

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. 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. What is the typical property of polypropylene suture material?**
 - A. Absorbable**
 - B. High tensile strength**
 - C. Low friction**
 - D. Highly reactive**

- 2. Which statement regarding the spleen is inaccurate?**
 - A. Fibrous attachment to diaphragm, kidney, and stomach**
 - B. Hilum contains major veins and arteries**
 - C. Splenic artery is a branch of the celiac axis**
 - D. Splenic vein drains into the inferior vena cava**

- 3. What is one of the primary roles of the thymus gland?**
 - A. Regulating metabolism**
 - B. Producing sex hormones**
 - C. Supporting immune function**
 - D. Controlling blood sugar levels**

- 4. What substance does the pancreas secrete directly into the blood serum?**
 - A. Insulin**
 - B. Bile**
 - C. Glucagon**
 - D. Both insulin and glucagon**

- 5. Choledocotomy is defined as:**
 - A. Incision into the liver**
 - B. Incision into common bile duct**
 - C. Closure of the bile duct**
 - D. Removal of the gallbladder**

- 6. What type of procedure is a Billroth I?**
 - A. Partial gastrectomy with gastrojejunostomy**
 - B. Reconstructive surgery of the liver**
 - C. Partial gastrectomy with gastroduodenal anastomosis**
 - D. Roux-en-Y gastric bypass**

7. What is the first electrolyte imbalance that occurs from SBO due to loss of hydrochloric acid?

- A. Acidosis**
- B. Alkalosis**
- C. Hyperkalemia**
- D. Hyponatremia**

8. What is the medical term for a tubular tract with its skin opening beside the anus?

- A. Fissure in ano**
- B. Fistula in ano**
- C. Anal abscess**
- D. Rectal prolapse**

9. What follows after alkalosis due to loss of hydrochloric acid in SBO?

- A. Hypertensive crisis**
- B. Metabolic acidosis**
- C. Cardiac arrest**
- D. Hyperglycemia**

10. Which surgical procedure is performed for carcinoma of the head of the pancreas?

- A. Whipple**
- B. Colectomy**
- C. Cholecystectomy**
- D. Esophagectomy**

Answers

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

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Explanations

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1. What is the typical property of polypropylene suture material?

- A. Absorbable**
- B. High tensile strength**
- C. Low friction**
- D. Highly reactive**

Polypropylene suture material is characterized by its high tensile strength, making it an excellent choice for applications where durability and resistance to breaking under tension are crucial. This property ensures that the suture can hold tissue together securely during the healing process without significant risk of failure, which is vital for successful wound closure. In addition to its strength, polypropylene is non-absorbable, which means that it remains in the body for a longer duration without being degraded. This quality is particularly beneficial in situations that require long-term support for tissues during healing. Furthermore, polypropylene is also known for its low friction properties, which help reduce tissue irritation and facilitate ease of passage through tissues. The material's non-reactive nature contributes to its favorable performance in surgical settings, as it is unlikely to provoke a significant inflammatory response. Thus, it stands in contrast to highly reactive materials, which can lead to complications during the healing process. These attributes collectively affirm why high tensile strength is a defining characteristic of polypropylene suture material.

2. Which statement regarding the spleen is inaccurate?

- A. Fibrous attachment to diaphragm, kidney, and stomach**
- B. Hilum contains major veins and arteries**
- C. Splenic artery is a branch of the celiac axis**
- D. Splenic vein drains into the inferior vena cava**

The statement that the splenic vein drains into the inferior vena cava is inaccurate because the splenic vein actually drains into the portal vein rather than the inferior vena cava. This is an important distinction in understanding the venous drainage of the spleen, as the portal vein carries blood from the gastrointestinal tract and spleen to the liver for filtration and metabolism. The other statements about the spleen are accurate. The fibrous attachments of the spleen to the diaphragm, kidney, and stomach are essential for stabilizing its position within the abdominal cavity. The hilum of the spleen does indeed contain major veins and arteries, which are crucial for its blood supply and drainage. Lastly, the splenic artery, being a branch of the celiac axis, is responsible for providing oxygenated blood to the spleen. Understanding these anatomical relationships is vital for surgical procedures involving the spleen, as well as for diagnosing conditions affecting the organ.

3. What is one of the primary roles of the thymus gland?

- A. Regulating metabolism
- B. Producing sex hormones
- C. Supporting immune function**
- D. Controlling blood sugar levels

The thymus gland plays a crucial role in the immune system, particularly during childhood and adolescence. It is primarily responsible for the maturation and differentiation of T lymphocytes, a type of white blood cell that is essential for adaptive immunity. T cells are vital for the immune response, helping to identify and attack pathogens, such as viruses and bacteria, and are involved in the immune surveillance that prevents the development of tumors. As individuals age, the thymus gland gradually decreases in size and activity, leading to a decline in the production of new T cells. However, its role in developing a robust immune system during early life is essential for establishing long-term immunity. This focus on immune function distinguishes the thymus gland from other options. Regulating metabolism is mainly the role of glands like the thyroid, producing sex hormones is primarily the function of the gonads (ovaries and testes), and controlling blood sugar levels is associated with the pancreas. Each of these organs serves specific functions that do not overlap with the primary immune-related function of the thymus. Thus, supporting immune function clearly highlights the primary role of the thymus gland.

4. What substance does the pancreas secrete directly into the blood serum?

- A. Insulin
- B. Bile
- C. Glucagon
- D. Both insulin and glucagon**

The pancreas plays a crucial role in regulating blood glucose levels by secreting important hormones directly into the bloodstream. Among these hormones, insulin and glucagon are the primary regulators of glucose metabolism. Insulin is secreted by the beta cells of the pancreas in response to elevated blood glucose levels. Its primary function is to facilitate the uptake of glucose by cells, thereby lowering blood sugar levels. On the other hand, glucagon is secreted by the alpha cells of the pancreas when blood glucose levels are low. Glucagon acts to increase blood sugar levels by promoting the release of glucose from the liver, stimulating gluconeogenesis and glycogenolysis. Since both insulin and glucagon are secreted directly into the blood serum, the correct choice encompasses the secretion of both substances by the pancreas. This hormonal balance is essential to maintain homeostasis in glucose levels and is key to understanding the endocrine functions of the pancreas. In contrast, bile, which is produced by the liver and stored in the gallbladder, is released into the gastrointestinal tract to assist in digestion rather than being secreted into the blood. Therefore, it does not pertain to the pancreatic secretion. Thus, the answer acknowledges the dual role of the pancreas in secreting both insulin and

5. Choledocotomy is defined as:

- A. Incision into the liver
- B. Incision into common bile duct**
- C. Closure of the bile duct
- D. Removal of the gallbladder

Choledocotomy refers specifically to the surgical procedure that involves making an incision into the common bile duct. This procedure is typically performed to address issues such as bile duct stones, strictures, or to allow for the exploration and drainage of bile duct obstructions. By providing access to the common bile duct, surgeons can directly intervene in various conditions affecting bile flow, thus facilitating both diagnosis and treatment. It's important to understand the context of this procedure within the broader spectrum of biliary surgery. Incision into the liver would involve a different surgical focus, primarily related to liver pathology rather than bile duct concerns. Closure of the bile duct and removal of the gallbladder (cholecystectomy) are distinct surgical interventions that address different anatomical structures and conditions. Therefore, while all the choices relate to biliary or hepatic surgery, only the incision into the common bile duct specifically describes choledocotomy.

6. What type of procedure is a Billroth I?

- A. Partial gastrectomy with gastrojejunostomy
- B. Reconstructive surgery of the liver
- C. Partial gastrectomy with gastroduodenal anastomosis**
- D. Roux-en-Y gastric bypass

A Billroth I procedure involves a partial gastrectomy where the distal part of the stomach is removed, and the remaining portion is directly anastomosed (connected) to the duodenum. This approach is typically employed in cases of gastric ulcers or certain types of gastric cancer, providing an effective means of restoring gastrointestinal continuity after a portion of the stomach has been excised. The choice of this specific anastomosis over others, such as gastrojejunostomy or Roux-en-Y, emphasizes its direct connection to the duodenum, which is essential for normal digestive processes. The focus on connecting the stomach straight to the duodenum is what sets the Billroth I apart from other surgical options, which would involve different configurations and purposes in gastrointestinal surgeries. Understanding the significance of this procedure also highlights its application in treating certain digestive disorders while allowing for a reasonably straightforward digestive pathway post-surgery, making it a vital option in surgical gastroenterology.

7. What is the first electrolyte imbalance that occurs from SBO due to loss of hydrochloric acid?

- A. Acidosis**
- B. Alkalosis**
- C. Hyperkalemia**
- D. Hyponatremia**

In the scenario of a small bowel obstruction (SBO), vomiting frequently occurs, leading to the loss of hydrochloric acid from the stomach. Hydrochloric acid is primarily composed of hydrogen ions and chloride ions, and its loss ultimately affects the body's acid-base balance. When hydrochloric acid is lost through vomiting, there is a decrease in hydrogen ion concentration in the body, resulting in a relative increase in bicarbonate ions. This shift creates a more alkaline environment, leading to metabolic alkalosis. Metabolic alkalosis is characterized by an elevated blood pH due to excess bicarbonate or a deficit of hydrogen ions. This is the primary reason why alkalosis is the first electrolyte imbalance seen in this context. Other electrolyte imbalances might follow as the body continues to compensate for ongoing fluid and electrolyte losses, but the immediate consequence of the loss of hydrochloric acid is the elevation of pH, indicative of alkalosis.

8. What is the medical term for a tubular tract with its skin opening beside the anus?

- A. Fissure in ano**
- B. Fistula in ano**
- C. Anal abscess**
- D. Rectal prolapse**

The medical term for a tubular tract that has its skin opening beside the anus is known as a fistula in ano. This condition refers to an abnormal connection or passageway that develops between the rectum or anal canal and the perianal skin, leading to the formation of an opening outside the body. Fistulas can result from various causes, including infections, abscesses, or inflammatory bowel diseases, and they can cause discomfort as well as complications if left untreated. The presence of this connection is what differentiates a fistula from other conditions such as anal fissures, which refer to tears in the lining of the anal canal, or anal abscesses, which are localized collections of pus. Rectal prolapse, on the other hand, involves the rectum protruding through the anus rather than forming an abnormal tract. Understanding these definitions is crucial for proper diagnosis and treatment in clinical practice.

9. What follows after alkalosis due to loss of hydrochloric acid in SBO?

- A. Hypertensive crisis**
- B. Metabolic acidosis**
- C. Cardiac arrest**
- D. Hyperglycemia**

The correct answer is metabolic acidosis, which typically follows alkalosis due to loss of hydrochloric acid in conditions like small bowel obstruction (SBO). When hydrochloric acid, which is rich in hydrogen ions, is lost—such as through prolonged vomiting or gastric drainage—it leads to a state of alkalosis because the body is depleted of acid. However, as the condition progresses, especially in the context of an SBO, there can be a decrease in blood flow and oxygen delivery to the tissues, leading to cellular metabolic processes generating acids (like lactic acid) as a byproduct. This accumulation of acids, alongside the initial state of alkalosis, ultimately results in a compensatory metabolic acidosis, where the body attempts to correct the pH balance by increasing the production and retention of acids. Understanding this physiological adaptation helps in recognizing how the body transitions states based on the underlying metabolic changes, particularly in critical care and surgical scenarios.

10. Which surgical procedure is performed for carcinoma of the head of the pancreas?

- A. Whipple**
- B. Colectomy**
- C. Cholecystectomy**
- D. Esophagectomy**

The Whipple procedure, also known as pancreaticoduodenectomy, is the surgical intervention performed for carcinoma of the head of the pancreas. This complex operation involves the removal of the head of the pancreas, the duodenum, a portion of the bile duct, and sometimes part of the stomach. The goal is to resect the tumor as well as to ensure that surrounding structures which may harbor cancer cells are also removed. The Whipple procedure is indicated primarily for pancreatic tumors that are deemed resectable, meaning they have not invaded surrounding critical blood vessels or distant organs. This operation is a critical surgical option in the treatment of pancreatic cancer, especially when diagnosed early. Key to its success is the ability to obtain clear surgical margins, which is vital for preventing recurrence. In contrast, the other procedures listed are not relevant to the treatment of pancreatic carcinoma. Colectomy involves the removal of part or all of the colon, typically for colorectal cancer or inflammatory bowel disease. Cholecystectomy refers to the removal of the gallbladder, often due to gallstones, rather than pancreatic tumors. Finally, esophagectomy involves the removal of part or all of the esophagus, commonly performed for esophageal cancer or severe gastroesophageal reflux disease.

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!

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