CSFA Surgical First Assistant

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Practice Questions

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1. What is the best method for ensuring the precision and accuracy of a surgical camera lens system during a procedure?

A. Storing the camera system vertically when not in use
B. Adjusting the camera settings for each surgery type
C. Cleaning the camera lenses after each use
D. Regularly calibrating the surgical camera lens system

2. During a laparoscopic cholecystectomy, you notice a change in the coloration of the surrounding tissue, suggesting possible internal bleeding. What immediate action should you take?

A. Request additional $$CO_{2}$$ for better abdominal distention.
B. Continue with the procedure as planned, without adjustments.
C. Increase the insufflation pressure to visualize the bleeding area better.
D. Alert the surgeon and assist in increasing the suction to manage the blood.

3. During a simulated surgical crisis involving unexpected heavy bleeding, what is the first action a surgical first assistant should prioritize?

A. Attempt to control the bleeding independently
B. Notify the surgeon and the operating team of the bleeding
C. Prepare to secure additional equipment
D. Evaluate the need to perform an emergency procedure

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4. What is the most critical step to ensure the operational clarity of the laparoscopic camera system before starting a surgical procedure? Laparoscopic Component Purpose Testing Method Camera Lens Provides clear visualization Clean with a non-abrasive solution Cable Connections Ensure device functionality Check for secure connections Light Source Illuminates internal organs Verify bulb is operational Control Box Manages various settings Test buttons and display readouts

A. Clean the camera lens with a non-abrasive solution
B. Check for secure cable connections
C. Verify that the bulb in the light source is operational
D. Test the buttons and display readouts on the control box

5. During a critical surgical procedure, the patient monitoring equipment suddenly fails. As the surgical first assistant, what is your immediate priority to ensure patient safety?

A. Wait for the biomedical engineer to arrive
B. Manually monitor the patient's vital signs using available clinical skills and tools
C. Cancel the surgery and prepare to close the incision
D. Attempt to repair the equipment

6. A patient is experiencing symptoms such as increased blood glucose levels, hypertension, and abnormal fat distribution. Which hormone level is most likely elevated in this condition?

A. Insulin
B. Triiodothyronine
C. Cortisol
D. Parathyroid hormone

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7. During a pre-surgical examination, a patient presents with respiratory distress, and imaging shows the stomach and intestines located in the chest cavity due to a defect. What type of hernia is likely causing these symptoms?

A. Diaphragmatic hernia
B. Hiatal hernia
C. Inguinal hernia
D. Umbilical hernia

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8. What anatomical structure should be closely monitored during a radical mastectomy due to its proximity and potential for being inadvertently damaged?

A. Thyroid gland
B. Phrenic nerve
C. Brachial artery
D. Long thoracic nerve

9. A surgical assistant is preparing a saline solution with a concentration of 25 mg/mL. If the procedure requires a dose of 75 mg, how many milliliters of the solution should be prepared?

A. 2.0 mL
B. 3.0 mL
C. 1.5 mL
D. 4.0 mL

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10. In which area of a surgical suture is tension most likely to lead to complications during postoperative healing?

A. Wound edges
B. Suture knot
C. Middle of the suture loop
D. Suture tail

11. A patient recovering from orthopedic surgery is administered morphine for pain relief. Shortly afterward, the patient exhibits generalized itching, difficulty breathing, and low blood pressure. What is the most likely explanation for these symptoms?

A. Surgical shock
B. Opioid overdose
C. Asthmatic attack
D. Anaphylactic reaction

12. In the surgical treatment of a volvulus, which anatomical structure is primarily involved?

A. Misplaced kidney
B. Inflamed gallbladder
C. Twisted loop of the intestine
D. Swollen lymph node

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13. Which surgical approach is most commonly used for an appendectomy?

A. Transsphenoidal approach
B. Midline laparotomy
C. Thoracotomy
D. Laparoscopic approach

14. During a vascular surgery, the patient exhibits decreased urinary output, cool extremities, and confusion. Which of the following actions should be prioritized?

A. Prepare for emergency thoracotomy
B. Administer an antihypertensive medication
C. Increase the rate of intravenous fluid infusion
D. Apply cold compresses to the extremities

15. In a cardiovascular procedure requiring immediate and controlled anticoagulation, which of the following agents is most suitable?

A. Clopidogrel
B. Warfarin
C. Aspirin
D. Heparin

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16. A patient presents with hyperthyroidism and has an elevated basal metabolic rate. Which hormone is primarily responsible for this condition?

A. Insulin
B. Thyroxine (T4)
C. Cortisol
D. Epinephrine

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17. Based on the table below, which surgical approach is associated with the greatest challenge in terms of patient recovery when treating large abdominal aortic aneurysms? Surgical Approach Describe Approach Implications on Recovery Endovascular aneurysm repair (EVAR) Minimally invasive via femoral artery Shorter recovery time but might need regular monitoring Open surgical repair Direct surgical incision to abdominal aorta Longer recovery time but usually more durable Laparoscopic repair Minimally invasive via small abdominal incisions Medium recovery time with moderate limitations Hybrid approach Combination of open and endovascular Recovery varies; depends on patient's condition

A. Open surgical repair
B. Endovascular aneurysm repair (EVAR)
C. Laparoscopic repair
D. Hybrid approach

18. A surgical first assistant is preparing to assist in a cesarean section on a patient with an unconfirmed history of hepatitis C. What precautionary measure should be emphasized to protect against possible infection transmission?

A. Administering hepatitis C vaccination immediately.
B. Double gloving and using a splash guard.
C. Separating the instrument tray from the sterile field.
D. Using standard precautions.

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19. During a lengthy abdominal surgery, the surgical team must maintain constant retraction of the abdominal wall to access the organs effectively. Which of the following muscles is most likely to experience hypertrophy due to the increased mechanical workload over repeated procedures?

A. Cardiac muscle
B. Smooth muscle
C. Skeletal muscle
D. Connective tissue

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20. During a laparoscopic cholecystectomy, what is the primary purpose of creating the pneumoperitoneum?

A. To improve visibility inside the gallbladder
B. To provide space for the surgeon to operate
C. To reduce the risk of infection during surgery
D. To prevent blood clots from forming

21. Before starting a laparoscopic cholecystectomy, which action is most important to ensure that the necessary instruments are available according to the surgeon's preferences?

A. Verifying the instrument set with the scrub nurse
B. Double-checking the instruments laid out on the surgical tray
C. Ensuring postoperative care supplies are prepared
D. Reviewing anesthesia requirements with the anesthesiologist

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22. During a laparoscopic surgery, a surgical assistant inadvertently brushes a sterile drape against their unsterile scrubs. What is the most appropriate immediate action to take?

A. Cover the contaminated area with a sterile towel
B. Spray the drape with an antiseptic solution
C. Replace the contaminated drape with a sterile one
D. Continue using the drape if it looks clean

23. During the setup of a sterile field, what is the correct technique to ensure sterility is maintained while placing instruments?

A. Place instruments at the edge of the sterile field while ensuring only gloves touch the instruments.
B. Place instruments in a way that allows handling from the sterile area by holding only the handles inside the sterile field.
C. Hold instruments by the tips and place them anywhere on the sterile field.
D. Stack instruments on top of each other to save space on the sterile field.

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24. During a pre-operative briefing, which item worn by a surgical team member should be removed to minimize the risk of interference with an MRI machine?

A. Latex mask
B. Rubber gloves
C. Metal wristwatch
D. Cotton scrub suit

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25. What is the most critical safety measure to take when arranging surgical instruments on the sterile field during a procedure?

A. Ensuring that all instruments are secured in a stable position on the Mayo stand
B. Frequently rearranging instruments to anticipate surgical needs
C. Cleaning each instrument before use regardless of prior sterilization
D. Using at least three team members to verify instrument stability

26. In a surgical operating room, which piece of personal protective equipment (PPE) is most critical for minimizing exposure to airborne pathogens?

A. Shoe covers
B. Lead apron
C. Surgical gloves
D. Respirator mask

27. When preparing multiple medications for a surgical procedure across different stages, what is the best practice to avoid administration errors? Step Medication Concentration Volume Pre-op Anesthetic 2% 5 mL Intra-op Antibiotic 500 mg/1 mL 2 mL Post-op Analgesic 100 mg/1 mL 3 mL

A. Affix labels directly on the medication vial with a single stage indication
B. Mix all medications into a single syringe for ease of administration
C. Prepare each medication separately and label with specific details for each stage
D. Use color-coded bands on the syringes to differentiate

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28. What is the primary mechanism of action for wound dressings containing silver nanoparticles in preventing infections?

A. They create a physical barrier to microorganisms
B. They inhibit microbial replication by disrupting DNA and cell membranes
C. They increase blood flow to enhance healing
D. They absorb excess moisture to promote drying

29. What is the primary purpose of using sterile covers during surgical draping?

A. To create a barrier that prevents skin irritation and enhances comfort
B. To maintain the surgical tools in a sterile condition
C. To assist in sterility by absorbing excess fluids
D. To enhance the rigidity of the drapes and sterilization field

30. Which type of surgical incision is most appropriate for accessing the chest cavity during cardiac surgery?

A. Subcostal incision
B. Thoracotomy
C. Median sternotomy
D. Lateral incision

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Answer Key & Explanations

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1. D — Regularly calibrating the surgical camera lens system
Answer: Regularly calibrating the surgical camera lens system Regular calibration ensures that all components of the surgical camera lens system are correctly aligned and functioning optimally. This practice maintains the precision and accuracy critical for visual clarity during surgical procedures. Adjusting settings per surgery type and cleaning lenses are important but do not replace the need for regular calibration. Storage methods do not impact alignment directly.

2. D — Alert the surgeon and assist in increasing the suction to manage the blood.
Answer: Alert the surgeon and assist in increasing the suction to manage the blood. Changing tissue coloration can indicate internal bleeding. The immediate action should be to communicate with the surgeon about the observed change and manage the bleeding with increased suction to clear the field and allow the surgeon to address the bleeding source. Continuing without adjustments can delay identifying and managing the bleeding source. Increasing insufflation pressure does not address the presence of blood and can complicate the procedure. Requesting additional $$CO_{2}$$ without addressing the bleeding can worsen patient conditions without solving the problem.

3. B — Notify the surgeon and the operating team of the bleeding
Answer: Notify the surgeon and the operating team of the bleeding. In a crisis such as unexpected heavy bleeding, ensuring that the surgeon and the operating team are immediately aware is crucial. This step allows the team to collaborate effectively on the necessary interventions to manage the bleeding, whether that involves stopping the procedure or shifting to alternate methods. While taking independent actions to control the bleeding might seem appropriate, it should not precede the critical communication with the team. Preparing equipment and evaluating options are practical next steps but they should come after the essential notification.

4. A — Clean the camera lens with a non-abrasive solution
Cleaning the camera lens with a non-abrasive solution is critical to ensure the visual clarity provided by the laparoscopic camera system during a procedure. This step removes any contamination that could obstruct the surgeon's view, leading to clearer and more precise image transmission. While checking secure cable connections, verifying the bulb in the light source, and testing the control box are all important steps, they do not directly affect the immediate visual clarity. Cable connections and control box functionality are more related to ensuring overall system operation. The light source's operational status ensures illumination rather than camera clarity.

5. B — Manually monitor the patient's vital signs using available clinical skills and tools
The immediate priority when patient monitoring equipment fails is to ensure that vital signs are being continuously observed and recorded. Manually monitoring vital signs should be the first action taken to avoid any lapse in patient observation, thus ensuring patient safety. Waiting for a technician could cause dangerous delays, and canceling the surgery without addressing the immediate need for monitoring could compromise patient safety. Attempting repairs should not be the first priority unless the individual is specifically trained to

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do so.

6. C — Cortisol
Answer: Cortisol In Cushing's syndrome, there is an overproduction of cortisol, a hormone produced by the adrenal cortex. This elevation leads to symptoms like increased blood glucose, hypertension, and abnormal fat distribution. Elevated cortisol is a hallmark of Cushing's syndrome. Triiodothyronine and parathyroid hormone, though important, are not related to the symptoms or the hormonal imbalance seen in Cushing's. Insulin is involved in blood glucose regulation but does not elevate in Cushing's syndrome as part of the primary condition.

7. A — Diaphragmatic hernia
A diaphragmatic hernia is characterized by an abnormal opening in the diaphragm, allowing abdominal organs to move into the chest cavity. This can cause respiratory distress and interfere with lung and heart functions. A hiatal hernia involves only the stomach moving into the chest through the diaphragm and typically causes acid reflux, not respiratory distress. An inguinal hernia occurs in the groin area, where the intestine protrudes through the abdominal muscles, and does not cause respiratory issues. An umbilical hernia presents as a bulge near the belly button due to weakness in the abdominal wall and does not involve the diaphragm or the chest cavity.

8. D — Long thoracic nerve
The long thoracic nerve runs along the chest wall and is responsible for innervating the serratus anterior muscle. During a radical mastectomy, there's a risk of damaging this nerve, which can lead to winged scapula—a condition that impairs shoulder movement and function. The phrenic nerve is involved in diaphragmatic movement and is not typically at risk during a mastectomy. The brachial artery is a major blood vessel of the arm and not closely associated with the area of a radical mastectomy. The thyroid gland is located in the neck and is not relevant to mastectomy procedures.

9. B — 3.0 mL
To determine the correct volume of solution to prepare, you divide the required dose by the concentration: $$\frac{75 \text{ mg}}{25 \text{ mg/mL}} = 3.0 \text{ mL}$$. This ensures the assistant prepares the correct volume for the procedure. The distractors represent common errors such as miscalculating the division or misunderstanding the dose-concentration relationship.

10. A — Wound edges
The wound edges are often subjected to significant tension, especially if the sutures are tight. This can lead to complications such as ischemia, where restricted blood flow can slow healing or cause tissue necrosis, and dehiscence, which is the reopening of the wound. The suture knot and middle of the suture loop generally do not experience as much direct tension in terms of compromising the tissue, while the suture tail is not involved in the closure tension.

11. D — Anaphylactic reaction
The sudden onset of generalized itching, difficulty breathing, and hypotension after administration of morphine strongly suggests an anaphylactic reaction. Anaphylaxis is a rapid and serious allergic reaction that can occur with medications like morphine and requires immediate medical attention, typically the administration of epinephrine and supportive care. An opioid overdose is less likely to cause itching and hypotension as initial symptoms; it primarily depresses respiratory and neurological function. An asthmatic attack causes respiratory distress but not typically with generalized itching or hypotension. Surgical shock is related to

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excessive blood loss or fluid loss and presents differently with signs such as pallor, weak pulse, and increased heart rate.

12. C — Twisted loop of the intestine
The primary anatomical feature involved in a volvulus is a twisted loop of the intestine, which may lead to obstruction and ischemia. Surgery typically involves untwisting the affected bowel and sometimes resecting damaged segments. An inflamed gallbladder is associated with cholecystitis and is unrelated to volvulus. A misplaced kidney or a swollen lymph node does not contribute to the condition known as volvulus.

13. D — Laparoscopic approach
Answer: Laparoscopic approach The laparoscopic approach is the preferred method for an appendectomy due to its minimally invasive nature, reduced recovery time, and decreased incidence of postoperative complications compared to open surgery. A midline laparotomy is a more invasive procedure used for abdominal surgeries requiring larger access. A thoracotomy is used for surgical access to the chest, not the appendix. The transsphenoidal approach is used to access the pituitary gland, not for an appendectomy.

14. C — Increase the rate of intravenous fluid infusion
Answer: Increase the rate of intravenous fluid infusion In a surgical scenario where the patient exhibits signs such as decreased urinary output, cool extremities, and confusion, it is crucial to increase the rate of intravenous fluid infusion. These symptoms are indicative of hypovolemia or shock, characterized by inadequate circulating blood volume to maintain proper organ function and perfusion. Administering fluids is essential to replenish blood volume and stabilize the patient's hemodynamic status. Administering an antihypertensive medication would be inappropriate and could worsen hypotension if the blood pressure is already low. Emergency thoracotomy is not indicated unless there is a specific thoracic emergency, which is not the case with these symptoms. Applying cold compresses to the extremities is not helpful in managing shock and might exacerbate the condition by causing vasoconstriction.

15. D — Heparin
Heparin is the most appropriate anticoagulant for cardiovascular surgeries due to its rapid onset and ability to be easily monitored. It provides immediate anticoagulation, essential in these procedures. Warfarin is used for long-term anticoagulation and is impractical for immediate needs. Aspirin and Clopidogrel are antiplatelet agents, not suitable for full anticoagulation required in this context.

16. B — Thyroxine (T4)
Answer: Thyroxine (T4) In hyperthyroidism, there is an overproduction of thyroid hormones, specifically thyroxine (T4), which leads to an increased basal metabolic rate. T4 stimulates cellular oxygen consumption and heat production, elevating metabolism. Insulin is primarily involved in regulating blood glucose levels, while cortisol is related to stress response and glucose metabolism. Epinephrine, also known as adrenaline, contributes to the fight-or-flight response and can temporarily increase metabolism, but it is not the primary factor in hyperthyroidism.

17. A — Open surgical repair
Open surgical repair involves a direct incision to access the abdominal aorta, which generally leads to a longer recovery period compared to other methods. This approach often results in greater physiological stress and a prolonged inpatient stay, posing challenges for patient recovery. Endovascular and laparoscopic procedures are less invasive, typically offering shorter recovery times. The hybrid approach recovery varies based on the combination and patient's condition.

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18. D — Using standard precautions.
Answer: Using standard precautions. Using standard precautions is the essential method to prevent infection transmission in surgical settings, especially when infection status is unclear. This includes wearing appropriate PPE such as gloves, gowns, and masks, maintaining proper hand hygiene, and handling sharp instruments safely. While double gloving and splash guards can enhance safety, they are part of standard precautions and not additional measures specific to unconfirmed cases. Separating instrument trays does not prevent infection and does not align with established sterile procedures. Vaccination for hepatitis C is not available and does not provide immediate protection for surgical procedures.

19. C — Skeletal muscle
Answer: Skeletal muscle Skeletal muscle is responsible for voluntary movements and maintaining posture. During repetitive tasks like retraction in surgery, these muscles adapt to increased workload through hypertrophy. Smooth muscle, located in organs and blood vessels, is not typically involved in retraction and does not hypertrophy in response to such tasks. Cardiac muscle's hypertrophy occurs mainly due to chronic conditions affecting the heart, such as high blood pressure. Connective tissue does not undergo hypertrophy. Instead, it might become fibrotic in response to chronic stress or injury.

20. B — To provide space for the surgeon to operate
Answer: To provide space for the surgeon to operate. Creating a pneumoperitoneum is essential in laparoscopic surgeries like cholecystectomy, as it expands the abdominal cavity, providing the necessary space and visibility for surgical manipulation of instruments. Improving visibility inside the gallbladder is not achieved by creating pneumoperitoneum. Reducing the risk of infection is not the primary purpose; sterile techniques achieve this. Preventing blood clots is unrelated to pneumoperitoneum.

21. A — Verifying the instrument set with the scrub nurse
Answer: Verifying the instrument set with the scrub nurse. Verifying the instrument set with the scrub nurse is crucial as it ensures all necessary tools are ready and meet the surgeon's preference, preventing any operational delay or issue. This collaboration assures resource alignment before surgery. Double-checking the instruments on the surgical table does not ensure all are prepared or correct for the specific surgery. Ensuring postoperative care supplies are ready is less urgent. Reviewing anesthesia requirements deflects focus from the immediate surgical tool readiness.

22. C — Replace the contaminated drape with a sterile one
Answer: Replace the contaminated drape with a sterile one. Replacing the contaminated drape is essential to maintain sterility and ensure patient safety during surgery. Merely covering the contaminated area or continuing to use it does not ensure cleanliness and can increase the risk of infection. Spraying the drape with an antiseptic isn't practical or effective in maintaining the sterile field during the procedure.

23. B — Place instruments in a way that allows handling from the sterile area by holding only the handles inside the sterile field.
The correct technique to ensure sterility is maintained while setting up a sterile field is to place instruments in a way that allows for handling from the sterile area by holding only the handles within the sterile field. This method ensures only the sterile portions of the instruments are touched and reduces contamination risk. Placing instruments at the edge or stacking them increases the chance of non-sterile contact. Holding instruments by the tips can lead to contamination of the sterile part of the instrument.

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24. C — Metal wristwatch
Answer: Metal wristwatch Metal objects, like wristwatches, must be removed before entering an MRI room because they can be attracted by the strong magnetic field, posing safety risks and interfering with the imaging process. Rubber gloves, latex masks, and cotton scrub suits do not contain metal and thus do not pose a risk of interference with an MRI machine's magnetic field.

25. A — Ensuring that all instruments are secured in a stable position on the Mayo stand
The correct answer is ensuring that all instruments are secured in a stable position on the Mayo stand. This prevents instruments from being accidentally knocked off or contaminated, ensuring both safety and sterility during procedures. Frequently rearranging instruments can lead to disruptions and increase the risk of contamination. Cleaning each instrument before use is unnecessary if they are already sterilized, and a team of three members is not typically required for verifying instrument stability.

26. D — Respirator mask
A respirator mask is designed to filter out airborne pathogens, providing protection from inhalation of infectious microorganisms that can be present in the operating room's air. A lead apron offers protection from radiation, not airborne pathogens. Surgical gloves protect the hands from direct contact with blood and bodily fluids but do not guard against inhalation hazards. Shoe covers maintain a sterile field and cleanliness but have no role in respiratory protection.

27. C — Prepare each medication separately and label with specific details for each stage
The best practice is to prepare each medication separately and label with specific details for each stage to avoid errors and ensure proper administration. Mixing medications increases the risk of incorrect dosages and patient harm. Affixing labels directly to the vial can cause confusion, especially if multiple medications are prepared at once. Color-coded bands lack specificity and may not be enough to differentiate medications in a high-pressure environment.

28. B — They inhibit microbial replication by disrupting DNA and cell membranes
The primary mechanism of action for wound dressings with silver nanoparticles is the release of silver ions, which have antimicrobial properties. These ions can disrupt microbial DNA, preventing replication, and damage cell membranes, effectively reducing the risk of infection. Unlike barriers or moisture-controlling dressings, their action is biochemical, targeting microbial survival directly.

29. A — To create a barrier that prevents skin irritation and enhances comfort
The primary purpose of using sterile covers during surgical draping is to create a barrier that prevents skin irritation and enhances patient comfort. These covers do not contribute to maintaining the tools themselves in a sterile condition but protect the patient's skin from contact with the drapes and potential contaminants, reducing friction and irritation.

30. C — Median sternotomy
The correct answer: Median sternotomy. This incision is most appropriate for cardiac surgery as it allows direct access to the heart and great vessels through the center of the chest. The thoracotomy is used for accessing the lungs or esophagus and doesn’t provide the same direct access to the heart. The subcostal incision is used for accessing the liver and gallbladder. The lateral incision provides access to structures like the kidney and is not typically used for cardiac access.

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