

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 a potential consequence of adrenal steroid therapy after hypophysectomy?
 - A. Increased metabolism
 - B. Dehydration
 - C. Diabetes insipidus
 - D. All of the above

2. Which of the following structures can be stapled during a surgical procedure?
 - A. Bowel
 - B. Bronchus
 - C. Split thickness graft
 - D. All of the above

3. 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

4. What type of suture is commonly used when closing the anus after a perineal resection?
 - A. Continuous suture
 - B. Purse string suture
 - C. Interrupted suture
 - D. Subcuticular suture

5. What role does neomycin play in the preoperative bowel preparation for intestinal surgery?
 - A. Enhances intestinal contractility
 - B. Reduces aerobic and anaerobic resident bacteria in the bowel
 - C. Promotes healing of the bowel
 - D. Increases water absorption

6. Which type of goiter produces an excess of thyroid hormone but is considered non-toxic?
- A. Multinodular goiter
 - B. Simple goiter
 - C. Non-toxic glandular goiter
 - D. Hashimoto's thyroiditis
7. What is the primary concern when using silk sutures in specific organ surgeries?
- A. Potential for excessive bleeding
 - B. Risk of tissue reactivity
 - C. Formation of stones
 - D. Difficulty in suture removal
8. Benign intestinal tumor is a _____ while _____ is malignant.
- A. Fibromatosis, lymphosarcoma
 - B. Adenoma, sarcoma
 - C. Carcinoid, lymphoma
 - D. Mesothelioma, adenocarcinoma
9. What is the term for an abdominal incision made parallel and about four cm lateral to midline?
- A. Paramedian rectus
 - B. Paramedian approach
 - C. Median incision
 - D. Transverse incision
10. What critical structure must be identified during a parotidectomy?
- A. Cranial Nerve VIII
 - B. Cranial Nerve VII
 - C. Cranial Nerve IX
 - D. Cranial Nerve VI

Answers

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

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Explanations

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1. What is a potential consequence of adrenal steroid therapy after hypophysectomy?

- A. Increased metabolism
- B. Dehydration
- C. Diabetes insipidus
- D. All of the above

Adrenal steroid therapy after hypophysectomy can lead to a disturbance in the balance of hormones within the body due to the removal of the pituitary gland, which is essential for regulating various endocrine functions. One of the significant potential consequences is the development of diabetes insipidus, a condition characterized by an inability to concentrate urine, leading to excessive urination and thirst. After a hypophysectomy, especially if the posterior pituitary is involved, the secretion of antidiuretic hormone (ADH) can be disrupted. This hormone plays a crucial role in water retention by the kidneys. Without adequate levels of ADH, the kidneys excrete large volumes of dilute urine, which precipitates diabetes insipidus. Increased metabolism and dehydration can potentially be consequences of hormonal imbalances associated with adrenal steroid therapy; however, these issues primarily arise from the steroids influencing metabolic rates and fluid balance, rather than being direct results of the pituitary being removed. Therefore, although they are possible effects of hormonal therapy, they are not as specific to adrenal steroid therapy post-hypophysectomy as diabetes insipidus is. Hence, the focus on diabetes insipidus as the primary concern showcases its direct link to the changes induced by the surgery and

2. Which of the following structures can be stapled during a surgical procedure?

- A. Bowel
- B. Bronchus
- C. Split thickness graft
- D. All of the above

Stapling is a common technique used in various surgical procedures to secure tissues together or to connect different anatomical structures. It is particularly useful for creating anastomoses or closing incisions, and it offers several advantages over traditional suturing, such as speed and reduced tissue trauma. Bowel can indeed be stapled during surgical procedures, especially in gastrointestinal surgeries like resections or anastomoses. Surgical staples can efficiently join the ends of the bowel together, promoting quicker healing and reducing the risk of leakage. The bronchus can also be stapled, particularly in thoracic surgeries such as lobectomies or pneumonectomies. The use of staples allows for the secure closure of the airway, minimizing the risk of complications like air leaks. Split thickness grafts, which are used in reconstructive surgeries, can also be secured in place using staples. This method can help in maintaining proper positioning and promote the integration of the graft into the underlying tissue. Given that all three structures—bowel, bronchus, and split thickness graft—can be safely and effectively stapled during surgical procedures, it's clear that the correct answer encompasses all of the above options. This versatility in stapling various tissues highlights its importance as a surgical tool across different specialties

3. 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.

4. What type of suture is commonly used when closing the anus after a perineal resection?

- A. Continuous suture
- B. Purse string suture
- C. Interrupted suture
- D. Subcuticular suture

The choice of a purse string suture for closing the anus after a perineal resection is based on its unique design and its specific application in this surgical context. A purse string suture is a circular stitch that can be pulled tight, effectively gathering tissue together. This is particularly beneficial in closures requiring a tight, secure fit, such as the anal region, where the integrity of the closure is crucial for maintaining function and preventing complications like leakage or stenosis. In the case of perineal resections, the purse string suture allows for precise approximation of the tissue edges. This type of closure not only helps to reduce tension at the anastomosis site but also provides a means to adjust the tension as needed during the procedure. The ability to gather and close the tissue circumferentially enhances the healing process and helps maintain the natural shape of the anal canal. While continuous, interrupted, and subcuticular sutures have their applications in different types of closures, they don't provide the same specific advantages as the purse string suture in this context. Continuous sutures may not allow for the same degree of adjustment and tension management required in the delicate anal area. Interrupted sutures can provide good approximation but don't facilitate the controlled tightening that

5. What role does neomycin play in the preoperative bowel preparation for intestinal surgery?

- A. Enhances intestinal contractility
- B. Reduces aerobic and anaerobic resident bacteria in the bowel
- C. Promotes healing of the bowel
- D. Increases water absorption

Neomycin plays a crucial role in the preoperative bowel preparation for intestinal surgery due to its ability to significantly reduce both aerobic and anaerobic resident bacteria in the bowel. This antibiotic is particularly effective in decreasing the microbial load in the gastrointestinal tract, which is important for minimizing the risk of postoperative infections, such as wound infections and anastomotic leaks. By reducing the bacterial flora, neomycin helps create a cleaner operative field, enhancing the overall safety and efficacy of the surgical procedure. The other choices do not accurately represent the primary role of neomycin in this context. Enhancing intestinal contractility is more related to other medications that increase motility rather than an antibiotic like neomycin. Promoting healing of the bowel is typically associated with other therapeutic agents or conditions that support recovery, rather than a preoperative antibiotic. Finally, increasing water absorption is not a function attributed to neomycin; its role as an antibiotic is focused specifically on infection control rather than altering absorption characteristics of the intestines.

6. Which type of goiter produces an excess of thyroid hormone but is considered non-toxic?

- A. Multinodular goiter
- B. Simple goiter
- C. Non-toxic glandular goiter
- D. Hashimoto's thyroiditis

The correct option signifies a type of goiter characterized by the production of excess thyroid hormone while being labeled as non-toxic. Non-toxic glandular goiter refers to a condition where the thyroid gland is enlarged due to a variety of reasons, commonly including iodine deficiency or increased stimulation from thyroid-stimulating hormone (TSH) without causing the detrimental effects typically associated with hyperthyroidism. In this context, "non-toxic" indicates that, despite the increase in thyroid hormone production, the levels do not lead to the clinical manifestations or adverse effects seen in toxic forms of goiter. This differentiation is important in understanding the physiological implications of thyroid growth and hormone levels. Other types like multinodular goiter can also produce excess hormones, but often they can cause symptoms and complications associated with hyperthyroidism, thus not fitting the "non-toxic" description. Simple goiter usually implies a lack of sufficient hormone production, leading to hypothyroid features. Hashimoto's thyroiditis is primarily an autoimmune condition that typically leads to hypothyroidism rather than hyperthyroidism, reinforcing the uniqueness of non-toxic glandular goiter in producing an excess of hormone without toxicity.

7. What is the primary concern when using silk sutures in specific organ surgeries?

- A. Potential for excessive bleeding
- B. Risk of tissue reactivity
- C. Formation of stones
- D. Difficulty in suture removal

When considering the use of silk sutures in surgeries involving certain organs, the primary concern revolves around the risk of tissue reactivity. Silk is a natural fiber that can provoke an inflammatory response when used in the body. This tissue reactivity can lead to an increased risk of complications such as scarring and adhesions, which can significantly affect patient outcomes. In particular, areas with sensitive tissues may react adversely to the silk material, potentially leading to chronic inflammation or delayed healing. As a result, the choice of suture material in surgical procedures must consider the biocompatibility and inflammatory potential of materials like silk, especially in delicate tissue environments. While the other options highlight potential concerns — such as bleeding, stone formation, and the complexity of suture removal — these are not the primary issues associated with the unique characteristics of silk sutures. The tendency for silk to elicit a more pronounced tissue response stands out as the most significant consideration in the context of organ surgeries.

8. Benign intestinal tumor is a _____ while _____ is malignant.

- A. Fibromata, lymphosarcoma
- B. Adenoma, sarcoma
- C. Carcinoid, lymphoma
- D. Mesothelioma, adenocarcinoma

The correct choice identifies fibromata as a type of benign intestinal tumor and lymphosarcoma as a malignant tumor. Fibromata, which are fibrous tissue tumors, can develop in the intestine but typically do not exhibit aggressive behavior or metastasize, classifying them as benign lesions. Lymphosarcoma, on the other hand, is a term historically used to describe a type of malignant lymphoma that originates in lymphoid tissue, which has the potential for spread and systemic involvement. This relationship of benign and malignant classifications is critical for understanding tumor behavior. The other options do not accurately match benign and malignant tumor classifications within the gastrointestinal context. Adenomas are benign, but pairing them with sarcomas, which are a broader category including tumors that arise from connective tissues, creates a mismatch since sarcomas are not uniformly malignant or necessarily related to adenomas. Similarly, carcinoid tumors are a specific type of neuroendocrine tumor that can be benign or malignant, depending on their grade, and lymphoma pertains to lymphoid tissues, but not specifically in the context of a singular benign-malignant pairing. Lastly, mesothelioma relates to pleural tumors rather than intestinal tumors, and adenocarcinoma is indeed malignant but

9. What is the term for an abdominal incision made parallel and about four cm lateral to midline?

- A. Paramedial rectus
- B. Paramedian approach
- C. Median incision
- D. Transverse incision

The term for an abdominal incision made parallel and approximately four cm lateral to the midline is referred to as a paramedian approach. This type of incision allows for better access to specific abdominal organs while minimizing damage to the midline structures, such as the rectus abdominis muscle. The paramedian incision provides a balance between access and preservation of surrounding tissues, which can be particularly beneficial in surgical procedures that require lateral access to the abdomen, such as certain types of hernia repairs or organ removals. Understanding the specifics of incision types is crucial in surgical practice, as the choice of incision can significantly affect the surgical field, recovery, and potential complications for the patient.

10. What critical structure must be identified during a parotidectomy?

- A. Cranial Nerve VIII
- B. Cranial Nerve VII
- C. Cranial Nerve IX
- D. Cranial Nerve VI

During a parotidectomy, the critical structure that must be identified is Cranial Nerve VII, also known as the facial nerve. This nerve is responsible for the movement of facial muscles, as well as providing taste sensations from the anterior two-thirds of the tongue and contributing to the secretion of salivary glands other than the parotid. The proximity of the facial nerve to the parotid gland makes it particularly vulnerable during surgery. If the nerve is inadvertently injured, it can result in significant functional and aesthetic complications, including facial weakness, asymmetry, and loss of taste. Therefore, careful identification and preservation of the facial nerve are paramount during the procedure to avoid these potential outcomes. While other cranial nerves play important roles in various functions, they are not the primary concern during a parotidectomy. Cranial Nerve VIII is primarily involved in hearing and balance, Cranial Nerve IX is responsible for functions related to the throat and taste, and Cranial Nerve VI is associated with eye movement. None of these structures poses the same level of risk or need for preservation as Cranial Nerve VII during a parotidectomy.

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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