

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. A longitudinal ulcer in the anal canal is known as what?
 - A. Fistula in ano
 - B. Fissure in ano
 - C. Anal prolapse
 - D. Hemorrhoid
2. In a two-layer bowel anastomosis, which layer is closed with absorbable sutures?
 - A. Outer serosal layer
 - B. Inner mucosal layer
 - C. Visceral peritoneum
 - D. Muscular layer
3. Benign intestinal tumor is a ____ while ____ is malignant.
 - A. Fibromata, lymphosarcoma
 - B. Adenoma, sarcoma
 - C. Carcinoid, lymphoma
 - D. Mesothelioma, adenocarcinoma
4. Which statement concerning SBO is not true?
 - A. May lead to metabolic acidosis
 - B. Causes distention of proximal intestine
 - C. May lead to metabolic alkalosis
 - D. Causes distention of distal intestine
5. Ureterocutaneous diversion is typically indicated for which of the following situations?
 - A. Recurrent bladder infections
 - B. Bladder cancer
 - C. Severe urinary incontinence
 - D. Nonfunctioning kidney

- 6. In the context of esophageal varices, what does the portal vein refer to?**
- A. A major vein leading to the heart
 - B. A conduit for obstruction affected blood flow
 - C. A vein supplying the lungs
 - D. A vessel that drains the brain
- 7. What is the healing process called in which a wound is purposely left open and allowed to heal from the bottom upward?**
- A. Primary intention
 - B. Secondary intention
 - C. Tertiary intention
 - D. Delayed primary closure
- 8. What is the term for space caused by separation of wound edges that have not been closely approximated by sutures?**
- A. Dead Space
 - B. Granulation Tissue
 - C. Exudate
 - D. Necrotic Tissue
- 9. What is the most common site for cancer of the large intestine?**
- A. Cecum
 - B. Rectosigmoid
 - C. Descending colon
 - D. Transverse colon
- 10. Which statement regarding breast surgery is false?**
- A. Augmentation mammoplasty is done for gynecomastia
 - B. Mastectomy is performed for breast cancer
 - C. Reduction mammoplasty can alleviate back pain
 - D. Breast conservation therapy can be an option

Answers

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

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Explanations

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1. 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.

2. In a two-layer bowel anastomosis, which layer is closed with absorbable sutures?

- A. Outer serosal layer
- B. Inner mucosal layer**
- C. Visceral peritoneum
- D. Muscular layer

In a two-layer bowel anastomosis, the inner mucosal layer is closed with absorbable sutures because this layer requires optimal healing and integration with the bowel contents. Absorbable sutures provide the necessary support during the critical healing period without the need for subsequent suture removal. This is essential because the mucosa is directly involved in the function of the bowel, facilitating nutrient absorption and maintaining the barrier against infections. The mucosal layer is usually more delicate and needs careful handling to promote proper healing, as it interfaces directly with the luminal contents. Using absorbable sutures allows for the necessary support during the early stages of healing while eventually being resorbed by the body, minimizing the risk of complications such as stitch abscesses or irritation from non-absorbable materials. In contrast, other layers like the outer serosal layer, visceral peritoneum, and muscular layer may be managed differently, often requiring stronger non-absorbable sutures for lasting support and structural integrity, especially in maintaining the overall strength of the anastomosis against luminal pressure.

3. 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

4. Which statement concerning SBO is not true?

- A. May lead to metabolic acidosis
- B. Causes distention of proximal intestine
- C. May lead to metabolic alkalosis
- D. Causes distention of distal intestine

In the context of small bowel obstruction (SBO), it is essential to understand the physiological effects of this condition. SBO primarily causes distention in the sections of the intestine that are proximal to the obstruction, not distal. When an obstruction occurs, the accumulation of fluid and gas occurs in the segment of intestine before the blockage, leading to significant distention. This proximal distention results in various complications, including risk of bowel ischemia and perforation. The other statements accurately describe the consequences of SBO. For example, severe vomiting can occur when the obstruction is high in the intestine, potentially causing metabolic alkalosis as a result of loss of gastric acid. Additionally, bowel obstruction can lead to metabolic acidosis due to the buildup of intestinal contents in the proximal loops of the bowel. Understanding these dynamics is crucial for managing patients with SBO, as the location of the obstruction heavily influences the presentation, treatment options, and potential complications.

5. Ureterocutaneous diversion is typically indicated for which of the following situations?

- A. Recurrent bladder infections
- B. Bladder cancer
- C. Severe urinary incontinence
- D. Nonfunctioning kidney**

Ureterocutaneous diversion is a surgical procedure that involves creating an alternative route for urine to exit the body when the bladder is not functioning adequately or is absent. This type of diversion is particularly indicated in cases of a nonfunctioning kidney because it allows for the management of urine that would otherwise accumulate, potentially leading to complications such as hydronephrosis or infection. In scenarios where one kidney is nonfunctioning, especially due to conditions like severe injury, tumors, or congenital defects, ureterocutaneous diversion provides a means of safely disposing of urine. While recurrent bladder infections, bladder cancer, and severe urinary incontinence may necessitate other forms of surgical intervention, they do not typically require ureterocutaneous diversion specifically. For instance, bladder cancer may involve cystectomy or other cancer-specific treatments, and severe urinary incontinence may be managed through different surgical techniques aimed at restoring bladder function or increasing containment. Thus, the focus on addressing a nonfunctioning kidney makes ureterocutaneous diversion the right choice in this context.

6. In the context of esophageal varices, what does the portal vein refer to?

- A. A major vein leading to the heart
- B. A conduit for obstruction affected blood flow**
- C. A vein supplying the lungs
- D. A vessel that drains the brain

The portal vein is crucial in understanding esophageal varices as it plays a significant role in blood flow within the abdomen. It is responsible for carrying blood from the gastrointestinal tract, pancreas, spleen, and gallbladder to the liver. In the context of esophageal varices, increased pressure in the portal vein (portal hypertension) results from various conditions such as liver cirrhosis. This heightened pressure causes the development of varices, which are dilated veins in the esophagus. These varices can rupture and lead to severe bleeding, making the portal vein's role in the obstruction of blood flow particularly relevant. The other options do not accurately describe the function or nature of the portal vein. While choice one refers to a major vein that leads to the heart, it mischaracterizes the portal vein as it does not drain into the heart. The third choice incorrectly attributes a function of supplying the lungs to the portal vein, which plays no role in pulmonary circulation. The last option about draining the brain also misidentifies the pathway and purpose of the portal vein, as it specifically deals with visceral blood flow rather than blood from the cranial cavity.

7. What is the healing process called in which a wound is purposely left open and allowed to heal from the bottom upward?

- A. Primary intention
- B. Secondary intention**
- C. Tertiary intention
- D. Delayed primary closure

The healing process in which a wound is intentionally left open to heal from the bottom upwards is known as secondary intention. This method is employed in situations where the wound is too large, contaminated, or has lost significant tissue, rendering primary closure infeasible. During secondary intention, the wound granulates as new tissue forms and fills in the space, gradually pulling the edges together as it heals. This process allows for natural tissue repair mechanisms to take place without surgical intervention to close the wound immediately. It generally leaves a scar that can be more pronounced than the one resulting from primary intention due to the larger area of skin that must regenerate. In contrast, primary intention involves closing the wound edges together with sutures, staples, or adhesive, resulting in minimal scarring and a quicker healing process. Tertiary intention or delayed primary closure refers to a strategy where a wound is initially left open and later closed surgically after a period to ensure that it is clean and free from infection.

8. What is the term for space caused by separation of wound edges that have not been closely approximated by sutures?

- A. Dead Space**
- B. Granulation Tissue
- C. Exudate
- D. Necrotic Tissue

The correct term for the space created by the separation of wound edges that have not been closely approximated by sutures is recognized as dead space. This phenomenon occurs when suturing techniques fail to bring the wound edges together adequately, leading to a gap that can potentially complicate healing. Dead space can lead to various complications, such as seromas or hematomas, and can impede the normal healing process by allowing fluid accumulation and increasing the risk of infection. Granulation tissue refers to the new connective tissue and microscopic blood vessels that form on the surface of a wound during the healing process, but it does not pertain to the spaces created by poorly approximated edges. Exudate describes the fluid that leaks out of blood vessels during the inflammatory stage of healing, which is related to the body's response to injury rather than the physical condition of wound margins. Necrotic tissue, on the other hand, is dead tissue that occurs in a wound; it signifies that the tissue has lost its blood supply and is no longer viable, but it does not specifically refer to the condition of the wound edges separating. Thus, dead space is the most accurate term to describe the situation in the question.

9. 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.

10. Which statement regarding breast surgery is false?

- A. Augmentation mammoplasty is done for gynecomastia**
- B. Mastectomy is performed for breast cancer
- C. Reduction mammoplasty can alleviate back pain
- D. Breast conservation therapy can be an option

The statement concerning augmentation mammoplasty being performed for gynecomastia is inaccurate. Augmentation mammoplasty is primarily a procedure aimed at increasing the size of the breasts, typically using implants or fat transfer. It is most commonly associated with women seeking to enhance breast volume for aesthetic purposes. On the other hand, gynecomastia refers to the enlargement of breast tissue in males, and treatment for this condition usually involves procedures like mastectomy or liposuction specifically designed to reduce breast tissue. Therefore, the intent and application of augmentation mammoplasty do not apply to the treatment of gynecomastia, making that statement false. Each of the other statements accurately reflects appropriate surgical interventions related to breast health: mastectomy is indeed a standard treatment for breast cancer, reduction mammoplasty can provide significant relief from back pain and discomfort associated with overly large breasts, and breast conservation therapy represents a surgical approach that seeks to remove cancer while preserving as much healthy breast tissue as possible.

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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