Sutures and Wound Repair/ General Surgery (ABSA) Practice Test (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. 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. Which of the following is NOT typically associated with bowel anastomosis?

A. Suturing method

B. The type of anastomosis

C. Length of bowel resection

D. Endoscopic visualization

2. Acute cholecystitis is most commonly associated with which condition?

A. Bacterial infection

B. Gall stone

C. Chronic pancreatitis

D. Duodenal ulcer

3. What is the most common operative procedure for peptic ulcer surgery?

A. Cholecystectomy

B. Vagotomy

C. Appendectomy

D. Gastrectomy

4. What urinary diversion procedure is used when the bladder no longer serves as a urine reservoir?

A. Ureterosigmoidostomy

B. Ureteroneocystostomy

C. Colon conduit

D. Nephrourterostomy

5. What type of surgical procedure involves subtotal gastric resection with gastrojejunostomy anterior to the transverse colon?

A. Billroth I

B. Billroth II

C. Roux-en-Y

D. Whipple procedure

6. What is the most common site for cancer of the large intestine?

A. Cecum

B. Rectosigmoid

C. Descending colon

D. Transverse colon

7. What anatomical structure is typically compressed due to edema after a thyroidectomy?

A. Esophagus

B. Trachea

C. Larynx

D. Pharynx

8. A longitudinal ulcer in the anal canal is known as what?

A. Fistula in ano

B. Fissure in ano

C. Anal prolapse

D. Hemorrhoid

9. Which statement concerning the thyroid is not true?

A. Blood supply is from external carotid

B. The gland affects the rate at which all tissues metabolize

C. The glandular segment is essential to life

D. Thyroid crisis can occur in a patient with hyperthyroidism

10. Which suture can safely be used in the presence of infection?

A. Chromic Gut

B. Polypropylene

C. Silk

D. Catgut

Answers

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

Explanations

1. Which of the following is NOT typically associated with bowel anastomosis?

A. Suturing method

B. The type of anastomosis

C. Length of bowel resection

D. Endoscopic visualization

In the context of bowel anastomosis, endoscopic visualization is not typically associated with the procedure itself. Bowel anastomosis primarily involves the surgical techniques and considerations regarding how two segments of bowel are joined together after a resection. The suturing method is crucial as it determines how securely the two segments will be connected, which is vital for the anastomosis stability and healing. The type of anastomosis refers to the manner in which the two segments are joined, such as end-to-end or end-to-side, which has significant implications for the functional outcome and potential complications. The length of bowel resection is also relevant, as it can influence the decision-making process about whether anastomosis can be performed effectively. In contrast, while endoscopy may be used in some contexts for visualization or assessment before or after surgery, it does not play a primary role in the actual anastomosis process itself. The focus during bowel anastomosis tends to be more on surgical technique and the mechanics of bowel connection rather than on visualization methods like endoscopy.

2. Acute cholecystitis is most commonly associated with which condition?

A. Bacterial infection

B. Gall stone

C. Chronic pancreatitis

D. Duodenal ulcer

Acute cholecystitis is primarily caused by the obstruction of the cystic duct, which is most frequently due to the presence of gallstones. When a gallstone obstructs the cystic duct, bile accumulates in the gallbladder, leading to inflammation and infection. This process is what characterizes acute cholecystitis. While bacterial infections can indeed occur in the context of acute cholecystitis, they are typically a result of the condition rather than the initial cause. The obstruction by gallstones is the fundamental issue that precipitates the acute inflammation. Therefore, identifying gallstones as the most common associated condition is key to understanding the etiology of acute cholecystitis. Chronic pancreatitis and duodenal ulcers are not directly related to the pathophysiology of acute cholecystitis. They involve different organ systems and are caused by different underlying issues. Thus, the most accurate association with acute cholecystitis is indeed the presence of gallstones.

3. What is the most common operative procedure for peptic ulcer surgery?

A. Cholecystectomy

B. Vagotomy

C. Appendectomy

D. Gastrectomy

Vagotomy is the most common operative procedure for peptic ulcer surgery due to its specific role in reducing gastric acid secretion, which is a significant contributor to the formation and progression of peptic ulcers. In this procedure, the vagus nerve, which supplies nerve fibers to the stomach, is partially or completely cut to decrease the stimulation of gastric acid secretion. This surgical intervention can lead to a reduction in ulcer formation and recurrence. The primary purpose of vagotomy is to manage complications arising from peptic ulcers, particularly in cases where medical management fails or when there is a perforation or significant bleeding. It often can be performed alongside other procedures like pyloroplasty or antrectomy to enhance its effectiveness. In contrast, the other procedures listed serve different purposes. Cholecystectomy is the removal of the gallbladder, typically performed to treat gallstones. Appendectomy is focused on removing the appendix and is indicated for appendicitis. Gastrectomy, while it can be related to peptic ulcer disease, is more invasive and entails the removal of part or all of the stomach, often used in more severe cases.

4. What urinary diversion procedure is used when the bladder no longer serves as a urine reservoir?

A. Ureterosigmoidostomy

B. Ureteroneocystostomy

C. Colon conduit

D. Nephrourterostomy

The urinary diversion procedure utilized when the bladder can no longer function as a urine reservoir is ureterosigmoidostomy. This technique connects the ureters directly to the sigmoid colon, allowing urine to bypass the bladder entirely. In this way, urine is conducted through the colon and expelled from the rectum. This is particularly relevant for patients who have undergone radical cystectomy or have severe bladder dysfunction, where retaining the bladder is no longer viable. Ureterosigmoidostomy allows for the utilization of the colon to manage urine elimination effectively. Other options involve different mechanisms of urine diversion or management. For example, ureteroneocystostomy refers to reimplanting the ureters into a reconstructed bladder, which is not appropriate when the bladder is non-functional. The colon conduit involves creating a stoma in the abdomen for urine drainage but does not utilize the sigmoid colon directly as a route for urine passage. Nephrourterostomy also implies a separate management strategy that maintains the bladder's presence. Thus, ureterosigmoidostomy is the correct and preferred procedure when the bladder is inoperable or absent.

5. What type of surgical procedure involves subtotal gastric resection with gastrojejunostomy anterior to the transverse colon?

A. Billroth I

B. Billroth II

C. Roux-en-Y

D. Whipple procedure

The procedure involving subtotal gastric resection with gastrojejunostomy anterior to the transverse colon is known as a Billroth II procedure. This type of surgery is performed to address certain gastrointestinal conditions, such as gastric cancer or severe peptic ulcer disease. In the Billroth II procedure, a portion of the stomach is removed (subtotal gastric resection), and the remaining portion is connected to the jejunum (the middle segment of the small intestine) instead of the duodenum. This connection is made in such a way that the jejunum is sutured directly to the stomach, allowing the digestive contents to bypass the duodenum. This approach can help mitigate issues related to gastric outlet obstruction and allows continuity of the gastrointestinal tract, enabling food to pass through and be digested, albeit with some changes in normal digestive physiology.

6. What is the most common site for cancer of the large intestine?

A. Cecum

B. Rectosigmoid

C. Descending colon

D. Transverse colon

The most common site for cancer of the large intestine is the rectosigmoid region. This area is where the rectum connects to the sigmoid colon and is frequently involved in colorectal cancer due to factors such as its anatomical position and differences in the cellular environment compared to other sections of the colon. The rectosigmoid region accounts for a significant proportion of colorectal cancer cases, often linked to lifestyle factors, dietary habits, and genetic predispositions. This prominence in cancer occurrence can also be attributed to the prevalence of adenomatous polyps in this region, which can progress to cancer over time. Focusing on other areas of the large intestine, while they can certainly develop malignancies, studies and statistics show that they do not match the rectosigmoid's incidence rates regarding colorectal cancer. This distinction is crucial for awareness, screening, and treatment strategies within the field of colorectal health.

7. What anatomical structure is typically compressed due to edema after a thyroidectomy?

A. Esophagus

B. Trachea

C. Larynx

D. Pharynx

The trachea is the anatomical structure that is typically compressed due to edema following a thyroidectomy. After the removal of thyroid tissue, inflammation can occur, leading to swelling in the surrounding area. This swelling can exert pressure on the trachea, which is located just below the thyroid gland in the neck. The trachea's close proximity to the thyroid makes it particularly susceptible to compression from edema. In thyroid surgery, especially procedures like total or subtotal thyroidectomy, the surgical manipulation and subsequent healing process can disrupt normal anatomical relationships, increasing the risk of interconnected edema. This can result in symptoms such as difficulty breathing or a sensation of tightness in the throat, which are indicative of tracheal compression. While other structures like the esophagus, larynx, and pharynx may also be in the vicinity and could potentially be affected, they are not typically the most directly impacted by edema in the context of a thyroidectomy. The trachea's anatomical and functional proximity to the thyroid gland makes it the primary structure impacted by postoperative swelling.

8. A longitudinal ulcer in the anal canal is known as what?

A. Fistula in ano

B. Fissure in ano

C. Anal prolapse

D. Hemorrhoid

A longitudinal ulcer in the anal canal is indeed referred to as a fissure in ano. This term describes a break or tear in the skin of the anal canal, which often presents as a painful ulcer that can occur due to trauma, chronic constipation, or diarrhea. The fissure can lead to discomfort, bleeding during bowel movements, and spasm of the anal sphincter, making it a significant clinical concern. Understanding the nature of anal fissures is important for diagnosis and management. They can be differentiated from other conditions such as a fistula in ano, which is an abnormal connection between the anal canal and the surrounding skin, typically resulting from an infection or an abscess. Anal prolapse refers to the protrusion of the rectal tissue through the anal opening, while hemorrhoids are swollen blood vessels in the rectal area that can cause pain, itching, or bleeding but do not necessarily present as longitudinal ulcers. Recognizing these distinctions helps in providing appropriate treatment options and improving patient care in the field of anal and rectal diseases.

9. Which statement concerning the thyroid is not true?

A. Blood supply is from external carotid

B. The gland affects the rate at which all tissues metabolize

C. The glandular segment is essential to life

D. Thyroid crisis can occur in a patient with hyperthyroidism

The statement about the thyroid gland being essential to life is not true, primarily because while thyroid hormones play a significant role in metabolism and various bodily functions, the absence of the thyroid gland does not invariably lead to death. Individuals can live without a thyroid, especially with appropriate hormone replacement therapy, such as levothyroxine, which can supplement the necessary hormones that the gland normally produces. The other statements reflect accurate characteristics of the thyroid. The blood supply to the thyroid comes from both the external carotid artery and other branches, thus emphasizing its rich vascularization, which is vital for hormone production. The thyroid does indeed affect the metabolic rate of all body tissues through the regulation of metabolic processes via hormones like thyroxine. Lastly, a thyroid crisis, or thyroid storm, can emerge in individuals with hyperthyroidism, leading to severe and potentially life-threatening symptoms. This underlines the importance of the thyroid in regulating not just metabolism but also the overall physiological equilibrium in the body.

10. Which suture can safely be used in the presence of infection?

A. Chromic Gut

B. Polypropylene

C. Silk

D. Catgut

Polypropylene is the correct choice when considering sutures that can safely be used in the presence of infection. This material is a synthetic, non-absorbable monofilament suture that exhibits exceptional resistance to infection because it does not promote bacterial colonization. Furthermore, its non-reactive nature means that it is less likely to provoke an inflammatory response in infected tissues. In contrast, other sutures, such as chromic gut and catgut, which are derived from animal sources, can be absorbed by the body and have a higher tendency to elicit a tissue inflammatory response. Silk, while having excellent tensile strength, is known to be more reactive than polypropylene and can also harbor bacteria due to its braided structure, increasing the risk of infection in contaminated sites. Therefore, polypropylene stands out as the most suitable option for use in infected environments, making it a preferred choice in surgical settings where infection is a concern.

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://suturesandwoundrepair-absa.examzify.com

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