BOARDVITALS PRE-OP PREPARATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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.

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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!

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Questions

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1. **What term is used to describe a patient lying face down on the operating room table?**

   A. Supine

   B. Prone

   C. Lateral

   D. Sitting

2. **What is the term for the injection given by the anesthesiologist prior to ophthalmic surgery?**

   A. Intrapelvic Block

   B. Retrobulbar Block

   C. Peribulbar Block

   D. Intravenous Sedation

3. **What must the CST do before opening sterile supplies?**

   A. Perform a count of all instruments

   B. Inspect outer package for tears

   C. Place the supplies on a clean table

   D. Check expiration dates only

4. **What position is required for surgery involving lower pilonidal sinus excision?**

   A. Supine

   B. Trendelenburg

   C. Jack knife

   D. Reverse Trendelenburg

5. **Which procedure do male patients typically undergo for permanent contraception?**

   A. Vasectomy

   B. Orchiectomy

   C. Prostatectomy

   D. Erectile dysfunction surgery

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6. Elective surgeries are delayed until when to prevent spontaneous abortion?

A. Pre-delivery

B. Post-delivery

C. During labor

D. Before medication

7. How does an oscillating saw move during a surgical procedure?

A. Up and down motion

B. Side to side motion

C. Rotational motion

D. Linear motion

8. What surgical intervention is recommended for patients diagnosed with breast cancer?

A. Mastectomy

B. Radiation therapy

C. Lumpectomy

D. Sentinel lymph node biopsy

9. In which circumstance is there a greater risk of complications during surgery?

A. Patients with a history of diabetes

B. Obese patients are at higher risk of wound complications

C. Younger patients

D. Patients who smoke

10. After donning a sterile gown, what should the surgical technician do next?

A. Prepare the surgical table

B. Don sterile gloves

C. Wash hands again

D. Assist the anesthetist

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Answers

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

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Explanations

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1. What term is used to describe a patient lying face down on the operating room table?

A. Supine

B. Prone

C. Lateral

D. Sitting

The term used to describe a patient lying face down on the operating room table is "prone." In this position, the patient's chest and abdomen are resting on the table while the back is facing upwards. The prone position is commonly used for certain surgical procedures, such as those involving the spine, back, or certain types of surgeries where access to the posterior aspect of the body is required. Understanding the different patient positions is crucial in the preoperative setting, as each position has specific considerations related to patient safety, access for the surgical team, and potential complications such as pressure injuries or compromised respiratory function. In contrast, 'supine' refers to lying on one's back, 'lateral' means lying on one side, and 'sitting' involves an upright posture. These terms are significant in clinical practice, emphasizing the need to understand various patient positioning based on the requirements of the surgery being performed.

2. What is the term for the injection given by the anesthesiologist prior to ophthalmic surgery?

A. Intrapelvic Block

B. Retrobulbar Block

C. Peribulbar Block

D. Intravenous Sedation

The term for the injection given by the anesthesiologist prior to ophthalmic surgery is the retrobulbar block. This technique involves the injection of anesthetic agents into the retrobulbar space behind the eye, which provides analgesia and akinesia (lack of eye movement) during procedures such as cataract surgery or glaucoma surgery. By blocking the optic nerve and surrounding structures, the retrobulbar block allows the surgeon to operate on the eye with minimal discomfort and motion, thus enhancing both safety and efficacy. This method is particularly advantageous for eye surgeries as it ensures that the patient remains comfortable while allowing for better surgical conditions. It also has a rapid onset and can effectively control pain and anxiety during the procedure.

3. What must the CST do before opening sterile supplies?

A. Perform a count of all instruments

B. Inspect outer package for tears

C. Place the supplies on a clean table

D. Check expiration dates only

Before opening sterile supplies, the Certified Surgical Technologist (CST) must inspect the outer package for tears. This step is critical because damage to the packaging could compromise the sterility of the contents. If the outer package is torn or wet, it indicates that the sterility may be compromised, and using those supplies could lead to infection risks during the surgical procedure. Ensuring that the packaging is intact allows the CST to confidently proceed with opening and using the supplies, thereby maintaining the aseptic environment required for surgical procedures. Proper inspection is a fundamental part of ensuring patient safety and effective surgical outcomes.

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4. What position is required for surgery involving lower pilonidal sinus excision?

A. Supine

B. Trendelenburg

C. Jack knife

D. Reverse Trendelenburg

The jackknife position, also known as the Kraske position, is specifically used for procedures involving the posterior aspect of the body, such as lower pilonidal sinus excision. In this position, the patient is placed on their abdomen with the hips elevated and the torso angled down, which provides optimal access to the sacrococcygeal area. This angling allows the surgeon to have better visibility and access to the pilonidal sinus, facilitating a more effective excision while also helping to reduce the risk of complications. Additionally, the jackknife position helps to minimize pressure on the abdomen, which is particularly beneficial during operations in that region, as opposed to other positions like supine or Trendelenburg, which would not provide the same level of access and visibility for this type of surgery.

5. Which procedure do male patients typically undergo for permanent contraception?

A. Vasectomy

B. Orchiectomy

C. Prostatectomy

D. Erectile dysfunction surgery

A vasectomy is the procedure that male patients typically undergo for permanent contraception. This surgical procedure involves cutting and sealing the vas deferens, which are the tubes that carry sperm from the testes to the urethra. By preventing sperm from mixing with semen during ejaculation, a vasectomy effectively reduces the risk of fertilization and is considered a permanent method of contraception. The procedure is generally performed in an outpatient setting, and while it is designed to be permanent, some men may later opt for a reversal, though this is not always successful. The effectiveness of a vasectomy in preventing pregnancy is very high, making it a widely accepted option for males seeking a permanent form of birth control. Other surgical options listed, like orchiectomy or prostatectomy, do not serve the purpose of contraception. Orchiectomy involves removing one or both testes, while prostatectomy involves the surgical removal of the prostate gland, typically to treat conditions like prostate cancer. Erectile dysfunction surgery is aimed at addressing issues related to sexual function and does not contribute to contraception. Therefore, the vasectomy stands out as the correct answer for the question regarding permanent male contraception.

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6. Elective surgeries are delayed until when to prevent spontaneous abortion?

A. Pre-delivery

B. Post-delivery

C. During labor

D. Before medication

Elective surgeries are postponed until after delivery in order to prevent spontaneous abortion, particularly for pregnant patients. This is crucial because the stress of surgery, anesthesia, and postoperative recovery can pose significant risks to both the mother and the developing fetus. By waiting until after delivery, healthcare providers can minimize these risks and ensure that the mother's health is prioritized while also safeguarding the pregnancy. Conducting elective surgeries during pregnancy could lead to complications such as labor induction or contractions, which could, in turn, result in miscarriage or preterm birth. Therefore, the timing of any elective procedure is strategically planned to avoid these risks, making the post-delivery period the safest window for such surgical interventions. This is why the correct choice indicates that surgeries are delayed until after delivery.

7. How does an oscillating saw move during a surgical procedure?

A. Up and down motion

B. Side to side motion

C. Rotational motion

D. Linear motion

An oscillating saw moves in a side-to-side motion during a surgical procedure. This type of saw is designed to create a quick and controlled cutting action while minimizing the risk of damaging surrounding tissues. The side-to-side oscillation allows for precision in cutting through bone or other dense materials, making it particularly useful in orthopedic and thoracic surgeries. This motion ensures that the blade can efficiently remove material without the need for a circular action, which can generate more heat and increase the risk of thermal injury to nearby structures. In contrast, the other types of motion like up-and-down, rotational, or linear do not accurately describe the specific cutting action of an oscillating saw. Each of those motions has its own applications and tools. For example, up-and-down motion is characteristic of reciprocating saws, while rotational motion is typical of drills, and linear motion could refer to devices that slide back and forth but are not specific to the oscillating saw's unique mechanism. Understanding this motion is critical for surgeons to effectively use the tool while ensuring patient safety and surgical efficacy.

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8. What surgical intervention is recommended for patients diagnosed with breast cancer?

A. Mastectomy

B. Radiation therapy

C. Lumpectomy

D. Sentinel lymph node biopsy

Mastectomy is often recommended for patients diagnosed with breast cancer, especially in specific situations such as when the cancer is extensive, recurrent, or when the patient prefers this option over breast conservation. A mastectomy involves the surgical removal of one or both breasts and may be considered more appropriate in cases where there is a high risk of cancer recurrence or when the tumor size relative to breast size makes conservative surgery less favorable. While lumpectomy, which is the removal of the tumor with a margin of surrounding tissue, is an alternative treatment option that allows for breast conservation, the choice of surgical intervention typically depends on factors such as the stage of cancer, tumor characteristics, and the patient's overall health and preferences. Radiation therapy is used post-operatively in many cases to reduce the risk of local recurrence, particularly after lumpectomy, rather than serving as a primary surgical intervention. A sentinel lymph node biopsy may be performed as part of the staging process to assess the spread of cancer but does not constitute a standalone primary treatment for breast cancer. Thus, the recommendation for mastectomy will depend on comprehensive evaluation by the medical team regarding the specifics of the patient's condition.

9. In which circumstance is there a greater risk of complications during surgery?

A. Patients with a history of diabetes

B. Obese patients are at higher risk of wound complications

C. Younger patients

D. Patients who smoke

Obese patients are at higher risk of wound complications due to several factors associated with obesity. The presence of excess body fat can lead to a decreased blood supply in adipose tissue, which impairs healing after surgery. Additionally, obesity is associated with a higher likelihood of developing infections, both due to the nature of surgical wounds and the body's inflammatory response to injury. Obese individuals may also have other comorbidities, such as diabetes and cardiovascular issues, which can further increase the risk of complications during and after surgery. These factors create a challenging environment for surgical recovery, making it critical for healthcare professionals to closely monitor and manage obese patients undergoing surgical procedures. In comparison, although diabetes and smoking also present risks during surgery, the specific complications associated with obesity, particularly concerning wound healing and infection, are particularly pronounced. Younger patients typically do not face the same level of risk as older populations, especially in terms of wound complications.

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10. After donning a sterile gown, what should the surgical technician do next?

A. Prepare the surgical table

B. Don sterile gloves

C. Wash hands again

D. Assist the anesthetist

After donning a sterile gown, the next appropriate action for the surgical technician is to don sterile gloves. This step is crucial as it ensures that the technician maintains a sterile environment and protects both the surgical team and the patient from potential infections. The gloves serve as an added barrier against contaminants after the gown has been worn, completing the process of achieving a sterile field necessary for surgery. In a surgical setting, the sequence of actions taken is imperative. Following the donning of sterile attire, putting on sterile gloves is essential to maintain that sterility when handling surgical instruments and interacting with the surgical site. The other choices involve actions that either occur out of order or do not directly follow the wearing of a sterile gown. For instance, preparing the surgical table is typically done prior to donning sterile attire to avoid contamination of sterile items with non-sterile clothing or skin. Washing hands again after putting on the gown is unnecessary since the hands should have already been washed before gowning, and assisting the anesthetist, while important, is not the immediate next step following the completion of the sterile gowning process.

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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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