

Stellingen behorend bij het proefschrift:

## **Intra-Abdominal Hypertension and Abdominal Compartment Syndrome**

### **Epidemiology and Markers for Adverse Outcome**

1. The prevalence of intra-abdominal hypertension in patients admitted to the intensive care unit and in severe burn patients is high, and when resulting in abdominal compartment syndrome the outcome is poor. (this thesis)
2. A diagnostic value of I-FABP levels in identifying individual patients at risk for intra-abdominal hypertension related complications, could not be demonstrated. (this thesis)
3. Dutch Surgeons advocate open abdomen treatment for patients with imminent abdominal compartment syndrome, even though they were aware of associated high complication rates. (this thesis)
4. In the early phase of increasing intra-abdominal pressure, there is time to optimize respiratory and hemodynamic parameters, before surgical abdominal decompression is needed. (this thesis)
5. Surgical abdominal decompression should be done before the detrimental effects of ACS become apparent. (this thesis)
6. Intra-abdominal hypertension without organ dysfunction (*i.e.*, no abdominal compartment syndrome) remains a condition of unknown clinical relevance.
7. The current rarity makes abdominal compartment syndrome a dangerous diagnosis.
8. In current medical scientific research, effort and costs are increasingly drifting away from the proceeds.
9. With patience everything comes in due season. (Édouard René de Laboulaye)
10. Science is a wonderful thing if one does not have to earn one's living at it. (Albert Einstein)
11. A water drop hollows a stone, not by force, but by falling often. (Choirilos of Samos)