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Registered Nurse Assistant at Surgery - Certified

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Question: 1540

During a midline laparotomy closure on a patient with a history of steroid-induced poor wound healing, the RN first assistant observes that the surgeon uses a series of individual sutures in the fascia, with each suture tied separately. The surgeon explains that this technique allows adjustment of tension on each segment and prevents loss of the entire fascial approximation if one suture breaks. The described technique is best classified as a(n) _____ suture technique.

- A. interrupted suture
- B. continuous suture
- C. purse-string suture
- D. buried suture

Answer: A

Explanation: Interrupted sutures are placed as individual, separate bites with independent knots, allowing the surgeon to adjust tension segment-by-segment and to minimize the risk of complete dehiscence if a single suture fails. This technique is particularly useful in high-tension or compromised-healing situations such as steroid-exposed fascia, where precise control and redundancy are important. Continuous sutures link the entire line into a single thread, so a break can compromise the whole layer, whereas buried and purse-string techniques serve different anatomic or functional goals rather than providing segment-specific fascial support.

Question: 1541

A patient is positioned in the prone position with their head in a Horseshoe headrest. The surgical assistant must frequently check the patient's eyes. What is the specific danger being monitored?

- A. The drying of the cornea due to lack of eyelid closure
- B. The rotation of the pupils toward the surgical site
- C. Excessive tearing leading to skin maceration
- D. Pressure on the globes leading to retinal artery occlusion and blindness

Answer: D

Explanation: In the prone position, any direct pressure on the eyes can increase intraocular pressure to the point that it exceeds the perfusion pressure of the retinal artery. This can cause permanent blindness (Post-operative Visual Loss). The eyes must be checked regularly to ensure they are free from any contact with the headrest or padding.

Question: 1542

During a robotic procedure, the "camera technique" involves the use of a "zero-degree" scope. How does the Nurse Assistant's manipulation of this scope differ from a 30-degree scope when trying to see the lateral walls of the cavity?

- A. The zero-degree scope requires a special "prism" attachment to see sideways
- B. The Nurse Assistant must physically pivot the scope at the trocar site to change the view
- C. The Nurse Assistant must rotate the zero-degree scope to see sideways
- D. The zero-degree scope cannot see the lateral walls under any circumstances

Answer: B

Explanation: A zero-degree scope looks straight ahead. Rotating it does not change the direction of the view (it just rotates the image). To see something to the side, the entire scope must be angled or pivoted at the insertion point. In contrast, a 30-degree scope allows the user to see "around" things by simply rotating the scope while keeping the shaft in the same position.

Question: 1543

A surgeon asks for an "absorbable monofilament" that maintains its strength longer than Monocryl but is more supple than PDS. The Nurse Assistant should provide _____.

- A. Nylon
- B. Glycomer 631 (Maxon)
- C. Polyglactin 910
- D. Silk

Answer: B

Explanation: Glycomer 631 (Maxon) or similar materials are synthetic absorbable monofilaments designed to be a "middle ground," offering better handling and suppleness than PDS while providing longer-term support than Monocryl.

Question: 1544

What is the primary mechanism of action for pneumatic tourniquets during surgery?

- A. To increase intra-abdominal pressure
- B. To provide sensory feedback to the surgical team
- C. To occlude blood flow to the extremity
- D. To enhance muscle relaxation

Answer: C

Explanation: The primary mechanism of action for pneumatic tourniquets during surgery is to occlude blood flow to the extremity. This helps create a bloodless surgical field, facilitating the procedure and reducing bleeding.

Question: 1545

Ethylene Oxide (EtO) sterilization is used for heat-sensitive items. Which of the following is a critical requirement for items processed with EtO before they can be safely used?

- A. Aeration to remove residual gas from the materials
- B. Immediate use within 30 minutes of the cycle completion
- C. Immersion in sterile water to neutralize the chemical residue
- D. Rinsing with 70% alcohol to prevent tissue irritation

Answer: A

Explanation: Ethylene Oxide is toxic to humans and can cause tissue burns or systemic toxicity if residual gas remains on the instruments. Aeration is a mandatory phase of the EtO process where items are held in a controlled environment to allow the gas to dissipate safely.

Question: 1546

When dealing with a bleeding site on critical tissue, the first assistant should immediately consider the need for _____.

- A. Electrocoagulation
- B. Absorbable sutures
- C. Direct pressure
- D. Nonabsorbable sutures

Answer: A

Explanation: Electrocoagulation is often necessary for controlling bleeding on critical tissue, as it provides immediate hemostasis through thermal coagulation of the blood vessels.

Question: 1547

A 45-year-old patient undergoes a cesarean delivery with a transverse abdominal skin incision. The surgeon prefers a skin closure technique that minimizes visible scars and eliminates the need for suture removal at the postoperative visit. The RN first assistant prepares materials for a running subcuticular closure. Which of the following suture characteristics best fits this scenario?

- A. Slowly absorbable, monofilament, synthetic
- B. Rapidly absorbable, monofilament, synthetic
- C. Rapidly absorbable, multifilament, natural
- D. Nonabsorbable, multifilament, synthetic

Answer: A

Explanation: A running subcuticular skin closure is typically performed with a slowly absorbable monofilament synthetic suture (e.g., polydioxanone or glycomer-631 derivatives) that maintains skin-edge approximation through the early healing phase while gradually being absorbed so that external suture removal is unnecessary. Monofilament structure reduces capillarity and infection risk compared with multifilament sutures, and synthetic materials are preferred for their predictable absorption and handling. Rapidly absorbable sutures lose tensile strength too quickly and may not provide adequate support for full skin closure, while nonabsorbable sutures would require later removal and are not ideal for this cosmetic, “leave-in” closure.

Question: 1548

During a total colectomy, the assistant is asked to maintain retraction on a distended small bowel loop so that the mobilization plane can be developed. The Nurse Assistant should _____ to avoid iatrogenic injury from traction.

- A. place the loop on a lap-sponge held vertically to suspend the weight against gravity
- B. grasp the bowel wall with a toothed Babcock clamp and pull steadily
- C. wrap the bowel around a moist gauze and pull it toward the incision edge
- D. use atraumatic bowel clamps and distribute the traction over a broad serosal surface

Answer: D

Explanation: Delicate bowel should be retracted with broad-tipped atraumatic clamps that distribute pressure over the serosa and avoid compressing the mucosa.

The assistant ensures that the clamps are not over-tightened and that the traction is gentle and steady, avoiding sudden jerks that could tear the mesentery or compromise blood flow.

Question: 1549

During a plastic surgery procedure on the face, the surgeon requests "atraumatic" tissue handling. The Nurse Assistant should select _____ to hold the skin edges during suturing.

- A. Bishop-Harmon forceps
- B. Hemostatic mosquito clamps
- C. Plain (smooth) dressing forceps
- D. Adson forceps with teeth (1x2)

Answer: D

Explanation: Paradoxically, forceps with small teeth (like Adsons) are often **more** atraumatic than smooth forceps for skin. Smooth forceps require the user to squeeze much harder to prevent the skin from slipping, which results in a crushing injury. Toothed forceps allow a secure grip with minimal pressure.

Question: 1550

A nurse assistant is preparing a sterile field for a surgical procedure. Which of the following actions would compromise the sterility of the field?

- A. Reaching over the sterile field to grab an instrument
- B. Using sterile gloves while setting up

- C. Ensuring all items are opened correctly
- D. Keeping the sterile field above waist level

Answer: A

Explanation: Reaching over the sterile field to grab an instrument would compromise the sterility of the field. Maintaining a sterile environment requires avoiding any unnecessary movement over the field to prevent contamination.

Question: 1551

Which of the following normal laboratory values indicates a need for further evaluation in a patient scheduled for surgery?

- A. Platelet count of 150,000 cells/mm³
- B. Hemoglobin of 12 g/dL
- C. International normalized ratio (INR) of 2.5
- D. Serum creatinine of 0.8 mg/dL

Answer: C

Explanation: An INR of 2.5 is above the normal range (typically 0.8-1.2) and indicates an increased risk of bleeding during surgery. Further evaluation and possible intervention are necessary to manage this risk.

Question: 1552

In the context of suctioning during surgery, the nurse assistant must be aware that the suction pressure should typically be set at _____ mmHg for optimal performance.

- A. 120-150
- B. 150-200
- C. 50-80
- D. 80-120

Answer: D

Explanation: The optimal suction pressure for most surgical procedures is set between 80 and 120 mmHg, allowing for effective evacuation of fluids without damaging tissue or causing excessive trauma.

Question: 1553

A surgeon is performing an end-to-side arterial anastomosis and uses "vessel loops" to create a bloodless field. This technique is classified as _____.

- A. Pharmacologic hemostasis
- B. Temporary mechanical hemostasis
- C. Permanent mechanical hemostasis
- D. Silver nitrate cautery

Answer: B

Explanation: Vessel loops are mechanical tools used for temporary control. Once the anastomosis is complete, the loops are removed to allow for reperfusion of the limb or organ.

Question: 1554

A nurse assistant is preparing a sterile tray and notices a hole in the packaging. What is the most appropriate action?

- A. Open the tray and use only the items that aren't near the hole
- B. Resterilize the entire tray in the autoclave
- C. Discard the tray and get a new one
- D. Cover the hole with sterile tape

Answer: C

Explanation: Maintaining sterility is a fundamental principle of perioperative practice. If the integrity of a sterile package is compromised (e.g., a hole or tear), the contents must be considered contaminated, and the tray must be discarded and replaced to ensure patient safety.

Question: 1555

A 70-year-old female with multiple comorbidities is scheduled for a mastectomy with axillary lymph node dissection. The Nurse Assistant understands that the skin-prep technique for the chest and breast should extend from the _____ and include the axilla.

- A. nipple line to the bedline, including the shoulder and axilla
- B. sternum to the mid-back, including the shoulder and axilla
- C. sternal notch to the nipple line, including the axilla
- D. clavicle to the costal margin, including the axilla

Answer: A

Explanation: For chest and breast procedures, the standard prep area includes the incision site, the entire breast, and the axilla, with exposure extending around to the bedline and often including the shoulder. The assistant ensures that the sponge or applicator moves from the incision outward in a circular pattern, that the axilla is prepped last, and that excess solution is allowed to pool away from the surgical field to reduce fire risk near cautery.

Question: 1556

The surgeon asks for a "Sump drain" (e.g., Salem Sump) during a bowel case. The Nurse Assistant knows the unique feature of this drain is a _____.

- A. Gravity-only drainage bag
- B. Balloon at the distal tip
- C. Safety pin for skin fixation
- D. Double-lumen with an air vent

Answer: D

Explanation: A sump drain has a double-lumen design. One lumen allows for the removal of fluid, while the other serves as an air vent (the "pigtail"). This prevents the suction lumen from adhering to and damaging the stomach or intestinal wall.

Question: 1557

A senior surgeon demonstrates knot-tying using only one hand, keeping the other hand occupied with a retractor and maintaining constant tension on the suture. The surgeon explains that this technique is especially useful in confined spaces such as the pelvis or retroperitoneum. The demonstrated method is best described as a(n) _____ knot-tying technique.

- A. instrument-tie knot
- B. two-handed surgeon's knot
- C. two-handed square knot
- D. one-handed knot

Answer: D

Explanation: A one-handed knot-tying technique uses one hand to create the knot (usually by crossing the suture, forming loops, and “stealing” the strand from the fingers) while the other hand keeps the suture under tension, which is ideal in deep cavities or when the opposite hand is needed for retraction. This technique is particularly valuable in laparoscopic or deep-abdominal work where space is limited and the surgeon cannot easily swap hands. Two-handed knots and instrument ties involve different mechanics and are not characterized by a single-handed approach with the contralateral hand fixed on tension.

Question: 1558

A patient is undergoing a procedure that requires the use of a sitting position. What is the primary consideration for this position?

- A. Minimizing pressure on the lower back
- B. Reducing venous return
- C. Preventing aspiration
- D. Ensuring proper head and neck alignment

Answer: D

Explanation: Ensuring proper head and neck alignment is the primary consideration when positioning a patient in the sitting position, as it is crucial for maintaining airway patency and preventing cervical spine injury.

Question: 1559

During a surgical procedure, the nurse must ensure that sharp instruments are handled safely. Which of the following practices is most effective for preventing needlestick injuries?

- A. Placing all sharps in a single container
- B. Passing instruments directly to the surgeon
- C. Using a designated sharps container immediately after use
- D. Recapping needles after use

Answer: C

Explanation: Using a designated sharps container immediately after use minimizes the risk of needlestick injuries by providing a safe disposal method.

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