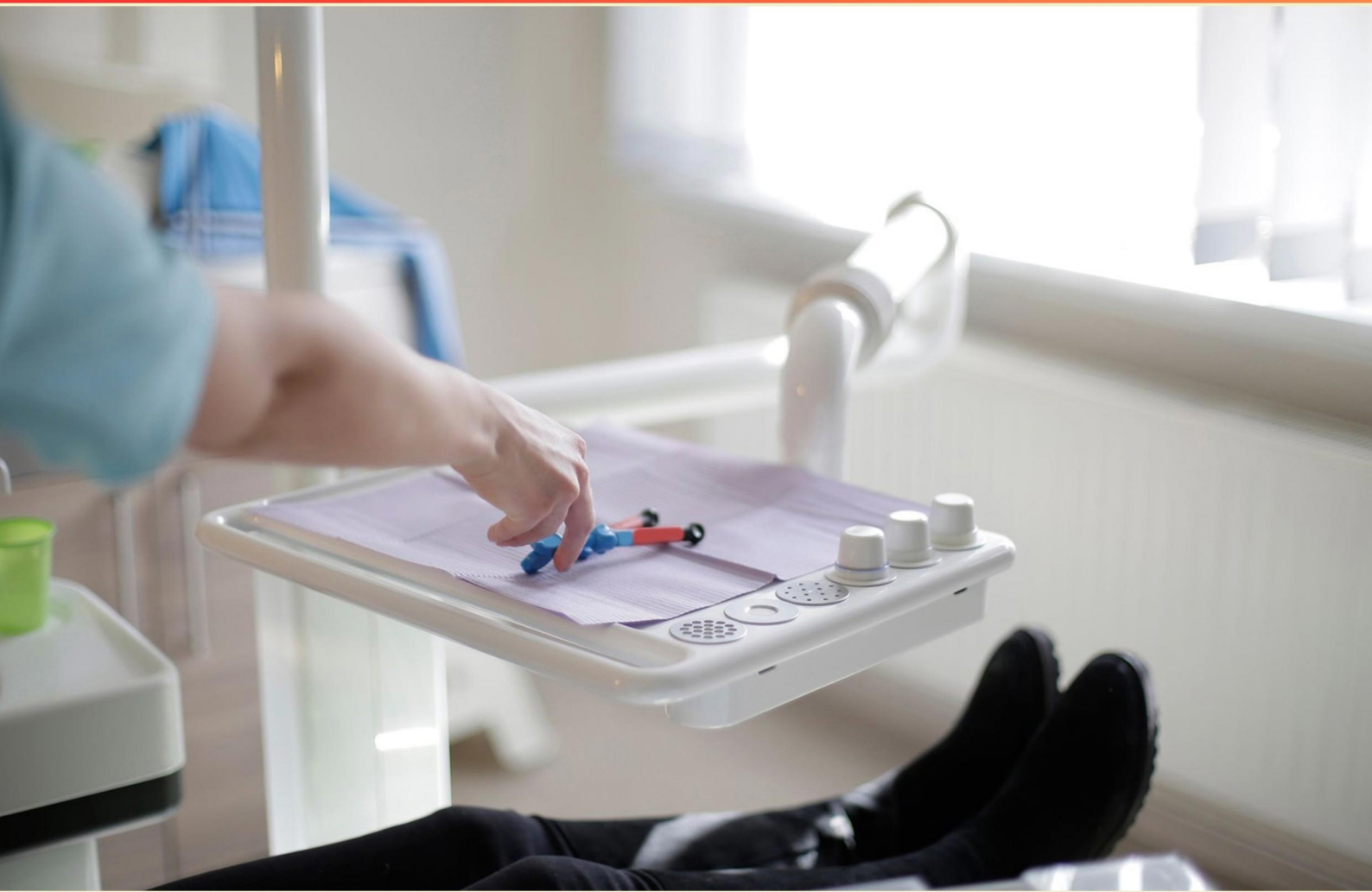


SURGICAL TECHNOLOGY CERTIFICATION PRACTICE EXAM (SAMPLE)

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 of the following should be included in sterilization cycle records?**
 - A. Contents
 - B. Weight of the items
 - C. Type of sterilizer used
 - D. Duration of sterilization

- 2. Which instrument is typically used to manage bowel during abdominal surgery?**
 - A. Scalpel
 - B. Clamps
 - C. Scissors
 - D. Forceps

- 3. Which anesthetic is typically injected during a Bier block?**
 - A. bupivacaine (Marcaine)
 - B. lidocaine (Xylocaine) with epinephrine
 - C. bupivacaine (Marcaine) with epinephrine
 - D. lidocaine (Xylocaine)

- 4. Which of the following terms refers to the absence of the external ear?**
 - A. Microtia
 - B. Anophthalmia
 - C. Cheiloschisis
 - D. Extrosyndactyly

- 5. A patient presented to the OR without family anesthesia history. Which complication is of most concern?**
 - A. malignant hyperthermia
 - B. bronchospasm
 - C. cardiac arrest
 - D. transfusion reaction

- 6. Which of these conditions is characterized by a fleshy encroachment of conjunctiva onto the cornea?**
- A. Chalazion
 - B. Pterygium
 - C. Strabismus
 - D. Ecchymosis
- 7. What is the most common site for hernia formation?**
- A. Hesselbach's triangle
 - B. Umbilicus
 - C. Poupart's ligament
 - D. Diaphragm
- 8. A Keller procedure is used to correct which condition?**
- A. Hammer toe
 - B. Hallux valgus (bunion)
 - C. Baker's cyst
 - D. Colles fracture
- 9. Which of the following incisions is oblique?**
- A. Epigastric
 - B. Kocher
 - C. Paramedian
 - D. Pfannenstiel
- 10. What guidelines should be followed for the decontamination of endoscopes?**
- A. Rinse with 70% alcohol
 - B. Use glutaraldehyde
 - C. Use soap and water only
 - D. Use hydrogen peroxide

Answers

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

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Explanations

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1. Which of the following should be included in sterilization cycle records?

A. Contents

B. Weight of the items

C. Type of sterilizer used

D. Duration of sterilization

In the context of sterilization cycle records, the contents of the sterilization load are critical to document as they provide important information about what items were subjected to the sterilization process. This is essential for ensuring that all necessary instruments, tools, and supplies are sterilized effectively, as well as for tracking and tracing items should there be any issues or failures in the sterility assurance. Recording the contents helps in maintaining accountability and safety within the surgical environment, as well as in meeting regulatory compliance requirements. Should a sterilization failure occur, knowing the exact items involved allows for effective communication with clinical teams and helps in identifying any potential patient safety concerns. While documenting weight, type of sterilizer, and duration of sterilization are also important aspects of a comprehensive sterilization process, the primary focus of sterilization cycle records emphasizes the identification of the items being sterilized. This ensures that all sterilization practices align with best practices for patient care and safety.

2. Which instrument is typically used to manage bowel during abdominal surgery?

A. Scalpel

B. Clamps

C. Scissors

D. Forceps

The instrument commonly used to manage bowel during abdominal surgery is clamps. Clamps are designed to occlude or grasp tissues securely, which is crucial when handling bowel. When performing procedures on the abdomen, such as resections or anastomoses, managing the bowel effectively is essential to prevent spillage of contents, maintain visibility, and ensure proper manipulation. By clamping segments of the bowel, the surgical team can control the area being worked on, reducing the risk of complications and ensuring a clearer surgical field. While scalpels, scissors, and forceps have their specific roles in surgery, they are not primarily intended for managing bowel. Scalpels are used for making incisions, scissors for cutting tissues or sutures, and forceps for grasping or holding tissues. These tools serve important functions, yet they do not provide the same level of control over bowel tissue as clamps do. Thus, clamps are the preferred choice for bowel management in abdominal surgery.

3. Which anesthetic is typically injected during a Bier block?

- A. bupivacaine (Marcaine)
- B. lidocaine (Xylocaine) with epinephrine
- C. bupivacaine (Marcaine) with epinephrine
- D. lidocaine (Xylocaine)**

A Bier block, also known as intravenous regional anesthesia (IVRA), typically utilizes lidocaine as the anesthetic agent for the procedure. This technique involves the injection of lidocaine into a vein in a limb after the circulation to that limb has been temporarily occluded. Lidocaine is favored because of its rapid onset and adequate duration of action for procedures on the extremities, making it ideal for this type of regional anesthesia. Utilizing lidocaine alone allows for effective anesthesia without the risk of prolonged effects which can occur with longer-acting agents like bupivacaine. This property of lidocaine is particularly useful in outpatient settings or for short surgical procedures, where quicker recovery and fewer side effects are desirable. Although bupivacaine can be used in various anesthesia techniques, it is generally not preferred for Bier blocks due to its longer duration of action which can lead to complications when used in this manner since the anesthetic should clear from the limb quickly after the procedure. Therefore, lidocaine stands out as the most appropriate choice for the Bier block technique.

4. Which of the following terms refers to the absence of the external ear?

- A. Microtia**
- B. Anophthalmia
- C. Cheiloschisis
- D. Extrosyndactyly

The term that refers to the absence of the external ear is microtia. Microtia is a congenital condition where the external ear is underdeveloped or absent. This condition can vary in severity, with some individuals having a small remnant of an ear, while others may have no ear structure at all. Understanding microtia is essential in surgical technology, especially when planning for reconstructive procedures or when dealing with cases that involve ear anomalies in different surgical contexts. This term is specifically related to the ear, which distinguishes it clearly from other terms listed. For example, anophthalmia refers to the absence of one or both eyes, cheiloschisis describes a cleft lip, and extrosyndactyly refers to a condition involving fused fingers or toes and is unrelated to ear structures. Recognizing the correct terminology in anatomical and clinical contexts is vital for effective communication and patient care in surgical settings.

5. A patient presented to the OR without family anesthesia history. Which complication is of most concern?

A. malignant hyperthermia

B. bronchospasm

C. cardiac arrest

D. transfusion reaction

Malignant hyperthermia is a potentially life-threatening condition often associated with a family history of anesthesia-related complications. It is an autosomal dominant disorder triggered by certain anesthetic agents, particularly volatile anesthetics and succinylcholine. If a patient presents for surgery without any known family history of anesthesia complications, the absence of this information heightens the concern for malignant hyperthermia because the condition could remain unidentified until it is triggered during surgery. In cases where a patient has no documented family history, the surgical team must remain vigilant for signs of malignant hyperthermia, such as rapid rise in body temperature, tachycardia, and muscle rigidity. Early diagnosis and treatment with dantrolene are crucial for a positive outcome. While other complications such as bronchospasm, cardiac arrest, and transfusion reactions are also serious, they are not specifically linked to the absence of family history regarding anesthesia. Bronchospasm is more associated with patients with a history of asthma or other respiratory conditions. Cardiac arrest can occur in a variety of clinical scenarios, and transfusion reactions are related to blood product compatibility, which does not relate directly to family history in the context of anesthesia. Thus, malignant hyperthermia stands out as the primary concern given the

6. Which of these conditions is characterized by a fleshy encroachment of conjunctiva onto the cornea?

A. Chalazion

B. Pterygium

C. Strabismus

D. Ecchymosis

The condition characterized by a fleshy encroachment of conjunctiva onto the cornea is pterygium. Pterygium typically presents as a triangular-shaped growth of tissue that can extend from the conjunctiva over the cornea. This condition is often associated with exposure to sunlight, dust, and wind, particularly in individuals who spend a lot of time outdoors. In this context, pterygium is significant not only because of its physical appearance but also due to potential symptoms such as irritation, inflammation, and the risk of affecting vision if it grows large enough to obstruct the pupil. Treatment options may include observation, lubricating eye drops, or surgical removal if it significantly impacts vision or comfort. Other conditions listed do not share this specific characteristic. For example, a chalazion is a lump in the eyelid caused by a blocked oil gland, strabismus refers to a misalignment of the eyes, and ecchymosis denotes a bruise resulting from bleeding under the skin. Understanding these distinctions is important for accurate diagnosis and treatment in ophthalmologic contexts.

7. What is the most common site for hernia formation?

A. Hesselbach's triangle

B. Umbilicus

C. Poupart's ligament

D. Diaphragm

Hesselbach's triangle is recognized as the most common site for the formation of inguinal hernias. This triangular area in the lower abdominal wall is bordered by the inferior epigastric vessels, the rectus abdominis muscle, and the inguinal ligament. Because of its anatomical structure and relative weakness in the abdominal wall, Hesselbach's triangle provides a favorable environment for hernias to develop, particularly in males. The inguinal canal, which runs through Hesselbach's triangle, is where direct inguinal hernias commonly occur. These types of hernias occur when abdominal contents protrude through this weakened area, particularly in response to intra-abdominal pressure during activities like lifting, coughing, or straining. The other options, while they represent areas where hernias can occur, are not considered the most common sites. The umbilicus is indeed a common location for umbilical hernias, but overall, inguinal hernias are more prevalent. Poupart's ligament does serve as an anatomical landmark related to the inguinal canal, but it is not the site of hernia formation. The diaphragm is involved in hiatal hernias, but again, these are less common compared to inguinal hernias.

8. A Keller procedure is used to correct which condition?

A. Hammer toe

B. Hallux valgus (bunion)

C. Baker's cyst

D. Colles fracture

The Keller procedure is specifically designed to address hallux valgus, commonly referred to as a bunion. This surgical intervention involves removing a portion of the proximal phalanx of the big toe and realigning the toe to alleviate the deformity and relieve pain associated with the bunion. In this procedure, the aim is to correct the misalignment of the big toe, allowing for improved function and a decrease in discomfort during movement. Understanding the anatomy involved and the goals of the Keller procedure is crucial for recognizing its particular application in treating hallux valgus, making it the correct answer in this context. Other conditions listed would require different surgical approaches. Hammer toes involve deformities of the lesser toes and would not necessarily be treated with the Keller procedure. Baker's cyst is related to fluid accumulation in the knee joint and is not addressed through this surgical method. A Colles fracture refers to a specific type of wrist fracture, typically managed with immobilization or sometimes surgical intervention, but this is unrelated to the Keller procedure. Thus, the Keller procedure is exclusively applicable to the correction of hallux valgus.

9. Which of the following incisions is oblique?

- A. Epigastric
- B. Kocher**
- C. Paramedian
- D. Pfannenstiel

The Kocher incision is considered an oblique incision because it is made at an angle to the midline of the body. This type of incision is typically utilized during surgeries involving the upper abdomen, particularly for accessing the gallbladder or right upper quadrant structures. The oblique nature of the incision allows for better visualization and access to the organs of interest while minimizing damage to surrounding tissues. In contrast, other incisions have different orientations. For example, the epigastric incision is made horizontally or vertically through the upper abdomen, while the paramedian incision is made parallel to the midline but not at an angle, and the Pfannenstiel incision is a transverse incision that is commonly used for gynecological procedures. Each type of incision has specific uses based on the surgical approach required, but the distinguishing characteristic of the Kocher incision is its oblique angle relative to the body's midline.

10. What guidelines should be followed for the decontamination of endoscopes?

- A. Rinse with 70% alcohol
- B. Use glutaraldehyde**
- C. Use soap and water only
- D. Use hydrogen peroxide

The use of glutaraldehyde is recognized as one of the effective methods for the decontamination of endoscopes. Glutaraldehyde works as a high-level disinfectant, which is crucial for the sterilization of heat-sensitive medical instruments like endoscopes that cannot withstand high temperatures. The proper decontamination process using glutaraldehyde involves immersing the endoscope in a solution that contains this chemical for a certain period. This ensures that all microbial life, including bacteria and viruses, are effectively eradicated. Additionally, glutaraldehyde can be used in a variety of solutions, allowing for flexibility in its use in healthcare settings. Other methods, while sometimes suggested, do not provide the same level of sterilization necessary for endoscopes or may not be suitable for use with the devices. For instance, rinsing with 70% alcohol might not achieve complete disinfection, especially against certain resistant pathogens. Soap and water alone lack the necessary antimicrobial properties needed for high-level disinfection, and hydrogen peroxide, though effective in some contexts, is generally not standard for all types of endoscopes and may not penetrate or contact all surfaces adequately.

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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