CE Exams

Preventing Surgical Errors: The Role of the Surgical Technologist

- 1. _____ involves the commission or omission of an act that a reasonable person would not have committed.
 - a. malpractice
 - b. proximate cause
 - c. negligence
 - d. res ipsa loquitur
- 2. _____ involves deliberate conduct that violates an individual's scope of practice.
 - a. malpractice
 - b. proximate cause
 - c. negligence
 - d. res ipsa loquitur
- **3.** Which of the four elements of negligence case must be linked to show proximate cause?
 - a. duty-breach of duty
 - b. duty injury
 - c. injury- breach of duty
 - d. none of the above
- 4. Which doctrine applies in almost every instance in which a foreign body is mistakenly left in the patient?
 - a. malpractice
 - b. res ipsa loquitur
 - c. proximate cause
 - d. all of the above
- 5. Which applies if a member of the surgical team operates while under the influence of alcohol?
 - a. malpractice
 - b. res ipsa loquitur
 - c. proximate cause
 - d. none apply

- 6. If an STSR performs a task under the supervision of the surgeon, but that task is prohibited by state law, the STSR has committed __.
 - a. malpractice
 - b. neglect
 - c. breach of duty
 - d. no illegal activity was committed

7. Which statement about counts is NOT correct?

- a. The circulator and STSR must verify/account for each counted item.
- b. Packaging materials are a viable way of verifying actual quantities.
- c. Needles in suture packs should be verified when opened on the field.
- d. Trash and linens may not be removed after preoperative counts.
- 8. Which team member searches for missing items in nonsterile areas?
 - a. STSR
 - b. circulator
 - c. surgical assistant
 - d. everyone on the team

9. An "X" on the patient's skin means ____.

- a. X marks the spot
- b. Don't operate here
- c. Either A or B
- d. None of the above

10. Prior to the introduction of any medication or solution onto the surgical field, the STSR and circulator must

verify ___.

- a. drug name
- b. dosage/concentration
- c. expiration date
- d. all of the above

A Robot's View of the Prostate

1. Which of the following risk factors doubles a man's

- risk of developing prostate cancer?
- a. age over 65 years
- b. family member with the disease
- c. place of residence
- d. frequent intercourse

2. Which is not a screening test for prostate cancer?

- a. DRE
- b. PSA
- c. EPT
- d. None are screening tests

3. Which is not a preventable risk factor for prostate cancer?

- a. Area of residence
- b. Diet
- c. Type of employment
- d. age

4. Which is mismatched?

- a. Gleason Grade 5: metastasis
- b. Gleason sum 3: low-grade tumor
- c. Gleason sum 6: least aggressive
- d. Gleason sum 9: high-grade tumor

5. Which is mismatched?

- a. Stage A: localized tumor
- b. Stage B2: cancer is limited to one side of prostate
- c. Stage C: tumor spread to structures near the prostate
- d. Stage D2: cancer spread to bones

6. Complications of radical prostate surgery include:

- a. excessive hemorrhage
- b. incontinence
- c. impotence
- d. all of the above

7. Robotics provide an advancement over laparoscopic surgery because:

- a. reduces hand tremor
- b. allows greater degrees of freedom
- c. allows greater flexibility of movement
- d. all of the above

8. How many ports are needed for this robotic surgery?

- a. 3
- b. 2
- c. 4
- d. 6

9. Cauter should not be used near the __.

- a. areolar tissue and bladder
- b. neurovascular bundle
- c. pedicles
- d. fascia of Zuckerkandl

10. With robotic surgery, the patient will be hospitalized approximately ____.

- a. 72 hours
- b. 48 hours
- c. 36 hours
- d. 24 hours

Ovarian Cystectomy and Bilateral Tubal Ligation: A Case Study/Part I

- 1. Due to a ___, this patient should take antibiotics
 - prophylactically before the surgery.
 - a. peptic ulcer
 - b. mitral valve prolapse
 - c. anxiety disorder
 - d. appendectomy
- 2. ____ is a combination of erythromycin and sulfisoxazole.
 - a. Ceclor®
 - b. Codeine
 - c. Alprazolam
 - d. Sulfimycin®
- 3. _____ is a drug which depresses the central nervous system and is used to treat insomnia.
 - a. Ambien®
 - b. Alprazolam
 - c. Glucotrol®
 - d. loratadine
- 4. Which result of the Differential Blood Count tests may be related to the patient's asthma?
 - a. basophils
 - b. eosinophils
 - c. neutrophils
 - d. monocytes

5. Which of these hematology results are mismatched?

- a. Platelet count-detects clotting disorders
- b. Leukocyte count-detects infection or immune dysfunction
- c. Red blood cell count-detects hypoxia
- d. Erythrocyte count-detects iron containing pigment

6. Which hematology test evaluates the effect of anticoagulant drugs on the patient?

a. Mean corpuscular hemoglobin

- b. Partial thromboplastin Time (PPT)
- c. Prothrombin Time (PT)
- d. International Normalized Ratio (INR)

7. The Blood Urea Nitrogen (BUN) test measures ___.

- a. creatinine output
- b. adrenal gland function
- c. metabolic waste from kidneys
- d. protein production
- 8. _____ is a protein that acts as a carrier to maintain blood volume and pressure.
 - a. Albumin
 - b. Calcium
 - c. Chloride
 - d. Creatinine
- 9. _____ is essential for water balance, muscle and nerve function, and normal metabolism.
 - a. Calcium
 - b. Potassium
 - c. Sodium
 - d. Zinc

10. Hypoglycemia is a low level of ___.

- a. calcium
- b. carbon dioxide
- c. bilirubin
- d. glucose

Ovarian Cystectomy and Bilateral Tubal Ligation: A Case Study/Part II

1. Spinal anesthesia was used instead of general because

- ____
- a. the patient is diabetic
- b. the patient is asthmatic
- c. the patient wanted to remain awake
- d. all of the above
- 2. The spread of anesthetic and duration of action are influenced by:
 - a. volume of agent
 - b. concentration of agent
 - c. rate of injection
 - d. all of the above

3. Which procedure performed is also called salpingectomy?

- a. Laparotomy
- b. Oophorocystectomy
- c. Bilateral tubal ligation
- d. Exploratory surgery

4. Exploratory surgery is recommended if an ovarian mass is greater than __ or does not decrease in size over __.

- a. 6cm; 3 months
- b. 1 inch; 3 months
- c. 1 inch, 6 months
- d. 6 mm, 6 months

5. Which is not true about the Pomeroy technique?

- a. Involves the removal of a section of each tube
- b. Causes minimum tubal destruction
- c. Provides a surgical specimen of each tube
- d. Is considered a temporary method of sterilization

6. Which of the following diagnostic studies may be influenced by antibiotics?

- a. HCT
- b. WBC count
- c. Calcium
- d. All of the above

7. Which can raise glucose levels?

- a. Antibiotic drugs
- b. Anesthetic agents
- c. Ice chips
- d. None of the above

8. The loss of blood during surgery does not affect:

- a. HCT
- b. MCV
- c. WBC
- d. MCHC

9. Intravenous fluids may affect:

- a. Calcium
- b. Chloride
- c. BUN
- d. glucose

10. The antiemetic _____ was ordered postoperatively.

- a. Motrin®
- b. Zofran®
- c. Bupivacaine
- d. Fentanyl

Intracranial Stereotactic Navigation: Cost Analysis and Patient Outcomes Reviewed

- 1. The primary criticism of intraoperative MRI is __.
 - a. time
 - b. safety
 - c. cost
 - d. none of the above
- 2. The mean scan time in the Bohenski study was _____ minutes.
 - a. 6
 - b. 12
 - c. 16
 - d. 20
- 3. Deep brain stimulators have become standard treatment for ____ patients.
 - a. glioblastoma multiforme
 - b. Parkinson's disease
 - c. pituitary adenomas
 - d. schizophrenia

4. The average cost of an intraoperative MRI machine (excluding equipment and building costs) is __.

- a. \$1-\$1.5 million
- b. \$3-\$4 million
- c. \$100,000 \$150,000
- d. \$300,000 \$400,000
- 5. Of the 40 patients that underwent an MRI scan, what percentage is accurate and usable?
 - a. 15%
 - b. 35%
 - c. 65%
 - d. 85%

- 6. What was the most common postoperative complication associated with stereotactic brain biopsy?
 - a. Infection
 - b. Hemorrhage
 - c. Embolism
 - d. stroke
- 7. Which is the least expensive type of stereotactic navigational system?
 - a. framed
 - b. intraoperative MRI
 - c. frameless
 - d. radiosurgery
- 8. Neurosurgery for Parkinson's disease most often utilizes ___.
 - a. framed system
 - b. frameless system
 - c. intraoperative MRI
 - d. radiosurgery
- 9. What is used to replace the frame when a frameless navigation CT scan is performed?
 - a. lasers
 - b. probes
 - c. fiducials
 - d. X-ray beams

10. Which of the stereotactic systems account for brain shift?

- a. Framed
- b. Frameless
- c. Intraoperative MRI
- d. None account for brain shift

Gynecologic Surgery Perioperative Considerations, Part I

- 1. According to Boyd and Groome, the strongest
 - predictor of postoperative morbidity was?
 - a. experience of the surgeon
 - b. attitude of patient toward surgeon
 - c. preexisting medical disorder
 - d. hospital's asepsis and infection control measures

2. COPD is caused by:

- a. asthma
- b. emphysema
- c. pneumonia
- d. tuberculosis
- 3. The condition in which the heart valves collapse backward, causing blood to leak back into the atrium is called:
 - a. congestive heart failure
 - b. premature ventricular contractions
 - c. COPD
 - d. mitral valve prolapse

4. Serum creatinine and BUN studies asses:

- a. pulmonary function
- b. renal function
- c. capillary refill
- d. hormone levels

5. Which type of incision runs parallel to abdominal Langer's lines?

- a. transverse
- b. vertical
- c. oblique
- d. none of the above

- 6. Problems associated with the __ incision include increased infection rates, increased blood loss, and possible nerve damage.
 - a. sunrise
 - b. paramedian
 - c. Pfannenstiel
 - d. Rocky-Davis
- 7. Which of these incisions provides the most secure wound closure?
 - a. Küstner
 - b. Midline
 - c. Maylard
 - d. Pfannenstiel

8. Which is not a transverse incision?

- a. Maylard
- b. Rocky-Davis
- c. Pfannenstiel
- d. Küstner

9. Which incisions may leave the patient more susceptible to hernia formation?

- a. Pfannenstiel and Küstner
- b. Midline and paramedian
- c. Maylard and Cherney
- d. Rocky-Davis and gridiron

10. Radiation therapy can be provided without risk of bowel complication after this type of incision:

- a. extraperitoneal
- b. transperitoneal
- c. subperitoneal
- d. none of the above

Third- party Reprocessing of Single-use Devices in the Operating Room: A Managerial Perspective

1. The primary factor driving the trend toward

reprocessing SUDs is:

- a. cost savings
- b. safety
- c. time savings
- d. staff shortages
- 2. Which group is the most involved in the regulation of reprocessed single-use devices?
 - a. AHA
 - b. FDA
 - c. OSHA
 - d. CDC
- 3. According to a Healthcare Risk Management article, ______ believed the reprocessing of SUDs posed a threat to surgical patients.
 - a. 70% of nurses
 - b. three of four surgeons
 - c. 60% of hospitals
 - d. none oppose reprocessing
- 4. Third party reprocessors are regulated by __: hospitals are regulated by __.
 - a. OSHA; AHA
 - b. FDA; AHA
 - c. CDC; OSHA
 - d. FDA; OSHA

5. For an item to be considered for reprocessing, it must be:

- a. of high quality
- b. costly enough to justify the expense
- c. capable of being cleaned and sterilized
- d. all of the above

6. Bar codes on reprocessed items do not track:

- a. hospital name
- b. reprocessing history
- c. patient's name
- d. department within the hospital

7. The most common SUD reprocessed is:

- a. sternotomy blades
- b. sequential compression devices
- c. burrs and drill bits
- d. gloves

8. A benefit of a reprocessing program is:

- a. biohazard waste reduction
- b. cost savings
- c. funding for new initiatives (equipment, etc)
- d. all are benefits

9. The most significant issue in evaluating a reuse program is:

- a. patient safety
- b. cost savings
- c. hospital efficiency
- d. funding for new initiatives (equipment, etc)

10. Which of the following is an important issue that must be taken into consideration when reprocessing SUDs?

- a. cross contamination
- b. performance issues
- c. legal/ethical issues
- d. all of the above

Chronic Regional Pain Syndrome: The Facts with a Patient's Perspective

1. CRPS is more common in:

- a. men
- b. women
- c. children
- d. the elderly

2. Which is mismatched?

- a. Type I; cases with no known nerve injury
- b. Type I: reflex sympathetic dystrophy
- c. Type I: distinct major nerve injury
- d. Type II: causalgia

3. Which clinical feature is considered the hallmark of CRPS?

- a. pain
- b. swelling
- c. stiffness of joints
- d. muscle spasms

4. Which is false about symptoms of CRPS?

- a. Joints become stiff and muscles can atrophy.
- b. Burning pain and localized swelling occurs at the site of injury.
- c. Pain is unaffected by emotional distress or stress.
- d. Rashes may appear on the extremities.

5. Extreme sensitivity to touch is called:

- a. causalgia
- b. paroxysmal pain
- c. allodynia
- d. hyperalgesia

6. Which is not a type of spread in CRPS?

- a. independent
- b. malignant
- c. continuity
- d. mirror image

7. A TENS unit may be used for:

- a. muscle stimulation
- b. biofeedback
- c. muscle strengthening
- d. desensitization
- 8. Which is not considered a treatment option for CRPS patients?
 - a. occupational therapy
 - b. physical therapy
 - c. casting and immobilization
 - d. pain psychology

9. Which of the following is the method for measuring the heat emission of a limb?

- a. Doppler studies
- b. sympathetic nerve blocks
- c. thermograms
- d. spinal cord stimulators

10. Which type of block may affect the recurrent laryngeal nerve?

- a. stellate ganglion block
- b. lumbar sympathetic block
- c. epidural block
- d. limbic block

Surgery of the Head and Neck: Thyroid and Laryngeal Procedures

- 1. Who was the first surgeon to describe thyroidectomy
 - in 1873?
 - a. Theodor Billroth
 - b. Theodor Kocher
 - c. Silas Weir Mitchell
 - d. Pierre Joseph Desault
- 2. Which structure may have to be elevated or transected to perform a tracheotomy?
 - a. recurrent laryngeal nerve
 - b. thyroid isthmus
 - c. parathyroid gland
 - d. hyoid

3. Radiation to the head and neck in childhood increases the risk of:

- a. goiter
- b. hyperthyroidism
- c. thyroid cancer
- d. none of the above

4. For thyroidectomy and parathyroidectomy, the patient is placed in which position?

- a. Supine
- b. Fowler's
- c. Reverse Trendelenburg
- d. Right lateral
- 5. After which surgery should the patient's head be elevated to 30° to minimize bleeding?
 - a. supraglottic laryngectomy
 - b. total laryngectomy
 - c. parathyroidectomy
 - d. hemilaryngectomy

6. Which is not a risk factor for laryngeal cancer?

- a. asbestos exposure
- b. tobacco usage
- c. vocal training
- d. alcohol use
- 7. Before a supraglottic laryngectomy patient is discharged, he or she must:
 - a. be able to defecate
 - b. be taught to eat
 - c. learn to vomit
 - d. none of the above

8. Which is left intact after hemilaryngectomy?

- a. cricoid cartilage
- b. one vocal cord
- c. hyoid bone
- d. all of the above

9. Patients for this surgery must sign a consent form for total laryngectomy:

- a. hemilaryngectomy
- b. supraglottic laryngectomy
- c. total laryngectomy
- d. all of the above

10. Which is not a complication of total laryngectomy?

- a. drain failure
- b. pharyngocutaneous fistula
- c. stomal stenosis
- d. all are complications

Abdominal Aortic Aneurysm Resection

1. AAAs are usually:

- a. Not detected until rupture occurs
- b. Not detected during physical examination
- c. Symptomatic and detected upon examination
- d. Detected during diagnostic testing for other conditions

2. Fusiform aneurysms:

- a. Balloon out to one side
- b. Occur after a tear of the inner arterial wall
- c. Enlarge circumferentially in a spindle shape
- d. Occur at the proximal and distal portions of the artery

3. False aneurysms (pseudoaneurysms) are a/an:

- a. True aneurysm
- b. Dissecting aneurysm
- c. Contained hematoma
- d. Dilation of arterial wall layers

4. Which of the following symptoms indicate an AAA rupture?

- a. Hypertension
- b. Severe headache
- c. Shortness of breath
- d. Vascular insufficiency

5. Surgical repair of an AAA is recommended if the aneurysm is:

- a. 2 cm
- b. 3 cm
- c. 4 cm
- d. 5 cm

6. Morality ranges from __ following elective AAA procedures.

- a. 0% 3%
- b. 4% 7%
- c. 8% 11 %
- d. 12% 15%
- 7. Risk factors associated with AAA development include all of the following except:
 - a. Immunocompromise
 - b. Coronary artery disease
 - c. Uncontrolled hypertension
 - d. High blood cholesterol level
- 8. In an end-to-side, the graft is anastomosed to the:
 - a. Renal artery
 - b. External iliac vessel
 - c. Inferior mesenteric artery
 - d. Right common iliac vessel

9. The retroperitoneal space is opened beginning at the__.

- a. Splenic flexure
- b. Hepatic flexure
- c. Xiphoid process
- d. Ligament of Treitz

10. Which of the following clamps would be appropriate to use when clamping the aorta?

- a. Allen
- b. Doyen
- c. Dennis
- d. Fogarty

Answers ce credit PKG 1A: 21 CONTINUING EDUCATION CREDITS

		AST Member No:			
Name:		Certification No:			
Address:		City:	State:	Zip:	
Telephone:	Emai	l:			
CE Credit PKG 1A: 21	CONTINUING EDUCA	TION CREDITS			
The fee is \$35. This pa	ckage is only available	to AST & ASA me	embers.		
Check Enclosed Ye	s, I want to pay by Cred	t Card: 🗆 Visa 🗆	□ MasterCard □ A	mEx	
Card#	Expi	ration Date	Signature		
Preventing Surgic	al Errors: the Role	of the Surgica	I Technologist		
a b c d	a b c d				
1.	7.			one box next to each	
2.	8. 🗆 🗆 🗆			ber. Only one correct st answer will be	
3. 🗆 🗆 🗆 🗆	9. 🗆 🗆 🗆			ted for each question.	
4.	10.			•	

A Robot's View of the Prostate

5. 🗆 🗆 🗆

6.

a b c d	abcd	Mark one box next to each
1.	7.	number. Only one correct
2.	8. 🗆 🗆 🗆 🗆	or best answer will be selected for each question.
3.	9. 🗆 🗆 🗆 🗆	selected for each question.
4.	10. 🗆 🗆 🗆	
5.]
6.		

Ovarian Cystectomy and Bilateral Tubal Ligation: A Case Study/Part I

a b c d	abcd	Mark one box next to each
1. 🗆 🗆 🗆	7.	number. Only one correct
2. 🗆 🗆 🗆 🗆	8. 🗆 🗆 🗆	or best answer will be selected for each question.
3. 🗆 🗆 🗆	9. 🗆 🗆 🗆	selected for each question.
4. 🗆 🗆 🗆	10. 🗆 🗆 🗆	
5.		
6.		

Ovarian Cystectomy and Bilateral Tubal Ligation: A Case Study/Part II

a b c d	a b c d	Mark one box next to each
1.	7. 🗆 🗆 🗆 🗆	number. Only one correct
2.	8.	or best answer will be selected for each question.
3. 🗆 🗆 🗆 🗆	9.	selected for each question.
4.	10. 🗆 🗆 🗆	
5.		
6.		

Intracranial Stereotactic Navigation: Cost Analysis and Patient Outcomes Reviewed

a b c d	a b c d	Mark one box next to each
1.	7. 🗆 🗆 🗆 🗆	number. Only one correct
2.	8. 🗆 🗆 🗆	or best answer will be selected for each question.
3.	9. 🗆 🗆 🗆	selected for each question.
4.	10. 🗆 🗆 🗆	
5		
6.		

Gynecologic Surgery Perioperative Considerations, Part I

a b c d	a b c d	Mark one box	
1. 🗆 🗆 🗆 🗆	7. 🗆 🗆 🗆 🗆	to each numh	
2.	8. 🗆 🗆 🗆 🗆	Unly one cor	Only one correct or best answer will be selected for each question.
3. 🗆 🗆 🗆 🗆	9. 🗆 🗆 🗆 🗆		
4. 🗆 🗆 🗆	10. 🗆 🗆 🗆		
5. 🗆 🗆 🗆 🗆			
6. 🗆 🗆 🗆 🗆			

Third-party Reprocessing of Single-use Devices in the Operating Room: A Managerial Perspective

a b c d	a b c d	Mark one box next
1. 🗆 🗆 🗆 🗆	7	to each number.
2.	8.	Only one correct or best answer will be
3. 🗆 🗆 🗆 🗆	9.	selected for each
4. 🗆 🗆 🗆 🗆	10. 🗆 🗆 🗆	question.
5. 🗆 🗆 🗆 🗆		
6. 🗆 🗆 🗆		

Chronic Regional Pain Syndrome: The Facts with a Patient's Perspective

a b c d	abcd	Mark one box next to each
1. 🗆 🗆 🗆 🗆	7. 🗆 🗆 🗆 🗆	number. Only one correct
2.	8. 🗆 🗆 🗆	or best answer will be selected for each question.
3. 🗆 🗆 🗆 🗆	9. 🗆 🗆 🗆	selected for each question.
4.	10. 🗆 🗆 🗆	
5. 🗆 🗆 🗆 🗆		
6.		

Surgery of the Head and Neck: Thyroid and Laryngeal Procedures

a b c d	a b c d		Mark one box next
1. 🗆 🗆 🗆	7. 🗆 🗆 🗆 🗆		to each number.
2.	8. 🗆 🗆 🗆		Only one correct or best answer will be selected for each question.
3. 🗆 🗆 🗆	9. 🗆 🗆 🗆		
4. 🗆 🗆 🗆	10. 🗆 🗆 🗆		
5. 🗆 🗆 🗆 🗆			
6. 🗆 🗆 🗆			

Abdominal Aortic Aneurysm Resection

a b c d	a b c d			Mark one box
1. 🗆 🗆 🗆 🗆	7. 🗆 🗆 🗆 🗆			next to each number. Only one correct or best answer will be selected for
2. 🗆 🗆 🗆	8. 🗆 🗆 🗆			
3. 🗆 🗆 🗆	9. 🗆 🗆 🗆			
4. 🗆 🗆 🗆	10. 🗆 🗆 🗆			
5. 🗆 🗆 🗆				each question.
6. 🗆 🗆 🗆				