

Stellingen behorende bij het proefschrift:

Mesh in abdominal wall hernia: new insights

1. Mesh repair is recommended for patients with an umbilical hernia of ≥ 1 to 4 cm (this thesis).
2. Local anesthesia for umbilical hernia surgery is safe and feasible (this thesis).
3. The self-gripping mesh has comparable results with a sutured mesh regarding the incidence of chronic postoperative inguinal pain, recurrence and foreign body sensation (this thesis).
4. The management of chronic postoperative inguinal pain, when based on an algorithm, formulated by expert opinion, will lead to better results with regard to this category of patients (this thesis).
5. The behavior of mesh in case of infection is under experimental conditions determined by the type of experimental animal model (this thesis).
6. Repair of complex abdominal wall hernias with a biological mesh frequently leads to postoperative infection, bulging, and recurrence (this thesis).
7. There is a lack of comparability among experimental hernia research, limiting the impact of this experimental research (this thesis).
8. Many centuries ago medicine was considered an art, and its predecessor—"healing"—has been an art for much longer than it's been a science. So, the origins of medicine and art were as one, and their present separation results only from our normative and cultural need for labels, structure, and silos (Bloem et al. *BMJ*. 2018 Dec 21;363:k5353).
9. No disease of the human body belonging to the province of the surgeon, requires in its treatment a greater combination of accurate anatomical knowledge with surgical skill, than hernia in all of its varieties (Astley Cooper, 1768-1841)
10. An expert is a man who has made all the mistakes which can be made in a very narrow field (Niels Bohr, 1885-1962)
11. Ik heb het nog nooit gedaan, dus ik denk dat ik het wel kan (Pippi Langkous, Astrid Lindgren)

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