

UWORLD SURGERY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 is a classic symptom of pyloric stenosis?**
 - A. Projectile vomiting
 - B. Diarrhea
 - C. Gastroesophageal reflux
 - D. Constipation

- 2. What is the best next step in managing a patient with intermittent rectal bleeding and purplish mucosal bulges found on anoscopy?**
 - A. Immediate surgical intervention
 - B. High fiber diet and follow up
 - C. Colonoscopic evaluation
 - D. Medications for hemorrhoid treatment

- 3. What type of maneuver is performed to assess for a hernia?**
 - A. Valsalva maneuver
 - B. Murphy's sign
 - C. Brudzinski's sign
 - D. Homan's sign

- 4. For a patient with intermittent hematuria and a left-sided varicocele, what is the most appropriate diagnostic procedure?**
 - A. Ultrasound of the abdomen
 - B. Urine cytology
 - C. Abdominal CT
 - D. Cystoscopy

- 5. What is the mechanism of action for anticoagulants given perioperatively?**
 - A. Activation of platelets
 - B. Inhibition of thrombin or factor Xa
 - C. Increase in fibrinolysis
 - D. Stabilization of blood clots

- 6. In assessing a patient's post-operative care for abdominal pain, what is often a critical early diagnostic tool?**
- A. Blood chemistry panel
 - B. Plain abdominal X-ray
 - C. Complete blood count
 - D. CT abdomen
- 7. What laboratory result may indicate rhabdomyolysis in a patient who has experienced significant trauma?**
- A. Increased serum creatinine
 - B. Elevated serum creatine kinase
 - C. Low serum sodium
 - D. Hyperkalemia
- 8. What condition could lead to neck and shoulder pain with numbness in the forearm but without trauma history in a man with a long history of neck pain?**
- A. Dislocation
 - B. Cervical stenosis
 - C. Cervical spondylosis
 - D. Cervical fracture
- 9. For a patient with persistent epigastric pain and nausea, what is the best next step in management?**
- A. CT scan of the abdomen
 - B. Upper endoscopy
 - C. Barium swallow
 - D. Liver function tests
- 10. During a colectomy, which anatomical structure is typically preserved to maintain bowel function?**
- A. Ileocecal valve
 - B. Appendix
 - C. Rectum
 - D. Colon

Answers

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

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Explanations

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1. Which is a classic symptom of pyloric stenosis?

- A. Projectile vomiting**
- B. Diarrhea
- C. Gastroesophageal reflux
- D. Constipation

Projectile vomiting is a classic symptom of pyloric stenosis, particularly in infants. This condition involves a thickening of the pylorus, the opening from the stomach to the duodenum, which leads to gastric outlet obstruction. As a result, when food cannot pass through the narrowed pylorus, it creates increased pressure in the stomach. This pressure can cause forceful expulsion of stomach contents, leading to projectile vomiting. This vomiting is often described as occurring shortly after feeding and can be quite severe, leading to significant dehydration and electrolyte imbalances if not addressed promptly. The nature of the vomitus is typically non-bilious, indicating that the obstruction is before the duodenum, where bile mixes with the stomach contents. Other symptoms associated with pyloric stenosis can include dehydration, weight loss, and a characteristic "olive-like" mass felt on physical examination; however, projectile vomiting remains the hallmark symptom that often leads to a diagnosis. While other gastrointestinal symptoms such as diarrhea, gastroesophageal reflux, and constipation may be observed in different contexts, they are not characteristic of pyloric stenosis and do not reflect the underlying pathological process involved in this condition.

2. What is the best next step in managing a patient with intermittent rectal bleeding and purplish mucosal bulges found on anoscopy?

- A. Immediate surgical intervention
- B. High fiber diet and follow up**
- C. Colonoscopic evaluation
- D. Medications for hemorrhoid treatment

In the context of a patient experiencing intermittent rectal bleeding accompanied by purplish mucosal bulges observed during anoscopy, the best management involves suggesting a high fiber diet along with a plan for follow-up. This approach targets the potential underlying cause of the symptoms, which may often be related to conditions like hemorrhoids or other benign anal conditions. A high fiber diet is essential as it helps to soften stools, reduces straining during bowel movements, and potentially alleviates symptoms related to hemorrhoids or anal fissures. Moreover, the suggestion of follow-up allows for monitoring of the patient's condition and for reevaluation if symptoms persist or worsen. Immediate surgical intervention may not be warranted at this stage since the findings are suggestive of a non-emergent condition, while a colonoscopic evaluation might be considered more appropriate for cases where there are concerns of malignancy or other significant pathological changes. Medications for topical hemorrhoid treatment could also be a part of the management, but they would typically follow dietary and lifestyle modifications as an initial conservative approach. Thus, emphasizing dietary changes while planning for follow-up aligns with management protocols for similar clinical presentations.

3. What type of maneuver is performed to assess for a hernia?

A. Valsalva maneuver

B. Murphy's sign

C. Brudzinski's sign

D. Homan's sign

The Valsalva maneuver is employed to assess for a hernia because it increases intra-abdominal pressure, which can help visualize or palpate a hernia that may not be apparent at rest. When the patient exhales forcefully against a closed airway, this action can push abdominal contents into a weakened area of the abdominal wall, potentially revealing the presence of an inguinal or umbilical hernia. The other signs mentioned are used for different clinical assessments. Murphy's sign is used to assess gallbladder disease by checking for pain during inspiration while palpating the right upper quadrant, Brudzinski's sign is a test for meningeal irritation associated with conditions like meningitis, and Homan's sign is related to deep vein thrombosis. Each of these has distinct clinical applications, which do not pertain to hernia assessment.

4. For a patient with intermittent hematuria and a left-sided varicocele, what is the most appropriate diagnostic procedure?

A. Ultrasound of the abdomen

B. Urine cytology

C. Abdominal CT

D. Cystoscopy

In the case of a patient presenting with intermittent hematuria and a left-sided varicocele, the most appropriate diagnostic procedure is an abdominal CT scan. This choice is driven by the need to evaluate the kidneys and the surrounding structures for potential causes of both symptoms. The presence of intermittent hematuria raises concerns for a variety of conditions such as renal tumors, stones, or vascular anomalies. The left-sided varicocele, particularly if it's new-onset in an older male, can suggest possible obstruction of venous drainage from the left kidney, such as from a renal mass or other obstruction. An abdominal CT scan is highly effective in providing detailed imaging of the abdominal organs, including the kidneys and the vascular system, which would help identify any underlying pathologies contributing to both hematuria and varicocele. While the other options can provide valuable information, they are not as comprehensive as an abdominal CT scan for this specific clinical scenario. Ultrasound of the abdomen may be useful for initial evaluation but is less definitive for identifying solid lesions or vascular issues. Urine cytology is more beneficial for evaluating suspected bladder cancer and does not address the varicocele or renal pathology directly. Cystoscopy would allow for direct visualization of the bladder and urethra

5. What is the mechanism of action for anticoagulants given perioperatively?

- A. Activation of platelets
- B. Inhibition of thrombin or factor Xa**
- C. Increase in fibrinolysis
- D. Stabilization of blood clots

The correct answer focuses on the inhibition of thrombin or factor Xa as the primary mechanism of action for perioperative anticoagulants. These anticoagulants are designed to prevent the formation of blood clots by interfering with the coagulation cascade. Thrombin and factor Xa play crucial roles in the conversion of fibrinogen to fibrin and in the amplification of the clotting process. By inhibiting these factors, anticoagulants reduce the overall ability of the blood to clot, thereby minimizing the risk of thrombosis during surgical procedures. This is especially important in the perioperative setting, where patients may be at increased risk for thromboembolic events due to factors such as immobility, vascular injury, or alterations in blood flow. The other mechanisms listed do not align with the intended action of perioperative anticoagulants. For example, activating platelets and stabilizing blood clots would promote clot formation, which contradicts the goal of anticoagulation. Similarly, while increasing fibrinolysis can be a therapeutic target in some situations, perioperative anticoagulants predominantly work by inhibiting specific clotting factors rather than enhancing the breakdown of existing clots.

6. In assessing a patient's post-operative care for abdominal pain, what is often a critical early diagnostic tool?

- A. Blood chemistry panel
- B. Plain abdominal X-ray**
- C. Complete blood count
- D. CT abdomen

The use of a plain abdominal X-ray as a critical early diagnostic tool in assessing post-operative abdominal pain is grounded in its ability to quickly identify several important conditions. After surgery, a patient may experience a variety of complications, including bowel obstruction, perforation, or intra-abdominal free air, which can all present as abdominal pain. A plain abdominal X-ray can rapidly assess for free air under the diaphragm indicative of perforation or evaluate for bowel obstruction through the visualization of air-fluid levels and distended bowel loops. This imaging modality is generally accessible, quick to perform, and does not involve the use of contrast agents, making it particularly suitable in acute settings where a rapid diagnosis is necessary. While other options like a blood chemistry panel, complete blood count, and CT scans provide valuable information, they are often more time-consuming, require more resources, or may not be as immediately diagnostic for certain surgical complications as an X-ray can be in the acute postoperative setting. For example, a CT scan, while very sensitive and specific for diagnosing issues, may not be the first step due to its time requirements and the need for patient stability. Similarly, laboratory tests can indicate inflammation or anemia but do not provide direct visualization of the surgical area.

7. What laboratory result may indicate rhabdomyolysis in a patient who has experienced significant trauma?

- A. Increased serum creatinine
- B. Elevated serum creatine kinase**
- C. Low serum sodium
- D. Hyperkalemia

Elevated serum creatine kinase (CK) is a key laboratory result that may indicate rhabdomyolysis, particularly following significant trauma. Rhabdomyolysis is a condition that involves the breakdown of muscle tissue, leading to the release of intracellular components into the bloodstream. One of the most prominent markers released during this process is creatine kinase, an enzyme found in high concentrations in skeletal muscle. In cases of trauma, such as crush injuries or severe muscle damage, the damaged muscle fibers release large amounts of CK into the circulation. Consequently, a significantly elevated serum CK level serves as an important diagnostic indicator of rhabdomyolysis. Detecting this elevation is crucial as it helps guide further management and treatment strategies, including monitoring for potential complications such as acute kidney injury due to the nephrotoxic effects of myoglobin released from damaged muscle. While increased serum creatinine can also suggest renal impairment that may occur secondary to rhabdomyolysis, the most direct and early indicator of muscle damage is the elevated serum creatine kinase. Other laboratory results such as low serum sodium and hyperkalemia may occur in the context of rhabdomyolysis but are not specific indicators for the diagnosis of this condition.

8. What condition could lead to neck and shoulder pain with numbness in the forearm but without trauma history in a man with a long history of neck pain?

- A. Dislocation
- B. Cervical stenosis
- C. Cervical spondylosis**
- D. Cervical fracture

Cervical spondylosis is a degenerative condition that commonly affects older adults, characterized by the wear and tear of the cervical spine. It involves the degeneration of intervertebral discs, formation of bone spurs, and other changes that can lead to narrowing of the spinal canal and foramina. In this scenario, the man's long history of neck pain suggests a chronic condition, and the new symptoms of neck and shoulder pain with numbness in the forearm can be attributed to nerve root compression caused by cervical spondylosis. This condition can elicit radicular symptoms—pain or numbness radiating down the arm—due to the compression of cervical nerve roots, which is consistent with the clinical presentation described. Other conditions like dislocation or fracture would typically be associated with a history of trauma, which is absent here. Cervical stenosis, while it can cause similar symptoms, is often secondary to conditions like spondylosis, making it a less likely primary diagnosis in this context given the patient's long-standing neck pain. Cervical spondylosis is therefore the most appropriate explanation for the combination of chronic neck pain and the new neurological symptoms without any recent trauma.

9. For a patient with persistent epigastric pain and nausea, what is the best next step in management?

- A. CT scan of the abdomen**
- B. Upper endoscopy
- C. Barium swallow
- D. Liver function tests

In the scenario of a patient presenting with persistent epigastric pain and nausea, obtaining a CT scan of the abdomen is a crucial step in management. A CT scan is advantageous because it provides a comprehensive view of the abdominal structures, allowing for the identification of various conditions such as pancreatitis, cholecystitis, diverticulitis, and bowel obstruction, among others. Additionally, a CT scan can help detect any potential masses or lesions, providing valuable information on the underlying cause of the patient's symptoms. While upper endoscopy can evaluate the esophagus, stomach, and the first part of the small intestine, it is less useful in assessing deeper abdominal pathology that might be the cause of epigastric pain. Barium swallow is primarily used for evaluating structural abnormalities in the esophagus and does not effectively provide information regarding organ systems below the diaphragm. Liver function tests, while important for assessing liver-related issues or biliary obstruction, do not directly visualize the abdominal organs nor conclusively determine the source of persistent pain and nausea. Thus, prioritizing a CT scan in the initial management allows for a more thorough investigation of the epigastric area, enabling a targeted approach to diagnosis and treatment.

10. During a colectomy, which anatomical structure is typically preserved to maintain bowel function?

- A. Ileocecal valve**
- B. Appendix
- C. Rectum
- D. Colon

The ileocecal valve is typically preserved during a colectomy to maintain bowel function. This valve is located at the junction of the small intestine (ileum) and the large intestine (cecum) and plays a critical role in preventing the backflow of colonic contents into the ileum. Preserving the ileocecal valve helps to ensure that the small intestine can continue to function effectively by regulating the passage of content and maintaining the appropriate balance of gastrointestinal flora. In colectomy procedures, particularly when a significant portion of the colon is removed, preserving this structure allows for a more normal transit of digestive contents from the small intestine into the remainder of the gastrointestinal tract. This can minimize disturbances in digestion and absorption, thereby reducing the risk of post-operative complications such as diarrhea or malnutrition. In contrast, removal of the appendix, rectum, or other sections of the colon can lead to different functional repercussions, such as changes in bowel habits or the need for a colostomy in the case of rectal removal. Thus, from an anatomical and physiological standpoint, the ileocecal valve is crucial for maintaining bowel function after a colectomy.

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!

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