Propositions pertaining to the PhD thesis

An appraisal of advanced endoscopic Port Access™ atrioventricular valve surgery

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1. The unfavourable stigma attached to open heart surgery will most likely result in catheter-based atrioventricular valve interventions becoming the therapeutic preference in the future aided by rapid evolution in technology, industry driven marketing and patient preference. *(thesis)*

2. Current and future cardiac surgeons need to acquire minimally invasive surgical- and catheter-based interventional skills to remain relevant in the future treatment of atrioventricular valve disease. *(thesis)*

3. The application of minimally invasive approaches into general surgical practice is met with varying degrees of enthusiasm in view of learning curves, strict quality control, clinical governance and outcome reporting within the context of decreasing surgical volume and progressively increasing patient risk profiles. *(thesis)*

4. Surgeons need to apply effective risk reduction strategies that encourage safe and sustainable Port Access™ atrioventricular valve surgery programs by identifying factors that contribute to conversion and adverse intraoperative outcomes. *(thesis)*

5. Experienced centres can offer Port Access™ atrioventricular valve surgery to all patients with isolated atrioventricular valve disease without exclusion criteria, irrespective of body habitus, difficult access or complexity of the procedure. *(thesis)*


8. Reimbursement policies impact comparative effectiveness research. Cost-effective quality care should be the shared objective of health care funders and providers. *(J Health Econ. 2011;30(4): 695-706)*

9. An endoscopic Port Access™ procedure is like graciously conducting a symphony orchestra to perform a classical masterpiece in a memorable manner.

10. “Practice does not make perfect. Only perfect practice makes perfect”. *(Vince Lombardi)*

11. “It always seems impossible until it is done”. *(Nelson Mandela)*