node biopsy, which dye is commonly injected?**
- A. Hypaque
 - B. Methylene blue
 - C. Lymphazurin
 - D. Isovue
- 10. Which legal principle applies when the patient is given the wrong dose of the local anesthetic?**
- A. Res ipsa loquitor
 - B. Respondeat superior
 - C. Bona fide
 - D. Assault

Answers

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

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Explanations

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1. Which structure is NOT ligated and divided during a cholecystectomy?

- A. cystic duct
- B. cystic artery
- C. hepatic duct**
- D. cystic vein

During a cholecystectomy, the primary goal is to safely remove the gallbladder, which involves ligating and dividing specific structures connected to it. The cystic duct and cystic artery are essential structures that are ligated and divided to prevent any bile leakage and to ensure adequate blood supply is cut off to the gallbladder during its removal. The cystic vein, although not as commonly referenced as the cystic artery or duct, may also be considered a structure that can be ligated, depending on the surgical technique employed. However, the hepatic duct is integral to the biliary system's function and is the main channel through which bile travels from the liver. It is not ligated or divided during this procedure, as doing so could lead to significant complications such as bile duct injury or a disruption of bile flow. Thus, the hepatic duct remains intact to maintain normal biliary function post-surgery, making it the structure that is not ligated and divided during a cholecystectomy. Understanding the anatomy and the critical nature of these structures is essential for preventing postoperative complications and ensuring successful surgical outcomes.

2. What is the burn degree classification that involves the epidermis and subcutaneous tissue?

- A. First
- B. Second
- C. Third**
- D. Fourth

The classification of burns is based on the layers of skin affected. A third-degree burn is characterized by the involvement of the epidermis and the entire dermis, extending into the subcutaneous tissue. This type of burn typically presents as a white, charred, or leathery appearance due to the destruction of nerve endings within the skin, which often results in a loss of sensation in the affected area. In contrast, first-degree burns affect only the outer layer of skin (epidermis) and are characterized by redness and pain without blistering. Second-degree burns impact the epidermis and part of the dermis, resulting in blistering and swelling. Fourth-degree burns extend beyond the subcutaneous tissue, potentially affecting underlying structures such as muscles, tendons, and bones, and are much more severe than third-degree burns. Thus, the classification of a third-degree burn as involving both the epidermis and subcutaneous tissue is accurate and essential for understanding the severity and treatment required for such injuries.

3. Which of the following items would be considered case dependent in a surgical setting?

- A. Instruments that are used universally
- B. Suture materials**
- C. General sterile supplies
- D. All surgical instruments

In a surgical setting, suture materials are considered case dependent because the type and size of suture required can vary significantly based on the specific surgical procedure and the unique needs of the patient. Different surgeries may necessitate different suture characteristics, such as absorbability, tensile strength, or gauge size, which means the selection of suture material is tailored to each individual case to ensure optimal healing and outcomes. In contrast, instruments that are universally used, like basic surgical tools (scissors, forceps, scalpels), are generally applicable across a wide range of procedures and do not vary as greatly from case to case. General sterile supplies, like drapes and gloves, are standard for any surgery and don't change based on the type of procedure. While all surgical instruments can indeed be case dependent to some extent, many are categorized as standard tools that are utilized across various procedures, making them less specific to the case compared to suture materials.

4. Which rongeurs is used to expand the antrostomy in a Caldwell-Lub procedure?

- A. Cushing
- B. Bethune
- C. Kerrison**
- D. Stille-Leur

The Kerrison rongeur is specifically designed for precise, controlled bite and removal of bone in delicate procedures, making it particularly suitable for expanding the antrostomy in a Caldwell-Luc procedure. This procedure typically requires carefully enlarging access to the maxillary sinus, and the Kerrison rongeur's design allows the surgeon to operate within the confines of the anatomy without damaging surrounding structures. Its angled jaws enable effective manipulation and access to specific areas, which is crucial in this type of surgical intervention. The Kerrison rongeur's capability to provide a secure grip on bone tissue while providing a clean and efficient removal process enhances its utility in such procedures. Other instruments, like the Cushing rongeur, are designed for different purposes, primarily focused on soft tissue, and may not offer the necessary bone removal capability required in sinus surgery. The Bethune rongeur is often used in other contexts, such as orthopedic surgery, and may not provide the right access or function required for the antrostomy. The Stille-Leur rongeur, while versatile, does not have the pinpoint accuracy and control offered by the Kerrison rongeur that's crucial when working in the intricate areas of the paranasal sinuses. Thus,

5. Which of the following conditions can polymethyl methacrylate cause if contact lenses are not removed?

- A. Corneal burns**
- B. Increased pressure in the eye
- C. Cataracts
- D. Color distortion

Polymethyl methacrylate (PMMA) is a polymer commonly used in various medical applications, including some types of contact lenses. If contact lenses made from PMMA are not removed, they can cause corneal burns. This condition results from the toxicity and irritative properties of PMMA, especially when combined with the natural moisture of the eye. The material can trap debris and toxic substances against the cornea, leading to irritation and potential burns on the corneal surface. Additionally, the lack of moisture absorption capabilities in PMMA lenses can lead to dryness and discomfort, further exacerbating the risk of injury to the cornea. Understanding this mechanism highlights the importance of proper care and routine removal of contact lenses to prevent serious ocular complications.

6. Which valve is associated with the flow of blood from the left atrium to the left ventricle?

- A. tricuspid
- B. pulmonary
- C. mitral**
- D. aortic

The mitral valve plays a crucial role in the flow of blood from the left atrium to the left ventricle. It is situated between these two chambers of the heart and functions to ensure unidirectional blood flow. When the left atrium contracts, the mitral valve opens, allowing oxygen-rich blood that has returned from the lungs to flow into the left ventricle. Once the left ventricle fills and begins to contract, the mitral valve closes to prevent any backflow of blood into the atrium, thus facilitating the effective pumping of blood into the aorta for distribution throughout the body. Understanding the function of the mitral valve is essential in the context of the heart's anatomy and physiology, as it directly influences the efficiency of the heart's ability to supply oxygenated blood.

7. How is the small intestine attached to the posterior abdominal wall?

- A. Mesentery**
- B. Peritoneum
- C. Falciform ligament
- D. Lesser omentum

The small intestine is attached to the posterior abdominal wall by a structure known as the mesentery. The mesentery is a double layer of peritoneum that not only anchors the small intestine in place but also contains blood vessels, nerves, and lymphatics that supply the intestines. This connection allows for stability while still enabling the movement and expansion of the intestines during digestion. In contrast, the peritoneum is a serous membrane that lines the abdominal cavity and covers the abdominal organs; it does not specifically attach the small intestine to the posterior abdominal wall. The falciform ligament is a fold of peritoneum that connects the liver to the anterior abdominal wall and does not play a role in attaching the small intestine. Similarly, the lesser omentum is another fold of peritoneum that connects the liver to the stomach and the first part of the duodenum, but it does not involve the attachment of the small intestine to the abdominal wall. Thus, the mesentery is the correct and specific answer for how the small intestine is supported in the abdominal cavity.

8. Cadaver bone is classified as which type of graft?

- A. Autograft
- B. Homograft**
- C. Allograft
- D. Heterograft

Cadaver bone is classified as a homograft, which is also known as an allograft. The term "homograft" refers to tissue grafts that are taken from donors of the same species but are not genetically identical to the recipient. In this case, cadaver bone is harvested from a deceased human donor and used for transplantation in another human. This type of graft is essential in various surgical procedures, particularly in orthopedics and reconstructive surgeries, where bone grafting is needed to replace or repair damaged bone. While the terms "homograft" and "allograft" are often used interchangeably, many in the field lean toward using "allograft" as it emphasizes both the donor-recipient relationship without indicating the living or deceased status of the donor. It is crucial for surgical technologists and professionals to understand these classifications to ensure the proper management and application of graft materials during surgical procedures.

9. During a sentinel node biopsy, which dye is commonly injected?

- A. Hypaque
- B. Methylene blue**
- C. Lymphazurin
- D. Isovue

The commonly injected dye during a sentinel node biopsy is methylene blue. This dye serves as a vital tool in identifying the sentinel lymph nodes, which are the first nodes to which cancer cells are likely to spread from a primary tumor. Methylene blue can effectively stain these nodes, making them easier to locate during surgical procedures. The use of methylene blue helps surgeons visualize the lymphatic pathways and the sentinel nodes, facilitating the removal of these nodes for examination. Accurate identification of sentinel nodes is crucial for determining the spread of cancer and making informed decisions regarding further treatment. While other dyes may have specific applications in medical imaging or other procedures, methylene blue is particularly favored in the context of sentinel node biopsies due to its safety profile and efficacy in node identification.

10. Which legal principle applies when the patient is given the wrong dose of the local anesthetic?

- A. Res ipsa loquitur**
- B. Respondeat superior
- C. Bona fide
- D. Assault

The correct response in this situation is associated with the legal principle of *res ipsa loquitur*, which translates to "the thing speaks for itself." This principle is relevant in medical malpractice cases where the negligence is apparent and does not require extensive evidence to demonstrate that the provider failed to meet the standard of care expected in a given situation. In the context of administering a wrong dose of local anesthetic, the occurrence itself indicates a breach of duty; typically, such a mistake would not happen if proper protocols were followed. This clear-cut example of negligence aligns well with *res ipsa loquitur*, as it underscores an incident where the error or negligence is evident without needing detailed expert testimony to prove wrongdoing. Considering the other options, *respondeat superior* relates to an employer's liability for the negligent acts of their employees, which could be applicable in some cases of medical malpractice but is not as directly linked to the specific act of administering the wrong dose itself. *Bona fide* refers to something done in good faith and is not a principle that applies to medical errors. *Assault* involves causing apprehension of harmful or offensive contact, which does not directly pertain to the scenario of incorrectly dosing a patient with anesthetics.

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://surgicaltechcert.examzify.com>

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

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