



400 PRACTICE QUESTIONS + 175-QUESTION MOCK EXAM

THE OR VETERAN'S EXAM PREP

FOR SURGICAL TECHNOLOGISTS

Rationales for every answer choice
CST® exam practice with real-world pearls from the OR

FREE 25-QUESTION MINI MOCK EXAM

A taste of the full book, with an answer key and rationales

Mario Velasco Jr. • 20+ years as a surgical technologist

How to use this mini mock

- 25 questions taken straight from the book, roughly in the same mix as the CST exam outline: mostly perioperative care, plus ancillary duties and basic science. Each one shows its question number in the book.
- Set a timer for 25 minutes (about a minute per question, the pace you need on the real exam). No notes, no phone.
- Circle your answers, then check the key. Read every rationale, including why each wrong answer is wrong. Say out loud why the right answer is right.
- Redo the ones you missed 2 to 3 days later. That is where the learning sticks.

"When in doubt, throw it out."

Questions

PERIOPERATIVE: PREOPERATIVE PREPARATION • BOOK Q1

1. While rinsing during a traditional surgical hand scrub, how should the surgical technologist hold the hands and arms?

- A. Hands below the elbows so water drains off the fingertips
- B. Hands above the elbows so water runs from fingertips toward the elbows
- C. Arms fully extended at shoulder height, palms up
- D. Hands at waist level, close to the scrub attire

PERIOPERATIVE: PREOPERATIVE PREPARATION • BOOK Q27

2. When opening a wrapped sterile package on a table, which flap is opened FIRST?

- A. The flap nearest to you
- B. Either side flap
- C. It doesn't matter
- D. The flap farthest from you

PERIOPERATIVE: PREOPERATIVE PREPARATION • BOOK Q39

3. In the prone position, where are chest rolls placed?

- A. Across the abdomen only
- B. Under the face only
- C. Lengthwise from the clavicles to the iliac crests on each side
- D. Across the knees

PERIOPERATIVE: PREOPERATIVE PREPARATION • BOOK Q50

4. When draping a C-arm, which portion of the drape is considered contaminated?

- A. The part closest to the incision
- B. The entire drape, once the C-arm moves
- C. Any part that falls below the level of the sterile field or passes under the table
- D. Only the image intensifier cover

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q64

5. Which gas is used to create pneumoperitoneum during laparoscopy?

- A. Oxygen
- B. Carbon dioxide
- C. Nitrous oxide
- D. Room air

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q78

6. When the scrub opens a sterile package, which part is considered nonsterile?

- A. The inner center of the wrapper
- B. The item inside
- C. The outer edges once the package is opened
- D. The entire package once opened

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q95

7. Which forceps are short, with fine tips, and are often used on skin edges during closure?

- A. Russian forceps
- B. Bayonet forceps
- C. Ferris Smith forceps
- D. Adson forceps (with or without teeth)

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q111

8. Which instrument removes disc material during a discectomy?

- A. Kerrison rongeur
- B. Gigli saw
- C. Pituitary rongeur
- D. Freer elevator

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q141

9. Which type of stitch is placed in a circle around an opening and tightened like a drawstring?

- A. Mattress
- B. Interrupted
- C. Subcuticular
- D. Purse-string

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q155

10. How are stones (calculi) usually sent to the lab?

- A. In formalin
- B. In saline
- C. Taped to the requisition
- D. Dry in a container without preservative

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q171

11. A small fire starts on the drapes. What is the FIRST action?

- A. Remove the burning material from the patient and put it out
- B. Run to pull the fire alarm
- C. Wait for the surgeon's order
- D. Open the door to let smoke out

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q197

12. For an open nephrectomy, the patient is often positioned:

- A. Lateral with the kidney rest raised and the table flexed
- B. Supine with arms tucked
- C. Prone
- D. Lithotomy

PERIOPERATIVE: INTRAOPERATIVE PROCEDURES • BOOK Q223

13. During an ERCP, contrast is injected into the:

- A. Bile and pancreatic ducts
- B. Bladder
- C. Fallopian tubes
- D. Coronary arteries

PERIOPERATIVE: POSTOPERATIVE PROCEDURES • BOOK Q238

14. Before moving the patient to the stretcher, what should be done with dried prep and blood on the skin?

- A. Leave it for PACU
- B. Scrub hard with alcohol
- C. Gently clean it off
- D. Cover with drapes

PERIOPERATIVE: POSTOPERATIVE PROCEDURES • BOOK Q242

15. How should contaminated instruments be transported to decontamination?

- A. In a closed, labeled container or covered cart
- B. In an open basin through the hallway
- C. In a linen bag
- D. Carried by hand

PERIOPERATIVE: POSTOPERATIVE PROCEDURES • BOOK Q251

16. When the patient is handed off to PACU, which tool helps make the report complete and organized?

- A. Telling the PACU nurse to read the chart
- B. A structured handoff such as SBAR
- C. A text message
- D. No report if things went well

ANCILLARY: ADMINISTRATIVE AND PERSONNEL • BOOK Q265

17. How should an error in a paper record be corrected?

- A. Erase it completely
- B. Use correction fluid
- C. Rewrite the whole page
- D. Draw a single line through it, write the correction, and initial and date it

ANCILLARY: ADMINISTRATIVE AND PERSONNEL • BOOK Q272

18. Which color bag is typically used for regulated medical waste?

- A. Clear
- B. Red (biohazard)
- C. Blue
- D. Black

ANCILLARY: EQUIPMENT STERILIZATION AND MAINTENANCE • BOOK Q278

19. Which organism's spores are used in the biological indicator for steam sterilization?

- A. *Bacillus atrophaeus*
- B. *Geobacillus stearothermophilus*
- C. *Staphylococcus aureus*
- D. *Clostridium difficile*

ANCILLARY: EQUIPMENT STERILIZATION AND MAINTENANCE • BOOK Q286**20. What does a Bowie-Dick test check in a prevacuum steam sterilizer?**

- A. The temperature of the water supply
- B. Biological kill
- C. Load weight
- D. Air removal and steam penetration

BASIC SCIENCE: ANATOMY AND PHYSIOLOGY • BOOK Q323**21. Which muscle is NOT part of the rotator cuff?**

- A. Supraspinatus
- B. Infraspinatus
- C. Deltoid
- D. Subscapularis

BASIC SCIENCE: ANATOMY AND PHYSIOLOGY • BOOK Q368**22. The cystic duct joins the common hepatic duct to form the:**

- A. Common bile duct
- B. Pancreatic duct
- C. Hepatic artery
- D. Portal vein

BASIC SCIENCE: MICROBIOLOGY • BOOK Q372**23. Round bacteria in clusters are called:**

- A. Streptococci
- B. Bacilli
- C. Spirilla
- D. Staphylococci

BASIC SCIENCE: MICROBIOLOGY • BOOK Q380**24. An organism that requires oxygen at normal atmospheric levels (about 21%) to grow is called a(n):**

- A. Obligate aerobe
- B. Obligate anaerobe
- C. Facultative anaerobe
- D. Microaerophile

BASIC SCIENCE: SURGICAL PHARMACOLOGY • BOOK Q391**25. Which drug reverses heparin?**

- A. Vitamin K
- B. Protamine sulfate
- C. Naloxone
- D. Flumazenil

Answer Key and Rationales

1. B: Hands above the elbows so water runs from fingertips toward the elbows

(Book Q1 • I-A Preoperative Preparation)

A ✗ Water would run from the less clean elbows down onto the cleanest area, the hands.

B ✓ Water flows from the cleanest area (hands) to the less clean area (elbows), so it never runs back onto scrubbed hands.

C ✗ Not a recognized scrub posture; it doesn't control water flow and invites contact with surroundings.

D ✗ Scrub attire is not sterile; hands near the waist risk contamination.

OR Pearl: Fingertips up, elbows down, the whole way to the back table. If water dribbles back to your hands, you start over. No shortcuts.

Ref: AST Standards of Practice for Surgical Attire, Surgical Scrub, Hand Hygiene and Hand Washing (eff. Apr 13, 2008), surgical scrub procedure section,

https://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Standard_Surgical_Attire_Surgical_Scrub.pdf

2. D: The flap farthest from you (Book Q27 • I-A Preoperative Preparation)

A ✗ Opening the near flap first would make you reach over exposed sterile contents.

B ✗ The side flaps are opened after the far flap, so starting with either side flap is out of order.

C ✗ The order matters: opening the far flap first keeps you from reaching over the sterile field.

D ✓ Opening the far flap first means you never reach across the open sterile contents.

OR Pearl: Far flap first, near flap last. Never reach across what you just opened.

Ref: AST Guidelines for Best Practices for Establishing the Sterile Field; Fuller

3. C: Lengthwise from the clavicles to the iliac crests on each side (Book Q39 • I-A Preoperative Preparation)

A ✗ Rolls across the abdomen would press on it and restrict breathing and venous return.

B ✗ The face is supported with a specific prone headrest, not chest rolls.

C ✓ This lifts the chest and abdomen so the patient can breathe and venous return isn't blocked.

D ✗ Chest rolls run lengthwise from the clavicles to the iliac crests; across the knees is the wrong location.

OR Pearl: Breasts and genitals need checking too once they're flipped.

Ref: AORN Guideline for Positioning the Patient

4. C: Any part that falls below the level of the sterile field or passes under the table (Book Q50 • I-A Preoperative Preparation)

A ✗ The part closest to the incision is at field level and is still considered sterile.

B ✗ Moving the C-arm doesn't contaminate the drape by itself, as long as it stays above the sterile field level.

C ✓ Areas out of view or below the field level are nonsterile.

D ✗ Sterility depends on the drape's position relative to the field, not on which part of the C-arm it covers.

OR Pearl: When the C-arm swings under the table and comes back, treat the bottom part as dirty.

Ref: AORN Guideline for Sterile Technique; Fuller, Surgical Technology (imaging equipment)

5. B: Carbon dioxide (Book Q64 • I-B Intraoperative Procedures)

A ✗ Oxygen supports combustion, so it is never used to insufflate the abdomen.

B ✓ CO2 is noncombustible and rapidly absorbed, lowering risk of embolism and fire.

C ✗ Nitrous oxide supports combustion and isn't the standard insufflation gas; CO2 is used.

D ✗ Room air is poorly absorbed and contains oxygen, raising embolism and fire risks.

OR Pearl: Check your CO2 tank before the patient rolls in. Nothing worse than an empty tank at trocar time.

Ref: Fuller, Surgical Technology (minimally invasive surgery); SAGES guidelines

6. C: The outer edges once the package is opened (Book Q78 • I-B Intraoperative Procedures)

A ✗ The inner center of the opened wrapper is sterile; only the outer edges are in question.

B ✗ The item inside is sterile as long as the package is intact and properly handled.

C ✓ Edges are handled by nonsterile hands and can't be considered sterile.

D ✗ Only the outer edges of an opened wrapper are in question, not the whole package.

OR Pearl: Lift items up and out. Never drag them across the edge of the wrapper.

Ref: AORN Guideline for Sterile Technique

7. D: Adson forceps (with or without teeth) (Book Q95 • I-B Intraoperative Procedures)

A ✗ Russian forceps have rounded, broad tips used on heavier tissue, not fine work.

B ✗ Bayonet forceps are angled for working in deep, narrow spaces like the nose or brain.

C ✗ Ferris Smith forceps are heavier toothed forceps for dense tissue like fascia.

D ✓ Adson forceps are short with fine tips, so they hold skin edges precisely during closure. They come with or without teeth.

OR Pearl: For skin, give Adson with teeth unless the surgeon says otherwise.

Ref: Fuller, Surgical Technology (instrumentation)

8. C: Pituitary rongeur (Book Q111 • I-B Intraoperative Procedures)

A ✗ A Kerrison bites bone and ligament around the spinal canal, not disc material.

B ✗ A Gigli saw is a wire saw for bone and isn't used to remove disc material.

C ✓ The pituitary rongeur has small cupped jaws at the end of a long shaft. It reaches into the disc space and pulls out disc fragments.

D ✗ A Freer is a fine elevator for dissection and can't remove disc material.

OR Pearl: Wipe each bite on a moist sponge and save the disc as a specimen if requested.

Ref: Fuller, Surgical Technology (neurosurgery)

9. D: Purse-string (Book Q141 • I-B Intraoperative Procedures)

A ✗ A mattress stitch everts or inverts wound edges; it isn't placed in a circle.

B ✗ Interrupted stitches are separate individual stitches, not a circle around an opening.

C ✗ A subcuticular stitch runs just under the skin; it isn't a circle around an opening.

D ✓ Used to close an opening or secure a tube or stump.

OR Pearl: You'll see purse-strings for appendix stumps, cannulation, and EEA staplers.

Ref: Fuller, Surgical Technology (wound closure)

10. D: Dry in a container without preservative (Book Q155 • I-B Intraoperative Procedures)

A ✗ Formalin can alter a stone's chemical makeup and the analysis results.

B ✗ Saline isn't recommended for stones; they're sent dry so the chemical analysis isn't altered.

C ✗ Taping a stone to the requisition isn't secure and could lose the specimen.

D ✓ Send stones dry in a container without preservative. Preservatives can change the stone's composition and affect the lab's analysis.

OR Pearl: Dry cup for stones. Some families want them, so check policy.

Ref: AORN Guideline for Specimen Management

11. A: Remove the burning material from the patient and put it out (Book Q171 • I-B Intraoperative Procedures)

A ✓ First remove the burning material from the patient and put it out. Getting the fuel away from the patient quickly limits the burn injury.

B ✗ The circulator can do that; the immediate step is removing the fire.

C ✗ Every second counts in a fire, so the burning material is removed at once without waiting for orders.

D ✗ Opening the door brings in more air, which feeds the fire.

OR Pearl: Grab it, toss it, smother it. Saline basin on your field is a good fire extinguisher for small stuff.

Ref: AORN Guideline for a Safe Environment of Care (fire); ECRI fire safety guidance

12. A: Lateral with the kidney rest raised and the table flexed (Book Q197 • I-B Intraoperative Procedures)

A ✓ This opens the space between the ribs and the pelvis.

B ✗ Supine with arms tucked is not ideal for the flank approach to the kidney.

C ✗ Prone isn't routine for an open nephrectomy; lateral flank positioning is used.

D ✗ Lithotomy is for perineal access and isn't used for nephrectomy.

OR Pearl: Lower the kidney rest before closing so the edges come together easier.

Ref: Fuller, Surgical Technology (genitourinary surgery)

13. A: Bile and pancreatic ducts (Book Q223 • I-B Intraoperative Procedures)

A ✓ During ERCP, contrast is injected into the bile and pancreatic ducts. That shows strictures, blockages, or stones on fluoroscopy.

B ✗ ERCP contrast goes into the bile and pancreatic ducts, not the bladder.

C ✗ The fallopian tubes are imaged with hysterosalpingography, a separate study from ERCP.

D ✗ The coronary arteries are imaged with cardiac catheterization, not ERCP.

OR Pearl: Lead aprons on. Fluoro is running.

Ref: Fuller, Surgical Technology (endoscopy)

14. C: Gently clean it off (Book Q238 • I-C Postoperative Procedures)

A ✗ Prep or blood left on the skin should be cleaned off before transfer, not left for PACU.

B ✗ Scrubbing hard with alcohol can damage and irritate skin that's already been prepped.

C ✓ Gently clean dried prep and blood off the skin. This reduces skin irritation and makes the patient more comfortable.

D ✗ Covering soiled skin with drapes doesn't clean it and hides problems like burns.

OR Pearl: Warm wet towels work well. Check the back and under the pad too.

Ref: NBSTSA CST content outline; Fuller, Surgical Technology

15. A: In a closed, labeled container or covered cart (Book Q242 • I-C Postoperative Procedures)

A ✓ Transport contaminated instruments in a closed, labeled container or a covered cart. This keeps the contamination contained and warns staff of the biohazard on the way to decontamination.

B ✗ Carrying an open basin through the hallway exposes staff to contamination.

C ✗ A linen bag isn't an appropriate container for contaminated instruments.

D ✗ Carrying instruments by hand is unsafe and exposes staff to blood and sharps.

OR Pearl: Close the cart, mark it biohazard, send it soon.

Ref: OSHA Bloodborne Pathogens Standard; AAMI ST79

16. B: A structured handoff such as SBAR (Book Q251 • I-C Postoperative Procedures)

A ✗ A verbal handoff is still needed; just pointing to the chart isn't enough.

B ✓ A structured handoff such as SBAR (Situation, Background, Assessment, Recommendation) organizes the report so key information isn't left out when care passes to PACU.

C ✗ A text message isn't a structured, reliable handoff method like SBAR.

D ✗ Every patient needs a handoff, even when the case went well.

OR Pearl: Know the drains, dressings and anything unusual so the circulator can include it.

Ref: The Joint Commission handoff communication guidance; AORN

17. D: Draw a single line through it, write the correction, and initial and date it (Book Q265 • II-A Administrative and Personnel)

A ✗ Erasing an entry hides the original record and isn't allowed.

B ✗ Correction fluid hides the original entry, and legal records must stay readable.

C ✗ Rewriting the whole page isn't appropriate; draw one line through the error and initial it.

D ✓ Draw a single line through the error, write the correction, and initial and date it. The original entry stays readable, so the record stays legally sound.

OR Pearl: Never hide a mistake on a record. One line, initial, date.

Ref: Fuller, Surgical Technology (legal issues)

18. B: Red (biohazard) (Book Q272 • II-A Administrative and Personnel)

A ✗ Clear bags are typically used for regular trash, not regulated medical waste.

B ✓ Regulated medical waste goes in red bags with the biohazard symbol. The color warns handlers that the contents are infectious.

C ✗ Blue bags are often used for recycling, not biohazard waste.

D ✗ Often regular trash or hazardous chemical waste, depending on facility.

OR Pearl: Don't put regular trash in red bags. It costs a lot more to dispose of.

Ref: OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030; facility waste policy

19. B: Geobacillus stearothermophilus (Book Q278 • II-B Equipment Sterilization and Maintenance)

A ✗ Bacillus atrophaeus is used for ethylene oxide and dry heat, not steam.

B ✓ Its spores are highly heat-resistant, making them the standard steam BI.

C ✗ Staph aureus doesn't form spores and isn't a BI organism.

D ✗ C. difficile forms spores but isn't used as a sterilization indicator.

OR Pearl: Steam is Geo. EO is atrophaeus. That's a gimme on test day.

Ref: CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008, updated 2019), Sterilizing Practices, <https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/sterilizing-practices.html>

20. D: Air removal and steam penetration (Book Q286 • II-B Equipment Sterilization and Maintenance)

- A ✗ Bowie-Dick doesn't test water supply temperature; it tests air removal.
 - B ✗ Biological kill is tested with a BI, not a Bowie-Dick.
 - C ✗ Load weight isn't tested by a Bowie-Dick; air removal is.
 - D ✓ It's run daily in an empty prevacuum sterilizer before the first load; a uniform color change means air was removed.
- OR Pearl: Run it first thing every day the sterilizer is used. Failed test, no loads.
Ref: CDC Steam Sterilization,
<https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/steam-sterilization.html>; 3M Bowie-Dick pack IFU

21. C: Deltoid (Book Q323 • III-A Anatomy and Physiology)

- A ✗ The supraspinatus is a rotator cuff muscle (the S in SITS).
 - B ✗ The infraspinatus is a rotator cuff muscle (the I in SITS).
 - C ✓ The deltoid covers the shoulder but isn't a rotator cuff muscle.
 - D ✗ The subscapularis is a rotator cuff muscle (the second S in SITS).
- OR Pearl: SITS: supraspinatus, infraspinatus, teres minor, subscapularis. Supraspinatus is the one we repair most.
Ref: Tortora & Derrickson (muscular system)

22. A: Common bile duct (Book Q368 • III-A Anatomy and Physiology)

- A ✓ The cystic duct and common hepatic duct join to form the common bile duct, which carries bile to the duodenum.
 - B ✗ The pancreatic duct drains the pancreas and isn't formed by the cystic duct.
 - C ✗ The hepatic artery is a blood vessel, not a duct that carries bile.
 - D ✗ The portal vein is a blood vessel, not a duct that carries bile.
- OR Pearl: That's why the cystic duct must be clearly identified before clipping.
Ref: Tortora & Derrickson (digestive system)

23. D: Staphylococci (Book Q372 • III-B Microbiology)

- A ✗ Streptococci are round bacteria, but they grow in chains, not clusters.
 - B ✗ Bacilli are rod-shaped bacteria, not round organisms arranged in clusters.
 - C ✗ Spirilla are spiral-shaped bacteria, not round organisms arranged in clusters.
 - D ✓ Round bacteria (cocci) that grow in grape-like clusters are staphylococci. Streptococci grow in chains.
- OR Pearl: Staph clusters like grapes. Strep chains like a necklace.
Ref: Tortora, Microbiology: An Introduction

24. A: Obligate aerobe (Book Q380 • III-B Microbiology)

- A ✓ Obligate aerobes need oxygen at normal atmospheric levels to grow.
 - B ✗ Obligate anaerobes grow without oxygen and can be harmed by it.
 - C ✗ Facultative anaerobes can grow with or without oxygen, so they don't require it.
 - D ✗ Microaerophiles do need oxygen, but only at reduced levels, lower than normal air. Full atmospheric oxygen can inhibit them.
- OR Pearl: Ask which culture tube. Anaerobic cultures need special handling.
Ref: Tortora, Microbiology

25. B: Protamine sulfate (Book Q391 • III-C Surgical Pharmacology)

A ✗ Vitamin K reverses warfarin, not heparin; protamine reverses heparin.

B ✓ Protamine sulfate binds heparin and neutralizes its anticoagulant effect. That's why it's given to reverse heparin after bypass or vascular surgery.

C ✗ Naloxone reverses opioids and has no effect on heparin anticoagulation.

D ✗ Flumazenil reverses benzodiazepines and has no effect on heparin anticoagulation.

OR Pearl: Have protamine ready when the cardiac case comes off bypass. Anesthesia gives it.

Ref: Protamine Sulfate Injection label (DailyMed),

<https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=8df0a819-9e1a-44ce-97a6-3ea82c867d44>

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