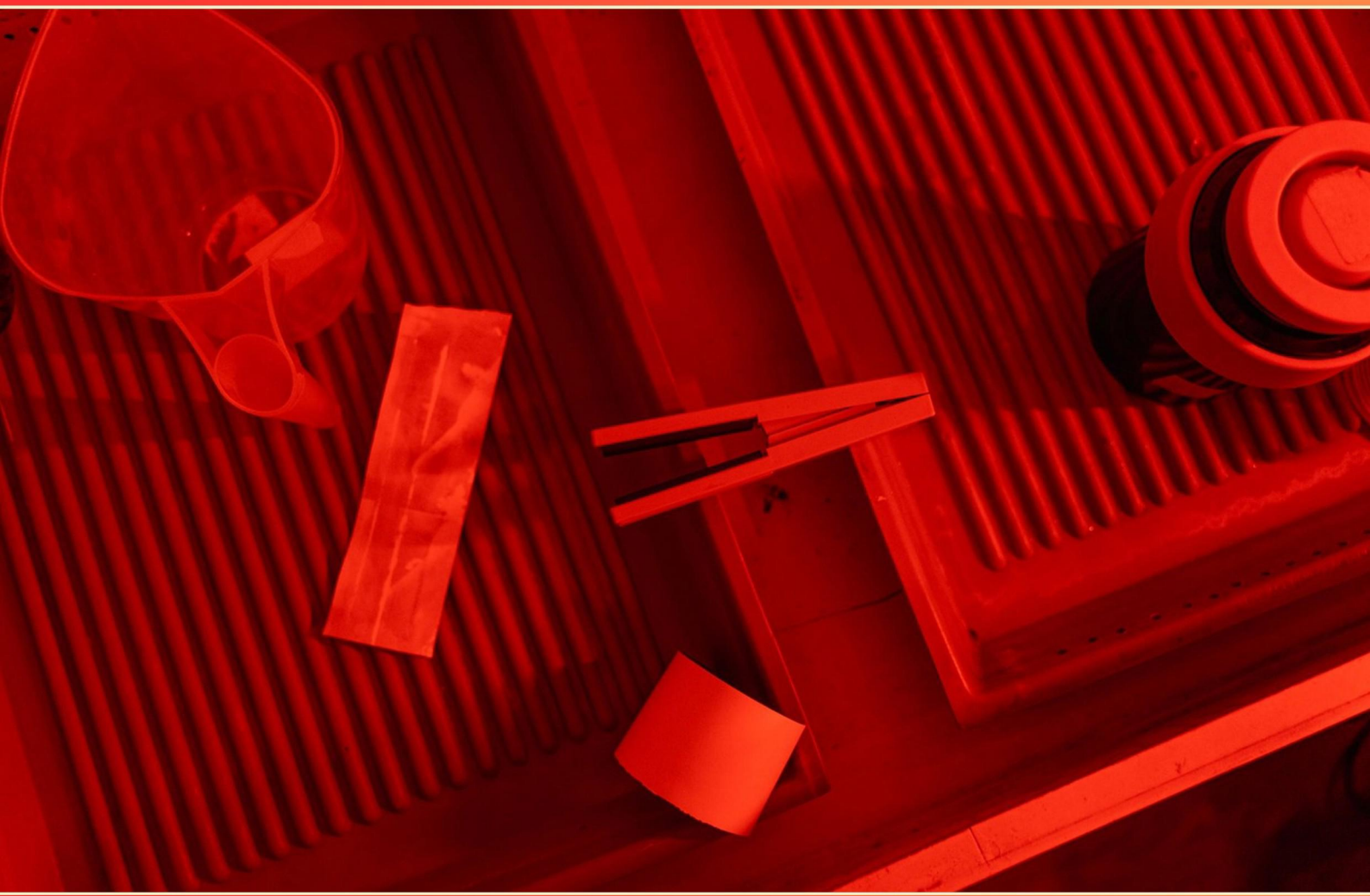
FUNDAMENTALS OF LAPAROSCOPIC SURGERY (FLS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://laparoscopicsurgeryfls.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.

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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. In peg transfer, what is the essential skill to prevent dropping rings?

A. Securely maintain a stable grip on the ring and perform a controlled transfer without dropping the ring.

B. Use fast, jerky motions to move the ring.

C. Keep the same grip throughout without adjusting.

D. Visualize the field and avoid manipulating the ring.

2. How does countertraction facilitate laparoscopic suturing?

A. It increases intra-abdominal pressure.

B. It eliminates need for suturing.

C. It makes tissue more fragile.

D. It provides stable tissue tension and exposure, allowing precise needle passage and knot tying.

3. What is the primary purpose of maintaining adequate abdominal insufflation during laparoscopy?

A. Provide workspace and improve visualization

B. Decrease patient comfort

C. Increase instrument cost

D. Increase fogging

4. What is the objective of pattern cutting in laparoscopic tasks?

A. Random tissue removal.

B. Solely general dissection.

C. Precise geometry along predefined lines.

D. Identifying tissue planes.

5. Which of the following is listed as a post-operative injury that can occur later after surgery?

A. Anastomotic leak

B. Partial thickness injuries

C. Non-visualized electrosurgical burn

D. Devascularization/ischemia

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6. Which of the following is a troubleshooting step for troubleshooting the image display during laparoscopy?

A. Check that the monitor is plugged in and turned on and all cables are connected securely

B. Check that the CO_2 tank is full

C. Check that the light source bulb is functioning

D. Check that port valves are open

7. Where are intracorporeal knots formed?

A. Inside the abdomen with instruments.

B. Outside the body.

C. In the operating room refrigerator.

D. In a different patient.

8. Biopsy forceps are commonly used for which procedures?

A. Liver biopsy

B. Incisional or excisional biopsy or peritoneal implants

C. FNA of small masses

D. Peritoneal washings collection

9. Which liver condition increases the risk of bleeding and postoperative ascites?

A. Cirrhosis

B. Fatty liver without cirrhosis

C. Hepatitis A

D. Alcoholic hepatitis

10. Why should ports be removed under direct lap visualization?

A. Bleeding may not be evident during procedure, and may not be evident externally after port is removed

B. It speeds up the procedure

C. It reduces infection risk

D. It improves cosmetic appearance

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Answers

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

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Explanations

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1. In peg transfer, what is the essential skill to prevent dropping rings?

A. Securely maintain a stable grip on the ring and perform a controlled transfer without dropping the ring.

B. Use fast, jerky motions to move the ring.

C. Keep the same grip throughout without adjusting.

D. Visualize the field and avoid manipulating the ring.

The essential skill in peg transfer is maintaining a secure, stable grip and performing a deliberate, controlled transfer. By keeping a firm hold on the ring and moving it slowly with coordinated instrument action, you minimize slipping and ensure precise placement on the peg. Quick, jerky motions destabilize the grip and increase the chance of dropping the ring. Trying to keep the same grip throughout without any adjustment can fail to accommodate small changes in angle or contact that are needed for a safe transfer. Merely visualizing the field or avoiding manipulation won't complete the task.

2. How does countertraction facilitate laparoscopic suturing?

A. It increases intra-abdominal pressure.

B. It eliminates need for suturing.

C. It makes tissue more fragile.

D. It provides stable tissue tension and exposure, allowing precise needle passage and knot tying.

Countertraction in laparoscopic suturing provides stable tissue tension and exposure, which is essential for precise needle passage and knot tying. By pulling tissue edges away from the suture line and tautening them, you clearly expose the bite sites and define the correct plane for needle entry. This controlled tension keeps the tissue from sliding or bunching, allows you to orient the needle accurately in a small working space, and enables secure, precise knots. Without countertraction, tissue can be slack and poorly exposed, making needle depth and angle unpredictable and knot tying unreliable. It's about enhancing control and visualization during suturing, not about changing pressure, eliminating suturing, or weakening tissue.

3. What is the primary purpose of maintaining adequate abdominal insufflation during laparoscopy?

A. Provide workspace and improve visualization

B. Decrease patient comfort

C. Increase instrument cost

D. Increase fogging

Creating a stable pneumoperitoneum is the main idea here: insufflation lifts the abdominal wall away from the organs to establish a roomy space, enabling the instruments to be placed and moved with a clear view of the operative field. This expanded workspace and improved visualization are what make laparoscopic dissection, identification of structures, and safe instrument movement feasible. Managing factors like fogging or patient comfort are important considerations, but they are not the primary purpose of maintaining adequate abdominal insufflation.

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4. What is the objective of pattern cutting in laparoscopic tasks?

A. Random tissue removal.

B. Solely general dissection.

C. Precise geometry along predefined lines.

D. Identifying tissue planes.

The main concept being tested is precision in cutting by faithfully following predefined geometric lines on tissue. Pattern cutting is about translating a drawn pattern into the actual tissue manipulation, so the surgeon must guide the instrument exactly along the specified path, maintaining consistent depth and angle to reproduce the intended shape with clean edges and correct margins. This requires steady hand-eye coordination, careful tissue tension, and controlled movement in the restricted laparoscopic view. This is why the best answer is about precise geometry along predefined lines: it captures the goal of producing a exact pattern rather than cutting randomly, performing only general dissection, or simply identifying tissue planes. If cutting deviates from the lines, the shape is distorted and the edges become irregular, which defeats the purpose of the task.

5. Which of the following is listed as a post-operative injury that can occur later after surgery?

A. Anastomotic leak

B. Partial thickness injuries

C. Non-visualized electrosurgical burn

D. Devascularization/ischemia

The main idea here is recognizing a complication that can appear after the patient has left the operating room: a leak at the surgical connection (anastomosis). An anastomotic leak happens when the joined ends of tissue—often bowel or another hollow structure—do not heal adequately, allowing contents to seep into the abdomen. This failure can show up days after the operation with symptoms such as fever, abdominal pain, tachycardia, or evolving sepsis, making it a classic late post-operative injury. Other options describe injuries that are typically identified during the operation or are immediate in nature. Partial thickness injuries and non-visualized electrosurgical burns are usually recognized intraoperatively or very soon after, not as late post-op injuries. Devascularization or ischemia can contribute to tissue failure and late problems, but the specific late post-operative injury most classically listed is an anastomotic leak, which directly reflects the failure of the surgical connection to maintain containment after healing has begun.

6. Which of the following is a troubleshooting step for troubleshooting the image display during laparoscopy?

A. Check that the monitor is plugged in and turned on and all cables are connected securely

B. Check that the CO_2 tank is full

C. Check that the light source bulb is functioning

D. Check that port valves are open

Illumination is essential for image display because the camera relies on light from the source to reveal the surgical field. If the light source bulb isn't functioning, there won't be illumination, so the image will be dark or absent regardless of what else is connected. Checking that the light source is on and the bulb is working directly tests the cause of a non-visible image and is the most straightforward way to troubleshoot image display problems. Other steps, like making sure the monitor is powered and cables are securely connected, can matter in some failure modes, but they won't restore an image if there's no light. The CO_2 tank status or port valves don't affect the video signal, so they aren't the primary troubleshooting step for image display.

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7. Where are intracorporeal knots formed?

A. Inside the abdomen with instruments.

B. Outside the body.

C. In the operating room refrigerator.

D. In a different patient.

Intracorporeal knots are formed inside the abdominal cavity using laparoscopic instruments. Through the ports, the surgeon places tissue bites and ties the knot entirely within the peritoneal space, manipulating the suture with long tools to achieve secure and precise tissue approximation. This approach contrasts with extracorporeal knotting, where the knot is formed outside the body and then advanced in. Forming a knot outside the body or in unrelated places isn't how intracorporeal knots are created, so the correct location is inside the abdomen with instruments.

8. Biopsy forceps are commonly used for which procedures?

A. Liver biopsy

B. Incisional or excisional biopsy or peritoneal implants

C. FNA of small masses

D. Peritoneal washings collection

Biopsy forceps are designed to grab and remove small pieces of tissue during laparoscopy, making them ideal for obtaining samples in procedures where you need an actual tissue core to examine under a microscope. This fits best with incisional or excisional biopsy, where a portion or full thickness of tissue is removed for diagnosis, and with sampling of peritoneal implants, where tissue from nodules on the peritoneum is collected for histology. In contrast, fine-needle aspiration uses a fine needle to aspirate cells from a mass, not a tissue sample obtained with forceps, so it's not the typical use for biopsy forceps. Peritoneal washings involve washing the peritoneal cavity with fluid to collect cells, not tissue samples. So the use that aligns with the instrument's capability to grasp and extract tissue is incisional/excisional biopsy or sampling of peritoneal implants.

9. Which liver condition increases the risk of bleeding and postoperative ascites?

A. Cirrhosis

B. Fatty liver without cirrhosis

C. Hepatitis A

D. Alcoholic hepatitis

Cirrhosis best explains why both bleeding risk and postoperative ascites are heightened. In cirrhosis, scar tissue and nodular regeneration disrupt normal liver function and create portal hypertension. The elevated pressure in the portal system increases the likelihood of bleeding, especially during or after surgery, and it promotes the development of varices and a fragile coagulation system. The diseased liver also has impaired synthesis of clotting factors and platelets often become reduced from splenomegaly, further tipping toward bleeding. At the same time, cirrhosis lowers the liver's ability to produce albumin, which decreases oncotic pressure and allows fluid to accumulate in the abdomen. Portal hypertension adds hydrostatic pressure that pushes fluid into the peritoneal cavity, leading to ascites. In contrast, fatty liver without cirrhosis, acute hepatitis A, or alcoholic hepatitis without established portal hypertension and significant synthetic dysfunction carry a lower or more variable bleeding and ascites risk.

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10. Why should ports be removed under direct lap visualization?

A. Bleeding may not be evident during procedure, and may not be evident externally after port is removed

B. It speeds up the procedure

C. It reduces infection risk

D. It improves cosmetic appearance

The key idea is to ensure bleeding is detected and controlled, even if it isn't obvious during the procedure. Ports create a tract from the skin into the abdominal cavity, and when a port is withdrawn, bleeding can be occult—hidden in the tract or inside the peritoneal cavity and not visible externally while the instrument is in place or after it's removed. Removing the port under direct laparoscopy lets you inspect the tract as you withdraw, identify any active bleeding from vessels or surrounding tissue, and achieve hemostasis immediately with cautery, clips, or careful suturing. This helps prevent delayed hemorrhage that might only become apparent after the port is out. While faster removal, infection risk, and cosmetic appearance are considerations in practice, the primary safety benefit of direct visualization during port removal is ensuring proper hemostasis.

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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:

https://laparoscopicsurgeryfls.examzify.com

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

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