NCCT TECH IN SURGERY CERTIFIED (TSC) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://ncctttechinsurgery.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. When preparing for an abdominal hysterectomy on a 300 lb. patient, which item should the surgical technologist prioritize to manage costs?

A. Sutures

B. 11 knife blade

C. Towel clamps

D. Scalpel

2. Following an eyelid laceration repair, what should a surgical technologist hand the surgeon for closing the skin?

A. Vicryl sutures

B. Metal clips

C. Skin adhesive

D. Steri strips

3. What is the recommended temperature range in an operating room for adult hernia repair surgery?

A. 65 - 70 degrees

B. 68 - 73 degrees

C. 70 - 75 degrees

D. 72 - 78 degrees

4. What type of sterilization should be employed to re-sterilize a Poole suction tip during an open laparotomy?

A. Gravity displacement

B. Ethylene oxide

C. Cobalt 60 radiation

D. Pre vac

5. In a surgical setting, which of the following best describes the term 'aseptic technique'?

A. Use of chemical disinfectants

B. Methods to eliminate pathogens

C. Reduction of microbial load to a safe level

D. Physical removal of contaminants

SAMPLE

6. What is the proper protocol for flash autoclaving a Frazier suction tip that falls on the floor?

A. Autoclave for 5 minutes

B. Flush the lumen and autoclave for 10 minutes at 270 degrees F

C. Rinse with saline before autoclaving

D. Soak in antiseptic before cleaning

7. Which retractor should the surgical technologist be prepared to pass during an abdominal hysterectomy?

A. Self-retaining retractor

B. O'Sullivan O'Connor

C. Hudson brace

D. Malleable retractor

8. Which dressing should be anticipated for bilateral skin grafts taken from the thighs for placement on a left lower leg fasciotomy?

A. DuoDERM

B. Iodoform gauze

C. Xeroform

D. Adhesive skin closure strips

9. For a procedure requiring drainage, what type of drainage system might a surgical technologist use?

A. Negative pressure wound therapy

B. Closed suction drain

C. Chest tube

D. Open drain

10. Where should the chest tube water seal drainage system be placed relative to the thoracic cavity?

A. On the bed, lying between the patient's legs

B. On the side rail, parallel to the patient's shoulders

C. At the foot of the bed, secured to the footboard

D. At the head of the bed, secured on the headboard

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. When preparing for an abdominal hysterectomy on a 300 lb. patient, which item should the surgical technologist prioritize to manage costs?

A. Sutures

B. 11 knife blade

C. Towel clamps

D. Scalpel

In preparing for an abdominal hysterectomy, the choice of prioritizing the 11 knife blade is significant for both efficiency and cost management. The 11 knife blade is commonly used for making precise incisions in surgical procedures. Given the patient's size, it's essential to ensure that the incision allows for optimal access to the surgical site, which can influence the overall time and complexity of the procedure. Using a blade that offers precision can potentially reduce the necessity for extended surgical time and minimize complications that might arise from improper incisions. If the incision isn't adequate, it could lead to longer operating times, additional resources, and increased costs due to complications or the need for further interventions. Other items, while important, are not as directly related to the initial phases of the procedure where cost management is crucial. Sutures, towel clamps, and scalpels all play significant roles, but the 11 knife blade primarily impacts the early stages of the operation, where effective management of time and costs can be realized. By ensuring that the knife blade is prioritized and used effectively, the surgical technologist helps streamline the process, reduce waste, and manage costs in a significant way.

2. Following an eyelid laceration repair, what should a surgical technologist hand the surgeon for closing the skin?

A. Vicryl sutures

B. Metal clips

C. Skin adhesive

D. Steri strips

In the context of closing the skin following an eyelid laceration repair, the use of Steri Strips is particularly appropriate. Steri Strips are adhesive skin closure strips that are commonly utilized for closing small lacerations or incisions when tension across the wound is minimal. They are advantageous in that they provide support to the skin while allowing for some flexibility and movement. This is crucial in delicate areas such as the eyelids, where maintaining skin integrity and minimizing scarring is of utmost importance. Moreover, Steri Strips promote healing by allowing the skin edges to come together without the need for deeper suturing, making them less invasive. The application of Steri Strips can also lead to improved cosmetic outcomes, which is essential for facial structures. The other methods for closure, such as metal clips or skin adhesive, while viable in different scenarios, may not be the best choice in this delicate region due to considerations such as potential irritation, tension, and the healing process. Thus, for eyelid lacerations, using Steri Strips for skin closure aligns well with both functionality and aesthetics.

SAMPLE

3. What is the recommended temperature range in an operating room for adult hernia repair surgery?

A. 65 - 70 degrees

B. 68 - 73 degrees

C. 70 - 75 degrees

D. 72 - 78 degrees

The recommended temperature range in an operating room for adult hernia repair surgery is 68 - 73 degrees Fahrenheit. This range is critical for several reasons. Firstly, maintaining this temperature helps minimize the risk of surgical site infections and complications. Surgical patients, particularly those undergoing procedures like hernia repairs, can become hypothermic due to the exposure of body cavities and the use of cooling surgical instruments. The specified temperature helps to maintain normothermia, which is essential for optimal healing and recovery. Additionally, the range is conducive to the comfort of both the surgical team and the patient. A too-cold environment can lead to muscle stiffness and decreased dexterity, while a too-warm environment may lead to excessive sweating and discomfort, impacting the surgical procedure's efficiency and effectiveness. This temperature range is aligned with guidelines established for maintaining a sterile, safe, and effective surgical environment, thus demonstrating its importance in the realm of surgical best practices.

4. What type of sterilization should be employed to re-sterilize a Poole suction tip during an open laparotomy?

A. Gravity displacement

B. Ethylene oxide

C. Cobalt 60 radiation

D. Pre vac

The preferred method of sterilization for re-sterilizing a Poole suction tip during an open laparotomy is pre-vacuum sterilization, commonly known as pre-vac. This technique effectively removes air from the sterilization chamber before steam is introduced, creating a vacuum that allows the steam to penetrate the instruments more thoroughly. This is particularly important for hollow instruments, such as suction tips, as it helps ensure that steam reaches all surfaces, including the internal channels. Pre-vacuum sterilization operates at higher temperatures and pressures compared to gravity displacement sterilization, which can lead to slower steam penetration and may not effectively sterilize complex or hollow instruments like the Poole suction tip. Ethylene oxide is a chemical sterilization method that, while useful for heat- or moisture-sensitive items, is not typically used during open surgical procedures due to the necessity of achieving immediate sterility. Cobalt 60 radiation is a method generally used for sterilizing bulk items and is not applicable in immediate surgical settings. In summary, the pre-vac method is the most effective choice for ensuring comprehensive sterilization of hollow surgical instruments during surgical procedures.

SAMPLE

5. In a surgical setting, which of the following best describes the term 'aseptic technique'?

A. Use of chemical disinfectants

B. Methods to eliminate pathogens

C. Reduction of microbial load to a safe level

D. Physical removal of contaminants

The term 'aseptic technique' refers to a set of practices designed to minimize the introduction of pathogens into a sterile environment, thereby preventing infection during surgical procedures. Methods to eliminate pathogens go beyond just reducing their numbers; they focus on effectively preventing them from entering surgical sites or sterile instruments, which is crucial for ensuring patient safety. This concept encompasses several practices, including sterilization of instruments, proper hand hygiene, and the use of sterile drapes and covers. The primary goal is to maintain a sterile field and ensure that any potential sources of contamination are managed appropriately. While elimination of pathogens is a key aspect of aseptic technique, it is distinct from simply reducing microbial load or removing contaminants. Other options, such as the use of chemical disinfectants or physically removing contaminants, may contribute to a clean environment but do not capture the full scope and purpose of the rigorous standards associated with aseptic technique in a surgical context.

6. What is the proper protocol for flash autoclaving a Frazier suction tip that falls on the floor?

A. Autoclave for 5 minutes

B. Flush the lumen and autoclave for 10 minutes at 270 degrees F

C. Rinse with saline before autoclaving

D. Soak in antiseptic before cleaning

The proper protocol for flash autoclaving a Frazier suction tip that has fallen on the floor involves flushing the lumen and autoclaving the item for 10 minutes at a temperature of 270 degrees Fahrenheit. This method ensures that the suction tip is thoroughly cleaned and sterilized, effectively eliminating any potential contaminants that could have been introduced when the tip came into contact with the floor. Flushing the lumen is crucial because it removes any debris or biological material that may have entered the hollow part of the suction tip, which is essential for maintaining the functionality and integrity of the instrument. The temperature and duration specified for the autoclaving process effectively kill a wide range of microorganisms, including bacteria, viruses, and spores, thus ensuring that the suction tip is safe for use in surgical procedures. In contrast, simply autoclaving for a shorter time, rinsing with saline, or soaking in antiseptic does not provide the same level of assurance for complete sterilization. Ensuring a thorough and specific protocol like the one mentioned reduces the risk of infection and upholds surgical standards.

SAMPLE

7. Which retractor should the surgical technologist be prepared to pass during an abdominal hysterectomy?

A. Self-retaining retractor

B. O'Sullivan O'Connor

C. Hudson brace

D. Malleable retractor

During an abdominal hysterectomy, the O'Sullivan O'Connor retractor is the optimal choice due to its specific design that facilitates access and visibility to the pelvic cavity. This retractor is particularly beneficial in gynecological surgeries, as it has a unique shape and a flexible arm that can be adjusted to hold back abdominal and pelvic tissues effectively, allowing the surgeon to perform the procedure with greater precision and ease. The O'Sullivan O'Connor retractor not only provides ample exposure, but it also minimizes the risk of injury to surrounding structures by gently holding back the tissue. This capability is crucial during an abdominal hysterectomy where the surgical field needs to remain clear while the surgeon navigates intricate anatomy. In contrast, while self-retaining retractors have their applications, they may not provide the same level of specialized access as the O'Sullivan O'Connor in the context of this specific surgery. Hudson brace and malleable retractors, although useful in various surgical situations, do not offer the tailored flexibility and support necessary for the detailed work involved in an abdominal hysterectomy. Therefore, being prepared to pass the O'Sullivan O'Connor retractor is essential for ensuring successful surgical outcomes in this procedure.

8. Which dressing should be anticipated for bilateral skin grafts taken from the thighs for placement on a left lower leg fasciotomy?

A. DuoDERM

B. Iodoform gauze

C. Xeroform

D. Adhesive skin closure strips

The appropriate dressing anticipated for bilateral skin grafts taken from the thighs for placement on a left lower leg fasciotomy is Xeroform. This dressing is specifically designed for use on skin grafts due to its unique properties. It is a sterile, greasy, occlusive dressing that promotes a moist healing environment, which is essential for the successful adherence and integration of skin grafts. Xeroform's occlusiveness helps to shield the graft site from contaminants and promotes healing while minimizing the risk of scab formation, which can impede graft take. Its hydrocolloid properties facilitate the retention of moisture, thereby enhancing the healing process. In contrast, other dressing options do not provide the same level of support for skin grafts. DuoDERM is typically used for partial-thickness wounds and may not be best suited for the specific needs of skin grafts. Iodoform gauze, while useful in certain cases for wound packing, does not provide the necessary moist environment required for graft healing. Adhesive skin closure strips are primarily used for wound closure and not for dressing graft sites, as they do not offer the same level of protection and moisture control essential for the healing of skin grafts.

SAMPLE

9. For a procedure requiring drainage, what type of drainage system might a surgical technologist use?

A. Negative pressure wound therapy

B. Closed suction drain

C. Chest tube

D. Open drain

For procedures that require drainage, a closed suction drain is the most commonly utilized system among the options presented. This type of drainage system allows for the continuous removal of fluids or gas from a surgical site while preventing external contamination. Closed suction drains work by creating a negative pressure environment within the drain, which helps to efficiently evacuate fluids such as blood, serous fluid, or pus that may accumulate following surgery. This method minimizes the risk of infection by maintaining a sealed system that does not allow external organisms to enter the wound. While other types of drainage systems, such as negative pressure wound therapy, chest tubes, and open drains, are used in specific contexts, they each have distinct applications. For instance, negative pressure wound therapy is primarily designed for wound healing and is not exclusively a drainage system. Chest tubes are specific to draining air or fluid from the pleural space in the thorax, and open drains may expose contents to the environment, increasing the risk of infection. Therefore, the closed suction drain is generally preferred for its effectiveness and safety in managing drainage during surgical procedures.

10. Where should the chest tube water seal drainage system be placed relative to the thoracic cavity?

A. On the bed, lying between the patient's legs

B. On the side rail, parallel to the patient's shoulders

C. At the foot of the bed, secured to the footboard

D. At the head of the bed, secured on the headboard

The correct placement of the chest tube water seal drainage system is crucial for maintaining proper drainage and preventing complications. When positioned at the foot of the bed and secured to the footboard, the drainage system remains below the level of the chest, which promotes gravity-assisted drainage of fluid or air from the thoracic cavity. This setup minimizes the risk of backflow, ensuring that fluids or air can effectively flow out through the chest tube into the drainage system. Placing the system elsewhere, such as on the bed laying between the patient's legs or near the side rail, could lead to complications. For instance, if the system is placed too high, there is a risk of the fluid or air returning to the chest cavity instead of draining properly. Also, if the system is unsecured at another location, it may become dislodged or damaged, interfering with the function of the drainage system. Ensuring the proper position relative to the thoracic cavity is essential for effective management of the patient's condition.

SAMPLE

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://nccttechinsurgery.examzify.com

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

SAMPLE