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
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
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
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 assess:
   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
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
### Preventing Surgical Errors: the Role of the Surgical Technologist

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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Mark one box next to each number. Only one correct or best answer will be selected for each question.

### A Robot’s View of the Prostate

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Mark one box next to each number. Only one correct or best answer will be selected for each question.

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. |   |   |   | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
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### Ovarian Cystectomy and Bilateral Tubal Ligation: A Case Study/Part II

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### Intracranial Stereotactic Navigation: Cost Analysis and Patient Outcomes Reviewed

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### Gynecologic Surgery Perioperative Considerations, Part I

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

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

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### Surgery of the Head and Neck: Thyroid and Laryngeal Procedures

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### Abdominal Aortic Aneurysm Resection

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