

SUTURES AND WOUND REPAIR/ GENERAL SURGERY (ABSA) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS



**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://suturesandwoundrepair-absa.examzify.com>



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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 type of suture is generally avoided due to high risk of infection?**
 - A. Silk suture
 - B. Absorbable sutures
 - C. Non-absorbable sutures
 - D. Catgut sutures

- 2. Which statement about a post-hypophysectomy patient is true?**
 - A. Replacement of thyroid hormone is required
 - B. Diabetes insipidus may occur
 - C. Prostate removal is necessary
 - D. None of the above

- 3. 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

- 4. What condition is caused by excessive accumulation of uric acid in the blood?**
 - A. Rheumatoid arthritis
 - B. Gout
 - C. Osteoporosis
 - D. Psoriatic arthritis

- 5. Which structures must be carefully preserved during a thyroidectomy to avoid complications?**
 - A. Parathyroids
 - B. Thymus
 - C. Adrenal glands
 - D. Pancreas

- 6. What follows after alkalosis due to loss of hydrochloric acid in SBO?**
- A. Hypertensive crisis
 - B. Metabolic acidosis
 - C. Cardiac arrest
 - D. Hyperglycemia
- 7. What is the typical property of polypropylene suture material?**
- A. Absorbable
 - B. High tensile strength
 - C. Low friction
 - D. Highly reactive
- 8. What is the first electrolyte imbalance that occurs from SBO due to loss of hydrochloric acid?**
- A. Acidosis
 - B. Alkalosis
 - C. Hyperkalemia
 - D. Hyponatremia
- 9. Which hormone is secreted by both the adrenal cortex and ovaries?**
- A. Testosterone
 - B. Estrogen
 - C. Progesterone
 - D. Cortisol
- 10. Which of the following urinary diversion procedures involves transplanting the ureter directly onto the sigmoid colon?**
- A. Ureterocutaneous transplant
 - B. Ureterosigmoidostomy
 - C. Ileal conduit
 - D. Ureteroureterostomy

Answers

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

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Explanations

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1. Which type of suture is generally avoided due to high risk of infection?

- A. Silk suture**
- B. Absorbable sutures
- C. Non-absorbable sutures
- D. Catgut sutures

Silk sutures are often avoided in certain surgical contexts primarily because they are non-absorbable and are known to harbor bacteria on their surface. This characteristic increases the risk of infection when used in contaminated or high-risk areas. Silk can also promote a more pronounced inflammatory response compared to other suture materials, which can contribute to complications. The other choices represent different categories of sutures with varying applications and properties. Absorbable sutures, for instance, are designed to break down over time and are typically used in areas where the suture material can be absorbed by the body, which reduces the risk of infection because they don't need to be removed. Non-absorbable sutures are often made from synthetic materials and can be used in clean areas with minimal risk of infection. Catgut sutures, although natural, are absorbable and also present a lower infection risk due to their eventual resorption. Understanding the characteristics of each suture type helps guide the choice of materials based on the specific surgical context and risk factors involved.

2. Which statement about a post-hypophysectomy patient is true?

- A. Replacement of thyroid hormone is required
- B. Diabetes insipidus may occur**
- C. Prostate removal is necessary
- D. None of the above

In a patient who has undergone hypophysectomy, which is the surgical removal of the pituitary gland, it is important to understand the potential complications and hormonal deficiencies that can arise from such a procedure. One of the possible complications is diabetes insipidus, a condition characterized by the excretion of an excessive amount of dilute urine, leading to increased thirst and the need to drink large volumes of fluids. This occurs due to the loss of antidiuretic hormone (ADH), which is primarily produced in the hypothalamus and stored in the pituitary gland. With the removal of the pituitary gland, the regulation of fluid balance is disrupted, leading to this condition. The need for replacement thyroid hormone is not universally required because thyroid hormone production is mainly governed by the thyroid gland itself and not necessarily impacted directly by the pituitary. While the pituitary does control thyroid hormone release through thyrotropin, direct replacement might not always be necessary immediately following surgery unless the patient has pre-existing hypothyroidism. Prostate removal is not a relevant consideration in the context of a hypophysectomy, as this procedure does not typically affect the prostate or necessitate its removal. Therefore, the statement regarding the risk of diabetes insipidus accurately reflects

3. 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.

4. What condition is caused by excessive accumulation of uric acid in the blood?

- A. Rheumatoid arthritis
- B. Gout**
- C. Osteoporosis
- D. Psoriatic arthritis

The condition caused by excessive accumulation of uric acid in the blood is gout. Gout is a form of inflammatory arthritis that occurs when uric acid builds up in the bloodstream and crystallizes in the joints, leading to intense pain, swelling, and redness. This accumulation can happen due to various factors, including diet, obesity, certain medications, and genetic predisposition. While rheumatoid arthritis, osteoporosis, and psoriatic arthritis are all conditions that affect the joints and overall musculoskeletal health, they do not directly relate to the accumulation of uric acid. Rheumatoid arthritis is an autoimmune disorder that primarily involves chronic inflammation of the joints, osteoporosis is characterized by decreased bone density and increased fracture risk, and psoriatic arthritis is associated with psoriasis and involves joint inflammation along with skin symptoms. Gout is uniquely identified by its connection to uric acid levels in the body.

5. Which structures must be carefully preserved during a thyroidectomy to avoid complications?

- A. Parathyroids**
- B. Thymus
- C. Adrenal glands
- D. Pancreas

During a thyroidectomy, it is crucial to carefully preserve the parathyroid glands to avoid complications such as hypoparathyroidism. The parathyroid glands are small, typically four in number, and are located on the posterior surface of the thyroid gland. They are responsible for regulating calcium levels in the body through the secretion of parathyroid hormone (PTH). If these glands are inadvertently removed or damaged during surgery, it can lead to a significant decrease in PTH levels, resulting in hypocalcemia, which can cause symptoms such as muscle cramps, tetany, and even seizures. Therefore, meticulous surgical technique is necessary to identify and safeguard these glands during thyroid surgery. The other structures listed—the thymus, adrenal glands, and pancreas—do not have a direct relationship with thyroid gland function or the complications arising from a thyroidectomy. While they are important in their respective roles in the endocrine system, they do not require preservation during a thyroidectomy, which primarily focuses on the thyroid gland and associated structures.

6. 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.

7. 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.

8. 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.

9. Which hormone is secreted by both the adrenal cortex and ovaries?

- A. Testosterone
- B. Estrogen**
- C. Progesterone
- D. Cortisol

The hormone that is secreted by both the adrenal cortex and ovaries is estrogen. Estrogen plays a crucial role in the development and regulation of the female reproductive system and secondary sexual characteristics. In the ovaries, estrogen is primarily produced by the ovarian follicles, while the adrenal cortex produces estrogen in smaller amounts, primarily in the form of androgens that are subsequently converted to estrogen. This dual source of estrogen production highlights its importance in both reproductive health and various physiological functions beyond reproduction, such as bone health and cardiovascular function. The body's ability to produce this hormone from different sources is part of the intricate hormonal balance necessary for maintaining reproductive and overall health.

10. Which of the following urinary diversion procedures involves transplanting the ureter directly onto the sigmoid colon?

A. Ureterocutaneous transplant

B. Ureterosigmoidostomy

C. Ileal conduit

D. Ureteroureterostomy

The urinary diversion procedure that involves transplanting the ureter directly onto the sigmoid colon is ureterosigmoidostomy. This method is used when the bladder is removed or non-functional, allowing urine to bypass the bladder and flow directly into the sigmoid colon. This is advantageous in certain surgical contexts, particularly when the bladder is not viable, as it enables urinary management without the need for an external bag or device. In ureterosigmoidostomy, the ureters are surgically anastomosed or connected to the sigmoid colon, allowing urine to be excreted along with intestinal contents. This procedure is particularly useful in cases such as radical cystectomy for bladder cancer, where bladder function is no longer required. The other procedures listed, while relevant in the context of urinary diversions, do not involve direct connection to the sigmoid colon. Understanding the distinct anatomical and surgical implications of each procedure is crucial for making informed decisions in surgical practice and patient management.

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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:

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

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