

# UWorld Surgery 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 common symptom indicating a recurrence of pancreatitis in a chronic alcohol user?**
  - A. Diabetes mellitus**
  - B. Severe epigastric pain**
  - C. Hepatomegaly**
  - D. Jaundice**
  
- 2. What is the standard postoperative care for patients undergoing bariatric surgery?**
  - A. Pain management**
  - B. Nutritional counseling and follow-up**
  - C. Daily exercise regimen**
  - D. Regular blood tests**
  
- 3. The 54-year-old man exhibiting foot pain following a walking program is most likely suffering from which condition?**
  - A. Achilles tendonitis**
  - B. Plantar fasciitis**
  - C. Metatarsal stress fracture**
  - D. Calcaneal bursitis**
  
- 4. What condition is characterized by a triad of jaundice, right upper quadrant pain, and fever?**
  - A. Acute pancreatitis**
  - B. Cholecystitis**
  - C. Cholangitis**
  - D. Diverticulitis**
  
- 5. Which surgical procedure is indicated for achalasia?**
  - A. Nissen fundoplication**
  - B. Diverticulectomy**
  - C. Heller myotomy**
  - D. Roux-en-Y gastric bypass**

**6. What is the classic triad of symptoms associated with aortic dissection?**

- A. Sudden severe chest pain, unequal blood pressures, and pulse deficits**
- B. Chest pain, shortness of breath, and cyanosis**
- C. Sharp abdominal pain, fever, and hypotension**
- D. Throbbing headache, visual disturbance, and neck pain**

**7. Which demographic factor is most likely associated with a greater incidence of greater trochanteric pain syndrome?**

- A. Young male athletes**
- B. Aging female population**
- C. Obese individuals**
- D. Smokers**

**8. What is the main determinant of surgical risk in elderly patients?**

- A. Age alone**
- B. Functional status**
- C. Social determination**
- D. Previous surgeries**

**9. What imaging modality is used for the evaluation of abdominal abscesses?**

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

**10. In the context of trauma, which factor significantly contributes to the risk of acute kidney injury?**

- A. Prolonged immobilization**
- B. Hypotension from blood loss**
- C. Trauma-induced infection**
- D. Ingestion of nephrotoxic substances**

## **Answers**

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

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## **Explanations**

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**1. What is a common symptom indicating a recurrence of pancreatitis in a chronic alcohol user?**

- A. Diabetes mellitus**
- B. Severe epigastric pain**
- C. Hepatomegaly**
- D. Jaundice**

Severe epigastric pain is a hallmark symptom indicating a recurrence of pancreatitis, particularly in individuals with a history of chronic alcohol use. This pain is typically intense and can be described as a steady or burning sensation in the upper abdomen, often radiating to the back. In the context of pancreatitis, this pain results from inflammation and irritation of the pancreatic tissue, which can be exacerbated by continued alcohol consumption. In chronic alcohol users, repeated episodes of acute pancreatitis can occur, leading to an ongoing cycle of pain and inflammation. The presence of severe epigastric pain serves as a clinical signal for the need to investigate further and assess for potential complications or recurrence of the inflammatory process. This symptom stands out in this patient population and is critical for diagnosis and management strategies. While diabetes mellitus, hepatomegaly, and jaundice can be associated with pancreatic disease, they are either complications of long-standing pancreatic damage or do not specifically indicate an acute episode of pancreatitis. Thus, they are not as immediately indicative of a recurrence compared to severe epigastric pain.

**2. What is the standard postoperative care for patients undergoing bariatric surgery?**

- A. Pain management**
- B. Nutritional counseling and follow-up**
- C. Daily exercise regimen**
- D. Regular blood tests**

Nutritional counseling and follow-up are critical components of the standard postoperative care for patients undergoing bariatric surgery. After such procedures, patients experience significant physiological changes that affect their nutrient absorption, dietary needs, and overall health. The changes necessitate a well-structured nutritional plan to ensure that patients receive the right balance of vitamins, minerals, and macronutrients to avoid deficiencies and promote optimal weight loss. Following bariatric surgery, patients often have a stricter diet, must learn new eating habits, and may need to adjust their portion sizes. Regular follow-up with a dietitian helps monitor these factors, provides education on appropriate food choices, and addresses any emerging dietary concerns. This ongoing support is essential for long-term success and helps in maintaining weight loss as well as overall health. While aspects like pain management, exercise, and regular blood tests are important as well, they do not specifically address the unique nutritional requirements and behavioral adjustments that are pivotal for postoperative success in bariatric patients.

**3. The 54-year-old man exhibiting foot pain following a walking program is most likely suffering from which condition?**

- A. Achilles tendonitis**
- B. Plantar fasciitis**
- C. Metatarsal stress fracture**
- D. Calcaneal bursitis**

Plantar fasciitis is characterized by pain in the heel and along the bottom of the foot, particularly following periods of inactivity or after prolonged exercise, which makes it a common diagnosis in individuals who have increased their physical activity, such as starting a walking program. This condition is associated with inflammation of the plantar fascia, the thick band of tissue that runs across the bottom of the foot, connecting the heel bone to the toes. Patients typically report sharp heel pain that is especially pronounced during the first steps taken in the morning or after sitting for a while. The pain often decreases with movement but can return after long periods of standing or walking. Given the context of a 54-year-old man experiencing foot pain after commencing a new exercise regimen, these symptoms strongly align with plantar fasciitis. Other conditions may also cause foot pain, but they present differently. For example, Achilles tendonitis usually results in pain localized to the back of the heel and worsens with activity, specifically activities that involve the calf muscles. A metatarsal stress fracture typically presents with localized pain over the affected metatarsal and is often exacerbated by weight-bearing activities but doesn't commonly show a gradual onset related to new exercise. Calcaneal bursitis presents with swelling

**4. What condition is characterized by a triad of jaundice, right upper quadrant pain, and fever?**

- A. Acute pancreatitis**
- B. Cholecystitis**
- C. Cholangitis**
- D. Diverticulitis**

The condition characterized by the triad of jaundice, right upper quadrant pain, and fever is cholangitis. This condition occurs due to infection of the bile ducts, often stemming from obstruction caused by gallstones, strictures, or tumors. The clinical presentation includes jaundice, which results from elevated bilirubin levels due to bile duct obstruction, right upper quadrant pain that arises from inflammation and possible distention of the biliary system, and fever that indicates the presence of infection. Cholangitis is often further described by the presence of Charcot's triad, which includes those three symptoms. When this triad is present, it typically leads to the consideration of urgent management, as cholangitis can rapidly lead to severe complications, including sepsis and organ failure if not treated promptly. Other choices, while they can present with abdominal pain, fever, or other symptoms, do not align with this specific triad. For example, acute pancreatitis often presents with severe epigastric pain that can radiate to the back but does not typically cause jaundice unless there's concurrent biliary obstruction. Cholecystitis usually presents with right upper quadrant pain and sometimes a fever, but jaundice is not a primary feature unless there's concurrent common bile

## 5. Which surgical procedure is indicated for achalasia?

- A. Nissen fundoplication
- B. Diverticulectomy
- C. Heller myotomy**
- D. Roux-en-Y gastric bypass

Heller myotomy is the surgical procedure indicated for achalasia, which is a condition characterized by the failure of the lower esophageal sphincter (LES) to relax properly during swallowing, leading to difficulty in eating and potential weight loss. This condition is due to the degeneration of the nerves that control the muscles of the esophagus, resulting in both motor dysfunction and increased resting tone of the LES. The Heller myotomy involves cutting the muscle fibers of the LES to relieve the high pressure and allow food to pass more easily into the stomach. By doing this, the procedure effectively alleviates the symptoms of dysphagia (difficulty swallowing) associated with achalasia. Other surgical options listed such as Nissen fundoplication, diverticulectomy, and Roux-en-Y gastric bypass do not address the underlying issue of esophageal motility and sphincter relaxation in achalasia. Nissen fundoplication is primarily used for treating gastroesophageal reflux disease (GERD), diverticulectomy is intended for esophageal diverticula, and Roux-en-Y gastric bypass is typically a bariatric surgery aimed at weight loss rather than treating the specific motility disorder associated with achalasia. Therefore, Heller myotomy

## 6. What is the classic triad of symptoms associated with aortic dissection?

- A. Sudden severe chest pain, unequal blood pressures, and pulse deficits**
- B. Chest pain, shortness of breath, and cyanosis
- C. Sharp abdominal pain, fever, and hypotension
- D. Throbbing headache, visual disturbance, and neck pain

The classic triad of symptoms associated with aortic dissection includes sudden severe chest pain, unequal blood pressures, and pulse deficits. This presentation is critical for recognizing an aortic dissection, which is a life-threatening condition where the inner layer of the aorta tears, allowing blood to flow between the layers of the vessel wall. Sudden severe chest pain is typically described as tearing or ripping in nature and often radiates to the back, reflecting the acute onset of the condition. Unequal blood pressures can occur due to the dissection affecting the branches of the aorta, leading to differences in blood flow to the arms or legs on one side of the body compared to the other. Pulse deficits can arise as a result of compromised blood flow to the arteries supplied by the aorta, indicating a significant vascular emergency. Other options present symptoms that are not aligned with the typical presentation of aortic dissection. For example, chest pain, shortness of breath, and cyanosis do not specifically highlight the unequal blood pressures or pulse deficits central to aortic dissection diagnosis. The symptoms listed in another option, such as sharp abdominal pain, fever, and hypotension, may suggest different pathologies like perforated viscus or sepsis but are not characteristic

**7. Which demographic factor is most likely associated with a greater incidence of greater trochanteric pain syndrome?**

- A. Young male athletes**
- B. Aging female population**
- C. Obese individuals**
- D. Smokers**

Greater trochanteric pain syndrome (GTPS) is a condition characterized by hip pain resulting from inflammation or irritation of the structures around the greater trochanter of the femur. It is commonly associated with conditions such as tendinopathy of the gluteus medius and minimus tendons. The aging female population is particularly prone to this syndrome due to several factors. First, hormonal changes after menopause can affect tendon health and musculoskeletal strength, making older women more susceptible to conditions like tendinopathy. Additionally, as individuals age, there is often an increase in the prevalence of musculoskeletal disorders, including hip pain syndromes. Women are statistically found to be at higher risk for GTPS compared to men, possibly due to differences in hip anatomy, joint biomechanics, and the prevalence of associated conditions like osteoporosis. While obesity and its associated factors can contribute to various musculoskeletal issues and may increase the risk of developing GTPS, the demographic link is more pronounced in the aging female population. Young male athletes may exhibit different injury patterns and are less likely to be diagnosed with GTPS when compared to older females. Similarly, while smoking can have detrimental effects on overall musculoskeletal health and recovery, it is the demographic factor of aging females that demonstrates

**8. What is the main determinant of surgical risk in elderly patients?**

- A. Age alone**
- B. Functional status**
- C. Social determination**
- D. Previous surgeries**

The main determinant of surgical risk in elderly patients is primarily their functional status. Functional status encompasses a variety of factors that reflect a patient's overall ability to perform daily activities and manage their health. This includes physical capabilities such as mobility, strength, and endurance, as well as cognitive function and the ability to adhere to medical advice. Elderly patients with good functional status, for instance, can often tolerate more extensive surgeries and recover better postoperatively compared to those with compromised functional abilities. Assessing functional status provides valuable insights into how well a patient may cope with the stress of surgery and the demands of recovery. While age itself is a consideration, it is not the sole predictor of surgical risk; two patients of the same age can have vastly different surgery outcomes based on their functional status. Social determinants and previous surgeries can play roles in overall health and recovery, but they do not directly reflect the body's immediate capacity to handle surgical procedures as effectively as functional status does.

## 9. What imaging modality is used for the evaluation of abdominal abscesses?

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

The evaluation of abdominal abscesses is most effectively performed using a CT scan. This imaging modality provides detailed cross-sectional images of the abdominal organs, allowing for accurate identification of abscesses, their size, and their relationship to surrounding structures. CT scans can also help differentiate abscesses from other conditions that might mimic them, such as tumors or other types of fluid collections. In addition, CT imaging is highly sensitive and can reveal the presence of gas within an abscess, which can indicate an infectious process. Furthermore, its capability to provide information about the extent of the disease and guide possible interventions, such as percutaneous drainage, makes it an invaluable tool in the management of abdominal abscesses. While ultrasound is also useful for detecting abscesses, especially in certain populations or when avoiding radiation exposure is necessary, it may not provide the same level of detail as a CT scan. X-rays are typically not useful for identifying abscesses specifically, and MRI, while providing excellent soft tissue contrast, is less commonly used in acute settings for this particular evaluation due to cost and availability concerns.

## 10. In the context of trauma, which factor significantly contributes to the risk of acute kidney injury?

- A. Prolonged immobilization
- B. Hypotension from blood loss**
- C. Trauma-induced infection
- D. Ingestion of nephrotoxic substances

Hypotension from blood loss is a significant factor contributing to the risk of acute kidney injury in trauma patients. When a person experiences significant blood loss, it leads to a decrease in blood volume and hence a reduction in blood pressure. This decreased perfusion can adversely affect kidney function, as the kidneys are highly sensitive to changes in blood flow and oxygen delivery. Inadequate perfusion can result in ischemia, which can directly damage kidney tissues, reduce glomerular filtration rates, and impair the kidneys' ability to filter waste products from the blood. This chain of events can culminate in acute kidney injury, which may manifest as elevated creatinine levels and other laboratory abnormalities. While other factors such as prolonged immobilization, trauma-induced infection, and ingestion of nephrotoxic substances can also be problematic in their own right, the direct impact of acute hypotension due to blood loss on renal perfusion establishes it as a primary and immediate concern in trauma scenarios. Addressing hypotension aggressively is crucial in the management of trauma patients to prevent the cascade that leads to acute kidney injury.

# 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](mailto: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!**

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