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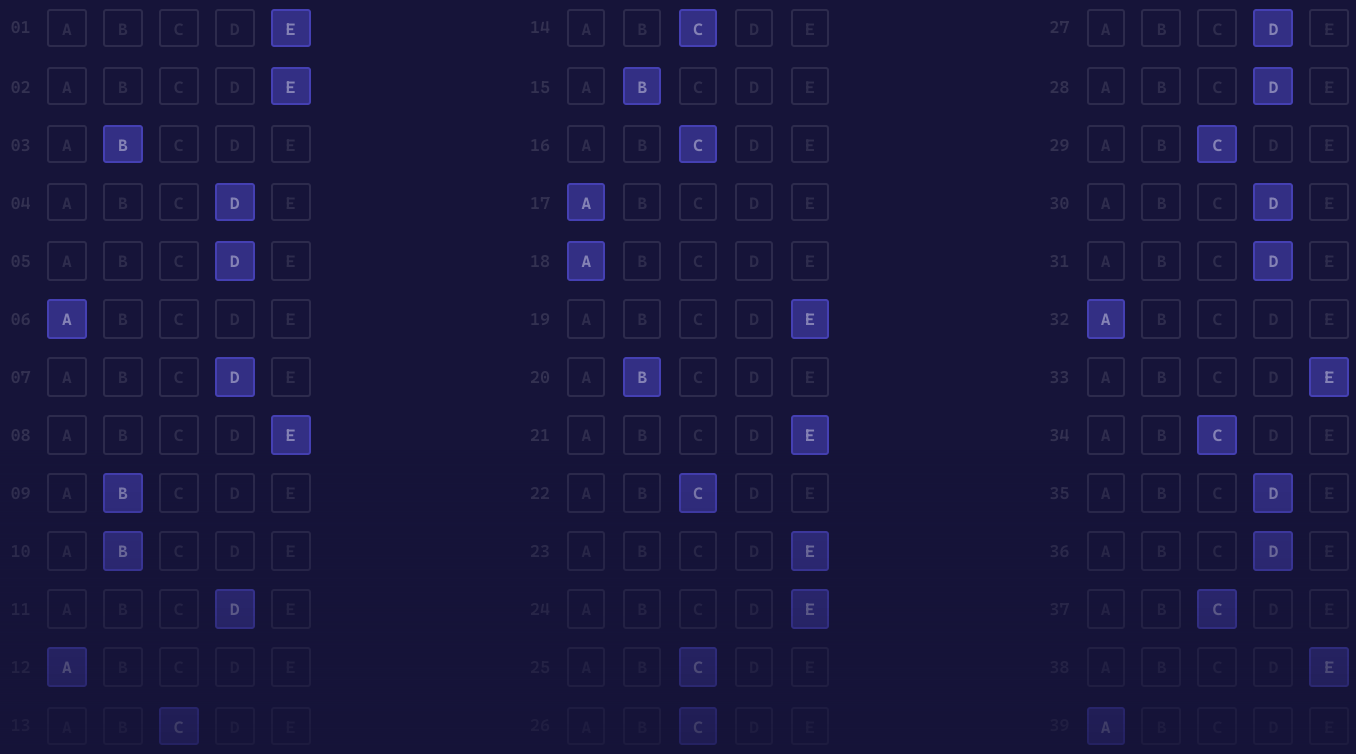

PRACTICE QUESTIONS

American Society for Metabolic and Bariatric Surgery

VFWGBB4N

Certified Bariatric Nurse Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Society for Metabolic and Bariatric Surgery `VFWGBB4N`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `VFWGBB4N`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A patient is scheduled for a laparoscopic Roux-en-Y gastric bypass. Which anatomical change is created during this procedure?

A **A small gastric pouch is created and connected directly to the jejunum, bypassing the duodenum and a portion of the proximal jejunum.**

B A sleeve of stomach is created by resecting the greater curvature while preserving the pylorus and antrum.

C An adjustable band is placed around the proximal stomach to create a small outlet without altering intestinal anatomy.

D A gastric pouch is connected to the duodenum, leaving the normal intestinal absorption pathway intact.

ANSWER **A**

WHY Roux-en-Y gastric bypass creates a small (~30 mL) gastric pouch that is anastomosed directly to the Roux limb of jejunum, bypassing the duodenum and a portion of proximal jejunum, producing both restrictive and malabsorptive effects. Option B describes a sleeve gastrectomy. Option C describes an adjustable gastric band. Option D is not anatomically consistent with any standard bariatric procedure.

QUESTION 2 SINGLE CHOICE

Which bariatric procedure is classified as primarily restrictive, removes approximately 75–80% of the stomach, and preserves the pyloric valve?

A Laparoscopic adjustable gastric banding

B Biliopancreatic diversion with duodenal switch

C Laparoscopic sleeve gastrectomy

D Roux-en-Y gastric bypass

ANSWER C

WHY Laparoscopic sleeve gastrectomy involves resection of approximately 75–80% of the stomach along the greater curvature, leaving a tubular sleeve that preserves the pylorus. It is classified as a restrictive procedure. Adjustable gastric banding does not remove stomach tissue. Biliopancreatic diversion with duodenal switch and Roux-en-Y gastric bypass both include significant malabsorptive components.

QUESTION 3 MULTIPLE CHOICE

A nurse is assessing a patient on postoperative day 2 following Roux-en-Y gastric bypass. Which findings are early signs of an anastomotic leak that the nurse should promptly report to the surgeon? (Choose two.)

A Tachycardia exceeding 120 beats per minute

B Sudden onset of left shoulder pain

C Mild incisional soreness at the trocar sites

D Fever of 101.8°F (38.8°C) with abdominal tenderness

ANSWER A · D

WHY Tachycardia is one of the earliest and most sensitive indicators of an anastomotic leak, often appearing before fever or overt peritoneal signs. Fever with abdominal tenderness also strongly suggests intra-abdominal leak or sepsis. Left shoulder pain (Kehr sign) can indicate diaphragmatic irritation but is less specific on day 2, and mild incisional soreness at trocar sites is an expected finding, not a leak sign.

QUESTION 4 MULTIPLE CHOICE

When educating a patient about the post-bariatric diet progression, which instructions are appropriate for the immediate postoperative period? (Choose two.)

- **A** **Sip fluids slowly throughout the day and aim for approximately 64 ounces of total fluid intake.**
- **B** Drink large amounts of fluid with each meal to ensure adequate hydration.
- **C** **Advance from clear liquids to full liquids as tolerated, then to puréed and soft foods over several weeks.**
- **D** Resume a regular solid diet as tolerated within the first week to prevent nutritional deficiencies.

ANSWER **A · C**

WHY After bariatric surgery, patients are instructed to sip fluids slowly and target roughly 64 oz of fluid daily to prevent dehydration, and to advance gradually from clear liquids to full liquids, then puréed and soft foods over several weeks per ASMBS guidelines. Drinking large volumes with meals risks overfilling the small gastric pouch and causing vomiting. Resuming a regular solid diet within the first week is contraindicated and can cause obstruction, vomiting, and staple-line stress.

QUESTION 5 SINGLE CHOICE

Which vitamin deficiency is most strongly associated with the development of Wernicke encephalopathy after bariatric surgery?

- **A** Vitamin B12 (cobalamin)
- **B** Folate
- **C** **Thiamine (vitamin B1)**
- **D** Vitamin D

ANSWER **C**

WHY Thiamine (vitamin B1) deficiency causes Wernicke encephalopathy, particularly after procedures with significant malabsorption such as Roux-en-Y gastric bypass or biliopancreatic diversion. Prolonged vomiting, poor intake, and lack of supplementation accelerate depletion because thiamine stores last only a few weeks. Vitamin B12 deficiency causes megaloblastic anemia and neurologic symptoms but classically presents as subacute combined degeneration, not Wernicke encephalopathy.

QUESTION 6 SINGLE CHOICE

A bariatric nurse is reviewing the chart of a patient with a BMI of 42 kg/m^2 and a known diagnosis of obstructive sleep apnea (OSA). Which statement best describes the relationship between OSA and bariatric surgery?

A OSA typically worsens after bariatric surgery due to increased neck fat from fluid retention.

B Bariatric surgery has no measurable effect on OSA severity.

C Bariatric surgery is the recommended first-line treatment for mild OSA in all patients.

D **Bariatric surgery can significantly improve or resolve OSA in many patients with obesity, but CPAP must continue perioperatively.**

ANSWER D

WHY Obesity is a major risk factor for OSA, and weight loss after bariatric surgery frequently improves or resolves OSA. However, patients with established OSA must continue to use their CPAP perioperatively because anesthesia, opioids, and postoperative edema can worsen airway obstruction. OSA does not typically worsen after surgery, and bariatric surgery is not first-line therapy for mild OSA in non-obese patients.

QUESTION 7 SINGLE CHOICE

A bariatric program requires psychosocial evaluation prior to surgery. Which of the following is the primary purpose of this evaluation?

A To confirm the patient's insurance coverage and ability to pay for the procedure.

B **To identify psychosocial factors that may affect adherence to postoperative lifestyle changes and to support long-term success.**

C To assign the patient a postoperative exercise regimen and calorie target.

D To screen for infectious diseases that could complicate the surgery.

ANSWER B

WHY Preoperative psychosocial evaluation assesses readiness, understanding of the procedure, mental health history (including eating disorders and depression), social support, and ability to adhere to lifelong dietary and lifestyle changes. It is not a financial or infectious-disease screening and does not prescribe diet or exercise. Insurance and infection screening occur through other processes.

QUESTION 8 SINGLE CHOICE

Which intervention is most effective for preventing postoperative deep vein thrombosis (DVT) and pulmonary embolism (PE) in the bariatric surgical patient?

A Keeping the patient on strict bed rest for the first 48 hours after surgery.

B Administering only sequential compression devices, without pharmacologic prophylaxis.

C **Early ambulation combined with appropriately dosed pharmacologic prophylaxis such as low molecular weight heparin or unfractionated heparin.**

D Applying warm compresses to the lower extremities to improve circulation.

ANSWER C

WHY Obesity is a major risk factor for venous thromboembolism after bariatric surgery. ASMBS recommendations support a multimodal approach: early ambulation, sequential compression devices, and guideline-based pharmacologic prophylaxis with low molecular weight heparin or unfractionated heparin. Strict bed rest increases VTE risk. Pharmacologic prophylaxis is generally added to mechanical prophylaxis, not omitted. Warm compresses do not prevent DVT/PE.

QUESTION 9 SINGLE CHOICE

A patient 6 weeks post-Roux-en-Y gastric bypass presents with persistent vomiting after every meal, dehydration, and inability to tolerate solids or liquids. Which complication is the nurse most concerned about?

A **Anastomotic stricture**

B Marginal ulcer

C Dumping syndrome

D Internal hernia

ANSWER **A**

WHY Persistent vomiting to both solids and liquids beginning weeks after gastric bypass is most consistent with an anastomotic stricture at the gastrojejunal anastomosis, which often presents 4–8 weeks postoperatively and is typically diagnosed by upper endoscopy and treated with endoscopic dilation. Marginal ulcers present with epigastric pain and bleeding. Dumping syndrome presents with postprandial vasomotor and GI symptoms tied to rapid carbohydrate delivery. Internal hernias typically present with intermittent abdominal pain and may progress to bowel obstruction.