

UWorld Surgery Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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!

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Questions

- 1. What condition can result from untreated hyperthyroidism?**
 - A. Myxedema coma**
 - B. Thyroid storm**
 - C. Hashimoto's thyroiditis**
 - D. Hypoparathyroidism**
- 2. What is the initial imaging test for suspected biliary colic?**
 - A. CT scan**
 - B. X-ray**
 - C. Abdominal ultrasound**
 - D. MRI**
- 3. Which type of hernia occurs medial to the inferior epigastric vessels?**
 - A. Indirect inguinal hernia**
 - B. Direct inguinal hernia**
 - C. Umbilical hernia**
 - D. Femoral hernia**
- 4. What is an indication for urgent surgical intervention in bowel obstruction?**
 - A. Complete obstruction**
 - B. Partial obstruction without symptoms**
 - C. Mild abdominal pain**
 - D. Stable vitals**
- 5. Which derangement in electrolytes commonly occurs in conjunction with rhabdomyolysis from crush injuries?**
 - A. Hypokalemia**
 - B. Hypercalcemia**
 - C. Hypophosphatemia**
 - D. Hyperkalemia**

- 6. In cases of squamous cell carcinoma of the esophagus, what is a primary risk factor?**
- A. Chronic reflux disease**
 - B. Smoking**
 - C. Obesity**
 - D. All of the above**
- 7. What is the crucial initial step in the management of a traumatic abdominal gunshot wound?**
- A. CT scan**
 - B. Exploratory laparotomy**
 - C. Fluid resuscitation**
 - D. Antibiotic administration**
- 8. What is the most likely cause of the 78-year-old man's bilateral buttock pain that worsens with standing?**
- A. Peripheral arterial disease**
 - B. Radicular pain from lumbar disc herniation**
 - C. Lumbar spinal stenosis**
 - D. Osteoarthritis of the hip joint**
- 9. What is the most common indication for performing a splenectomy?**
- A. Hypersplenism**
 - B. Trauma**
 - C. Leukemia**
 - D. Thrombocytopenic purpura**
- 10. What imaging finding is characteristic of Crohn's disease?**
- A. Ring-enhancing lesions**
 - B. Curved, cobblestone appearance**
 - C. Wall thickening only**
 - D. Air-fluid levels**

Answers

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

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Explanations

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1. What condition can result from untreated hyperthyroidism?

- A. Myxedema coma
- B. Thyroid storm**
- C. Hashimoto's thyroiditis
- D. Hypoparathyroidism

Thyroid storm is a life-threatening condition that may arise from untreated hyperthyroidism, characterized by an extreme and acute exacerbation of hyperthyroid symptoms. This emergency situation can occur if hyperthyroidism goes unmanaged, particularly in cases of Graves' disease or other forms of excess thyroid hormone production. Symptoms of thyroid storm can include high fever, tachycardia, altered mental status, and gastrointestinal distress, which all stem from the body's response to excessive circulating thyroid hormones. The condition can lead to severe complications, including heart failure, arrhythmias, and even death if not treated promptly. Management typically involves the use of antithyroid medications, beta-blockers, corticosteroids, and supportive care in a hospital setting. This highlights the urgency of diagnosing and treating hyperthyroidism to prevent such critical situations. In contrast, the other conditions presented in the options do not directly relate to untreated hyperthyroidism. Myxedema coma is a result of severe hypothyroidism, Hashimoto's thyroiditis is an autoimmune disorder that causes hypothyroidism, and hypoparathyroidism relates to parathyroid gland dysfunction rather than thyroid hormone overproduction.

2. What is the initial imaging test for suspected biliary colic?

- A. CT scan
- B. X-ray
- C. Abdominal ultrasound**
- D. MRI

In cases of suspected biliary colic, the initial imaging test of choice is abdominal ultrasound. This is primarily because ultrasound is highly effective for evaluating biliary structures, including the gallbladder and bile ducts. It is a non-invasive, safe, and readily available modality that avoids the use of radiation, making it especially useful in a wide range of patients, including those who may be pregnant. Ultrasound can effectively identify gallstones, which are the most common cause of biliary colic, and can also reveal any complications associated with gallstone disease, such as inflammation of the gallbladder (cholecystitis) or bile duct obstruction (choledocholithiasis). The ability of ultrasound to visualize these structures helps clinicians diagnose the underlying cause of the patient's symptoms quickly. Other imaging modalities, like a CT scan, may be used later for more complex cases or if complications are suspected, but they are not typically the first choice for biliary colic due to their higher cost, longer time to perform, and exposure to radiation. X-rays are generally not helpful in diagnosing biliary colic because they do not visualize soft tissues well and are not effective for detecting gallstones. MRI is more specialized and usually reserved for specific cases such

3. Which type of hernia occurs medial to the inferior epigastric vessels?

- A. Indirect inguinal hernia**
- B. Direct inguinal hernia**
- C. Umbilical hernia**
- D. Femoral hernia**

A direct inguinal hernia occurs medial to the inferior epigastric vessels and is characterized by a weakness in the transversalis fascia. In this type of hernia, abdominal contents protrude directly through the posterior wall of the inguinal canal, typically due to muscular degeneration or increased intra-abdominal pressure. This hernia often occurs in older adults and is more common in males due to the anatomical differences in the inguinal canal. Understanding the anatomical locations is crucial in distinguishing between hernia types. Indirect inguinal hernias occur lateral to the inferior epigastric vessels, which is the opposite positioning relative to a direct hernia. Umbilical hernias generally occur at the umbilical region and are not classified by their relation to the inferior epigastric vessels. Femoral hernias occur below the inguinal ligament and involve the femoral canal, which is also distinct from the inguinal anatomy. Therefore, the identification of direct inguinal hernias relies on their specific anatomical presentation in relation to the inferior epigastric vessels.

4. What is an indication for urgent surgical intervention in bowel obstruction?

- A. Complete obstruction**
- B. Partial obstruction without symptoms**
- C. Mild abdominal pain**
- D. Stable vitals**

Complete obstruction is an indication for urgent surgical intervention in bowel obstruction due to the high risk of bowel ischemia and perforation. In a complete obstruction, there is a total blockage of the bowel that prevents the passage of contents, leading to increased intra-luminal pressure, potential blood supply compromise, and the risk of necrosis. Without timely surgical intervention, these complications can arise quickly, necessitating urgent surgical evaluation and often a surgical procedure to relieve the obstruction. Partial obstruction without symptoms might allow for conservative management and monitoring, while mild abdominal pain alone does not warrant urgent intervention unless it is accompanied by more severe symptoms indicating complications. Stable vital signs suggest that the patient may not yet be in distress, which typically allows for observation in cases that are not an immediate threat to life or are not complete blockages. Therefore, the presence of complete obstruction is a key factor in determining the necessity for urgent surgical intervention.

5. Which derangement in electrolytes commonly occurs in conjunction with rhabdomyolysis from crush injuries?

- A. Hypokalemia**
- B. Hypercalcemia**
- C. Hypophosphatemia**
- D. Hyperkalemia**

Rhabdomyolysis, a condition often resulting from crush injuries, is characterized by the breakdown of muscle fibers that releases intracellular contents into the bloodstream, including significant amounts of potassium. As muscle cells are damaged, potassium that is typically confined to the intracellular space leaks into the extracellular compartment, leading to elevated serum potassium levels, a condition known as hyperkalemia. Hyperkalemia can have serious implications for cardiac function, potentially leading to arrhythmias or even cardiac arrest if not monitored and managed appropriately. Given that the question specifically addresses the electrolytic derangement commonly associated with rhabdomyolysis from crush injuries, the observation of hyperkalemia serves as a critical clinical sign to consider in these patients. Other electrolyte disturbances may occur in rhabdomyolysis, but hyperkalemia is particularly notable due to its direct correlation with the muscle injury and the rapid release of potassium into the bloodstream, making it the most relevant choice in this context.

6. In cases of squamous cell carcinoma of the esophagus, what is a primary risk factor?

- A. Chronic reflux disease**
- B. Smoking**
- C. Obesity**
- D. All of the above**

Smoking is a well-established primary risk factor for the development of squamous cell carcinoma of the esophagus. This type of cancer is more common in populations with high tobacco use due to the carcinogenic compounds found in tobacco, which can lead to genetic mutations in the cells lining the esophagus. While chronic reflux disease, or gastroesophageal reflux disease (GERD), is more commonly associated with adenocarcinoma of the esophagus, smoking has a more direct correlation with squamous cell carcinoma. Similarly, obesity has also been recognized as a risk factor for esophageal adenocarcinoma, but it is less directly related to squamous cell carcinoma. Therefore, among the options given, smoking stands out as the primary risk factor specifically linked to squamous cell carcinoma of the esophagus.

7. What is the crucial initial step in the management of a traumatic abdominal gunshot wound?

- A. CT scan**
- B. Exploratory laparotomy**
- C. Fluid resuscitation**
- D. Antibiotic administration**

In the management of a traumatic abdominal gunshot wound, the crucial initial step is exploratory laparotomy. This approach is essential because gunshot wounds to the abdomen can cause significant damage to internal organs, lead to hemorrhage, and pose an immediate risk to the patient's life. An exploratory laparotomy allows for direct visualization of the abdominal cavity, assessment of injuries, and timely intervention to repair any organ damage and control bleeding. While other options such as fluid resuscitation, CT scans, and antibiotic administration are important components of comprehensive trauma care, they do not take precedence over the need for surgical intervention in cases of penetrating abdominal trauma. Fluid resuscitation may be necessary to stabilize the patient, but it does not address the potentially life-threatening injuries caused by the gunshot wound. CT scans can provide valuable information about the extent of injury; however, they can delay definitive treatment and are not suitable for unstable patients. Antibiotic administration is important for preventing infection, but it is part of the post-operative management rather than the initial response in such acute scenarios. Therefore, exploratory laparotomy is the first critical step in effectively managing this condition, addressing both diagnostic and therapeutic needs immediately.

8. What is the most likely cause of the 78-year-old man's bilateral buttock pain that worsens with standing?

- A. Peripheral arterial disease**
- B. Radicular pain from lumbar disc herniation**
- C. Lumbar spinal stenosis**
- D. Osteoarthritis of the hip joint**

The most likely cause of the patient's bilateral buttock pain that worsens with standing is lumbar spinal stenosis. This condition is characterized by the narrowing of the spinal canal, which can compress the spinal cord or nerve roots. As a person stands or walks, the increased pressure in the lumbar region can exacerbate symptoms, potentially leading to pain that radiates into the buttocks and legs. This pain commonly improves with bending forward or sitting down, as these positions relieve the pressure on the spinal structures. In elderly patients, such symptoms are often accompanied by claudication-like features, where pain and discomfort occur with certain activities and improve with rest, similar to what is seen in peripheral arterial disease, but with distinct differences in pain localization and relief positions. The bilateral nature of the buttock pain suggests a central or bilateral issue in the spine rather than unilateral radicular pain that would typically be associated with lumbar disc herniation. Additionally, osteoarthritis of the hip joint usually presents with pain localized to the hip and groin regions rather than prominently in the buttocks, particularly not with the standing position as a primary exacerbating factor. Therefore, the mechanism and symptoms fit the profile of lumbar spinal stenosis, making it the most likely diagnosis in this scenario.

9. What is the most common indication for performing a splenectomy?

- A. Hypersplenism**
- B. Trauma**
- C. Leukemia**
- D. Thrombocytopenic purpura**

The most common indication for performing a splenectomy is trauma. In situations where there is significant abdominal injury, especially with hemorrhage, the spleen can become lacerated or ruptured, leading to life-threatening internal bleeding. A splenectomy is often necessary to control this bleeding and prevent further complications. While hypersplenism, leukemia, and thrombocytopenic purpura may also warrant splenectomy, they are not as prevalent reasons for performing the surgery in emergency settings compared to traumatic injuries. Trauma-related splenic issues are acute and often demand immediate surgical intervention, making it the leading cause of splenectomy performed in surgical practice.

10. What imaging finding is characteristic of Crohn's disease?

- A. Ring-enhancing lesions**
- B. Curved, cobblestone appearance**
- C. Wall thickening only**
- D. Air-fluid levels**

The characteristic imaging finding of Crohn's disease is a curved, cobblestone appearance. This appearance is associated with the irregular, transmural involvement of the bowel that is typical in Crohn's disease. On imaging studies such as CT scans or MRI, the affected segments of the intestine may show a series of deep ulcerations and fissures, which contribute to this cobblestone pattern. This finding is very specific to Crohn's disease and helps differentiate it from other gastrointestinal conditions such as ulcerative colitis. In contrast, ring-enhancing lesions are more commonly associated with abscess formation or other processes, while wall thickening alone could be seen in various conditions affecting the intestine. Air-fluid levels may indicate an obstruction or perforation but are not specific to Crohn's. Therefore, the cobblestone appearance is a key feature used by clinicians to diagnose and manage Crohn's disease effectively.

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://uworldsurgery.examzify.com>

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