

## Stellingen bijbehorend bij dit proefschrift

1. Early and late anastomotic leakage are different entities. *(this thesis)*
2. Elective surgery for rectal cancer <4 days after preoperative short-course radiotherapy  
  
increases the incidence of anastomotic leakage. *(this thesis)*
3. With increasing age, the incidence of anastomotic leakage after colorectal surgery decreases. *(this thesis)*
4. The incidence of anastomotic leakage is comparable after transanal and laparoscopic total mesorectal excision of rectum cancer. *(this thesis)*
5. The combination of serum CRP and peritoneal MMP9 on postoperative day 3 is predictive for anastomotic leakage after resection of rectal cancer. *(this thesis)*
6. A practical way to counteract rising surgical costs may be to not only aim to avoid complications altogether, but also to understand how to treat them more efficiently when they occur. (Jason C. Pradarelli et al., JAMA Surg, 2017)
7. External clinical evidence can inform, but can never replace, individual clinical expertise. (David L Sachett et al., BMJ, 1996)
8. Non enim parum cognosse, sed in parum cognito stulte et diu perseverasse turpe est. 'Vergissen is menselijk, in die vergissing volharden is dwaasheid'. (Marcus Tullius Cicero, De invention, Section 2.9.3, 84 BC)
9. Festina Lente. 'Haast u langzaam'. (Desiderius Erasmus, Adagia, 1500)
10. Rotterdam is geen illusie, door de camera gewekt. Rotterdam is niet te filmen, Rotterdam is vééls te ècht. (J.A. Deelder, Vrijwel alle Gedichten, 2004)
11. Geen woorden maar daden – Het Legioen