



# CST Surgical Tech Exam Prep

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## Practice Questions

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1. The initial part of a river system is known as the:

- A. Delta
- B. Middle Course
- C. Mouth
- D. Headwaters

2. Examine the following cell types and their functions. Which one functions as an exocrine secretor? Cell Type Function Parietal cells Secrete HCl into stomach lumen Alpha cells Secrete glucagon into bloodstream Beta cells Secrete insulin into bloodstream Goblet cells Secrete mucus into respiratory tract

- A. Parietal cells
- B. Alpha cells
- C. Beta cells
- D. Goblet cells

3. Which part of the tooth contains blood vessels, nerves, and connective tissue?

- A. Dentin
- B. Cementum
- C. Pulp
- D. Enamel

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4. Monocryl sutures are known for their smooth passage through tissue and are made from:

- A. Polyglactin 910
- B. Polyglyconate
- C. Polydioxanone
- D. Poliglecaprone 25



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**5. In surgical instrument nomenclature, which one of the following is considered a root term? Instrument Term Prefix Root Suffix Laparoscopy Lap scopy Arthrotomy Arthrotomy Proctoscope Proct scope Cystectomy Cyst ectomy**

- A. Arthr
- B. Lap
- C. Proct
- D. ectomy

**6. In fetal circulation, if the foramen ovale fails to close after birth, allowing backflow, blood will flow from the:**

- A. Right atrium to the left atrium
- B. Left ventricle to the right ventricle
- C. Right ventricle to the left ventricle
- D. Left atrium to the right atrium

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**7. When applying a sterile dressing over a surgical wound, the first step involves:**

- A. Placing the sterile pad on the wound.
- B. Securing the pad with medical tape.
- C. Laying out sterile materials.
- D. Cleansing the wound area with antiseptic wipes.

**8. During orthopedic surgical procedures, how should drill bits and implants be maintained to ensure optimal efficiency and safety?**

- A. Mixed with other surgical instruments for quick access
- B. Brought to the sterile field only when needed
- C. Kept outside the sterile area until required
- D. Kept in a designated order and location separate from other instruments

**9. What is the most appropriate action for a CST when passing off contaminated surgical instruments to ensure both sterility and containment of biohazardous materials?**

- A. Leave them on the sterile field until clean-up staff arrive
- B. Carry them by hand to the decontamination area
- C. Place them in a covered container for transport
- D. Hand them directly to a non-sterile team member



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**10. During a surgical procedure, a patient suddenly presents with hypotension and respiratory distress. What first-line medication should the CST anticipate will be needed to address a severe allergic reaction?**

- A. Epinephrine
- B. Methylprednisolone
- C. Diphenhydramine
- D. Theophylline

**11. A patient presents with jaundice and the physician has scheduled a liver biopsy to confirm the diagnosis. What is the most likely underlying cause of the jaundice?**

- A. Cardiac
- B. Intestinal
- C. Gallbladder
- D. Hepatic

**12. During an operation, the CST is responsible for disposing of used instruments safely. Following standard precautions, how should the CST dispose of a used needle from the operating room?**

- A. Cut and place in disinfectant.
- B. Bend and store for future use.
- C. Place intact in a sharps container.
- D. Recap and place in biohazard waste.

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**13. Identify when postoperative fever is most likely related to atelectasis based on common postoperative timelines, and what immediate action should be taken. Time After Surgery Common Cause Immediate Action**  
0-2 hours Inflammation Monitor patient  
24-48 hours Atelectasis Encourage deep breathing exercises  
3-5 days UTI Check urine analysis  
5-7 days Wound infection Inspect wound for signs of infection

- A. 5-7 days; Inspect wound for signs of infection
- B. 24-48 hours; Encourage deep breathing exercises
- C. 0-2 hours; Monitor patient
- D. 3-5 days; Check urine analysis

**14. During the preparation of surgical trays for sterilization, if the label on an indicator tape is applied along the edge of the tray, the certified surgical technologist (CST) should:**

- A. Reapply the label to ensure proper positioning and visibility.
- B. Leave the label as is if it adheres smoothly.
- C. Use additional tape to secure the label.
- D. Ensure the label is covered entirely by the tray wrapping.

**15. Identify the normal range for blood glucose levels in a 40-year-old male patient during fasting: Measurement Time Normal Blood Glucose Range (mg/dL) Fasting 70-99 Postprandial Under 140**

- A. 80-120 mg/dL
- B. 60-89 mg/dL
- C. 100-140 mg/dL
- D. 70-99 mg/dL

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**16. For a minor surgical procedure on the foot utilizing a Bier block with lidocaine, the limb must first be:**

- A. Weighted down to prevent movement
- B. Exsanguinated
- C. Increased blood flow by massaging
- D. Immersed in cold water



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**17. Which one of the following is an example of a class II surgical wound?**

- A. Appendectomy under controlled conditions
- B. Colostomy
- C. Total knee arthroplasty
- D. Bronchoscopy with biopsy

**18. A new surgical light is installed in the operating room, but the intensity control feature is not functioning despite being properly set up. What is the most likely reason for this issue?**

- A. Incorrect installation of the light
- B. A defective intensity control panel
- C. Electrical incompatibility in the room
- D. The need for a firmware update

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**19. During the surgical preparation of a limb for casting after a fracture, what should the CST apply to the skin first?**

- A. Webril
- B. Elastic bandage
- C. Stockinette
- D. Antiseptic solution

**20. One limitation of using hydrogen peroxide as a sterilization agent for surgical instruments is that it:**

- A. Requires high temperatures to be effective
- B. Can be corrosive to certain metals
- C. Leaves a residue on surfaces after drying
- D. Is ineffective in killing all forms of bacteria

**21. During a surgical procedure, a sterile field becomes contaminated with irrigating fluid. The best immediate action is to:**

- A. Absorb the fluid and cover the area with a sterile, impervious drape
- B. Ignore it and proceed with the surgery
- C. Remove all nearby instruments
- D. Wait for the fluid to evaporate naturally



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**22. Which forceps are most appropriate for a surgeon to use when closing a wound with sutures during an abdominal procedure?**

- A. Russian
- B. Potts
- C. Adson (toothed)
- D. DeBakey

**23. When using the ISBAR format for patient handoff communication, what does the 'R' signify?**

- A. Reassessment
- B. Recommendation
- C. Reevaluation
- D. Referral

**24. Enzyme-based cleaners are typically used during the decontamination of surgical instruments to:**

- A. Break down organic matter such as proteins and fats.
- B. Neutralize acidic residues.
- C. Provide a sterile environment.
- D. Create a physical barrier against pathogens.

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**25. After a surgical procedure on the abdomen, a drainage device needs to be placed around the incision site. What should be the ideal gap between the incision and the drainage appliance to ensure proper function and prevent tissue irritation?**

- A.  $\frac{1}{3}$  text{ inch}
- B.  $\frac{1}{5}$  text{ inch}
- C.  $\frac{1}{8}$  text{ inch}
- D.  $\frac{1}{4}$  text{ inch}



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**26. Which one of the following scenarios would most likely require the use of absorbable sutures?**

- A. Skin closure of a superficial hand laceration
- B. Repair of an Achilles tendon tear
- C. Repair of perineal tears following childbirth
- D. Closure of a chest incision after heart surgery

**27. Sterilization labels on surgical instruments should be:**

- A. Clear and transparent
- B. Clearly visible
- C. Removed after instruments are sterile
- D. Included only in packaging

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**28. If a patient's blood pressure drops significantly during a surgical procedure, what should be the primary action of the CST acting as scrub to ensure the procedure's safety?**

- A. Call for additional assistance from the medical team.
- B. Check the patient's vital signs.
- C. Ensure the sterile field is maintained and prepare for any surgical adjustments.
- D. Administer IV fluids to stabilize the patient.

**29. In a surgical team, group dynamics play a crucial role in the success of surgical procedures. Referring to the table below, what are the positive and negative forces that could arise in this setting?**

- A. Positive forces include individual excellence and solitude; negative forces include teamwork and discussion.
- B. Positive forces include cooperation and communication; negative forces include resistance to feedback and poor communication.
- C. Positive forces include hierarchy and delegation; negative forces include absence of humor and compliance.
- D. Positive forces include strict protocols and rigid roles; negative forces include complete flexibility and improvisation.



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**30. A patient, recovering after an extensive surgical procedure, complains that the staff doesn't understand their pain and insists on refusing any offered help. Which stage of grief according to Elisabeth Kubler-Ross's model is the patient likely experiencing?**

- A. Denial
- B. Anger
- C. Depression
- D. Bargaining



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## Answer Key & Explanations

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### 1. D — Headwaters

A river can be divided into three main sections: Headwaters: This is the initial part that provides the source and origin of the river's flow, typically found in highland or mountainous regions. Middle Course: This part of the river is characterized by meanders and transportation of sediments as the gradient levels decrease and the river starts to widen. Mouth: The section where the river flows into another water body, often forming deltas when sediment is deposited at the river's end.

### 2. A — Parietal cells

Parietal cells secrete HCl directly into the stomach lumen, which is an exocrine function since it involves secretion into a duct or external surface. Alpha and beta cells secrete hormones directly into the bloodstream, classifying them as endocrine cells. Goblet cells are involved in exocrine secretion, but in this table setting, they were considered incorrect compared to parietal cells' classic known function of HCl secretion in the stomach.

### 3. C — Pulp

Teeth are composed of several parts: - Enamel: The hard outer surface that protects the tooth. It does not contain nerves or blood vessels. - Dentin: The layer beneath enamel, providing structure. It does not directly contain nerves or blood vessels. - Pulp: The innermost part of the tooth. It contains blood vessels, nerves, and connective tissue, nourishing the tooth. - Cementum: A bone-like substance covering the tooth root, helping anchor it into the bone, but lacking nerves or blood vessels.

### 4. D — Poliglecaprone 25

Monocryl sutures are made from Poliglecaprone 25, which is a monofilament, synthetic, absorbable suture often used for soft tissue closures. These sutures offer smooth passage through tissues and are absorbed via hydrolysis, usually within 91 to 119 days.

### 5. A — Arthr

The root of a surgical instrument term carries the main idea or concept of the term. In this case, 'Arthr' in 'Arthrotomy' is the root meaning joint. 'Lap' and 'Proct' are prefixes, referring to laparoscopy and procedures involving the rectum, respectively. 'ectomy' is a suffix, indicating a surgical removal or excision.

### 6. D — Left atrium to the right atrium

In fetal circulation, the foramen ovale allows blood to bypass the non-functional fetal lungs by moving blood directly from the right atrium to the left atrium. After birth, this opening usually closes. If it fails to close, blood from the higher pressure left atrium can flow back into the lower pressure right atrium after birth.

### 7. C — Laying out sterile materials.

When applying a sterile dressing, the first step is to lay out all the necessary sterile materials. This ensures everything is ready and accessible, maintaining sterility throughout the procedure. Following this, the wound area should be cleansed with antiseptic wipes, after which the sterile pad is placed directly onto the wound. Finally, the pad is secured with medical tape to keep it in place.



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**8. D — Kept in a designated order and location separate from other instruments**

During orthopedic surgical procedures, maintaining drill bits and implants in a designated order and location ensures they remain sterile, are easily accessible, and are used in the correct sequence. This prevents potential contamination or damage and enhances surgical efficiency and patient safety.

**9. C — Place them in a covered container for transport**

After surgery, contaminated instruments should be placed in a covered container to prevent biohazard exposure and maintain sterility until they can be properly decontaminated.

**10. A — Epinephrine**

The symptoms described are indicative of an anaphylactic reaction. Epinephrine is the first-line treatment for anaphylaxis due to its rapid action on the symptoms, including vasoconstriction and bronchodilation, which help address hypotension and respiratory distress. While other medications like methylprednisolone, diphenhydramine, and theophylline may be used in managing allergic reactions or inflammation, they are not the immediate treatment for anaphylaxis.

**11. D — Hepatic**

Jaundice is usually associated with hepatic disease, particularly conditions like cirrhosis. Liver dysfunction can lead to a buildup of bilirubin in the bloodstream, which causes the yellowing of the skin and eyes that characterizes jaundice. A liver biopsy helps confirm the hepatic origin of the disease.

**12. C — Place intact in a sharps container.**

According to safety protocols, used needles must be discarded intact in a designated sharps container to prevent needlestick injuries. This container is leakproof and puncture-resistant. Recapping, cutting, or bending needles pose risks of self-injury or contamination.

**13. B — 24-48 hours; Encourage deep breathing exercises**

Postoperative fever due to atelectasis typically occurs within the first 24-48 hours after surgery. Encouraging deep breathing exercises is an immediate action that can help resolve atelectasis and reduce fever.

**14. A — Reapply the label to ensure proper positioning and visibility.**

Labels on indicator tapes must be placed correctly to maintain clear visibility and adhere securely. Placing a label on the edge risks adhesion issues and visibility problems, impacting the sterilization verification process.

**15. D — 70-99 mg/dL**

Normal fasting blood glucose levels for adults are between 70-99 mg/dL. Postprandial levels should be under 140 mg/dL. Abnormal blood glucose levels can have significant impacts during surgery, making it crucial for surgical technologists to recognize normal ranges.

**16. B — Exsanguinated**

In preparation for a Bier block on the foot, the limb must be exsanguinated to remove blood from the veins. This typically involves elevating the limb for a few minutes and using a pneumatic tourniquet proximal to the surgical site. This ensures effective anesthesia as lidocaine is locally confined.

**17. A — Appendectomy under controlled conditions**

Class II surgical wounds are classified as clean-contaminated. These involve operations where the respiratory, gastrointestinal, or genitourinary tract is entered under controlled conditions, with no unusual contamination. An appendectomy under controlled conditions fits this description. Colostomy and bronchoscopy with biopsy can involve more contamination and are not generally considered class II under the



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typical surgical wound classification, whereas a total knee arthroplasty is categorized as class I as it involves no entry into the tracts mentioned.

### 18. D — The need for a firmware update

Modern surgical lights often require a firmware update to integrate fully with existing control systems. If the fixture is not working after proper setup, checking for necessary firmware updates should be the first step. Many manufacturers design equipment with update capabilities to maximize compatibility and performance.

### 19. C — Stockinette

In surgical settings, the CST begins by applying a stockinette to protect the skin before wrapping with protective padding like Webril. The skin should be clean and dry before these materials are applied to ensure cast adherence and skin protection.

### 20. B — Can be corrosive to certain metals

Hydrogen peroxide is effective as a low-temperature sterilizing agent and does not leave a residue. However, it can be corrosive to certain metals. It is effective against a broad range of microorganisms but can be less effective if organic material is present on the instruments being sterilized.

### 21. A — Absorb the fluid and cover the area with a sterile, impervious drape

To maintain a sterile field, any area that becomes wet or contaminated must be dealt with promptly. Sponging or suctioning the fluid and covering the area with an impervious drape helps prevent strike-through contamination and maintains sterility. Ignoring the contamination or allowing the fluid to evaporate on its own does not address sterility concerns. Removing instruments is not the primary action for wet areas on a sterile field.

### 22. C — Adson (toothed)

For closing a wound with sutures, the toothed Adson forceps are typically used to hold the skin or tissue edges in place, ensuring precise approximation during suturing. Toothed forceps provide a firm grip that is necessary for dealing with the relatively heavier tissue of an abdominal wound. DeBakey forceps are delicate and designed for vascular and other soft tissues, while Russian forceps are typically used for gripping and holding, not suturing. Potts forceps are primarily used for vascular and soft tissue manipulation.

### 23. B — Recommendation

In the ISBAR communication framework, 'R' stands for 'Recommendation'. It is the step where the healthcare professional gives their suggestions or next steps for patient care.

### 24. A — Break down organic matter such as proteins and fats.

Enzyme-based cleaners use specific enzymes to target and break down organic materials like blood and tissue on surgical instruments. This helps in effective decontamination prior to further sterilization processes.

### 25. D — $\frac{1}{4}$ inch

After surgical procedures, maintaining the correct gap between the incision and drainage device is critical. If the gap is too small, it could lead to pressure on the incision, potentially impairing healing. Conversely, too large a gap may allow the device to dislodge, leading to leakage or increased risk of infection. Therefore, a gap of  $\frac{1}{4}$  inch is recommended to balance stability and skin protection.

### 26. C — Repair of perineal tears following childbirth

Absorbable sutures are used when removal is not feasible due to the location or nature of the tissue being sutured. In the case of perineal tears after childbirth, it is often more practical to use absorbable sutures



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because accessing the area is difficult and the tissue will heal internally. Nonabsorbable sutures are more likely to be used in areas where they can be easily accessed for removal or where tension strength is critical, such as tendon repair.

**27. B — Clearly visible**

Sterilization labels should be clearly visible so that surgical staff can easily confirm that instruments have been sterilized. It reduces the chance of using non-sterile instruments and helps ensure safety by making the labels easily readable.

**28. C — Ensure the sterile field is maintained and prepare for any surgical adjustments.**

During an intraoperative hypotensive episode, the CST must focus on maintaining the sterile field and readiness of surgical instruments. While notifying the surgical team or circulator about equipment-related needs may be necessary, direct patient interventions are outside the CST's primary role.

**29. B — Positive forces include cooperation and communication; negative forces include resistance to feedback and poor communication.**

In a surgical team, positive forces such as effective communication and collaboration contribute to the team's success in achieving its goals. Negative forces, like poor communication, can lead to misunderstandings and errors during surgery, impacting the overall outcome.

**30. B — Anger**

In situations where patients express frustration and direct their anger towards healthcare staff, they are often in the 'anger' stage of Kubler-Ross's stages. This stage is characterized by blaming and lashing out due to distressing feelings.



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