1. Every medical procedure requires a quality control method; this is particularly true for complex procedures such as heart operations. This may be difficult to accept as it requires maturity and self-judgment. (This thesis)

2. Grafts placed on too small or diffusely diseased target vessels may yield low flow in the graft even with a technically perfect anastomosis. Graft patency evaluation on the only basis of absolute flow values should be discouraged. (This thesis)

3. There are certainly some limits in the interpretation of Transit Time Flow Measurement findings and there is still necessity to define the sensitivity of Transit Time Flow Measurement in detecting less than critical stenosis. (This thesis)

4. Angiography gives a limited biplanar view of the coronary bed without real measurement of the blood flow; there are better methods that can be used to gain hemodynamic data about native coronary and coronary grafts. (This thesis)

5. A recent survey conducted among cardiac surgeons has shown that the majority (68%) of those interviewed stated that manual palpation of the grafts is their current method to detect graft patency after CABG. (This thesis)

6. CABG remains the standard of care for patients with three-vessel or left main coronary artery disease.

7. Mitosis can be observed in adult myocardial muscle as the adult human heart contains cells capable of creating myocytes and coronary vascular cells in vitro and in vivo.

8. A shrinking scope of cardiac surgery practice would be partly explained by surgeons reluctance to innovate and evolve along with other specialties.

9. Access to cardiac care remains disproportionate and diverse. About 80% of cardiac care, including cardiac surgery and/or catheter-based procedures, is available to 9% of the world population in North America and Western Europe.

10. The cardiac care component of the medical industrial complex has a high degree of profit and is monopolized by a handful of multinationals. Dominance of the market forces now may threaten unbiased clinical decision making.

11. In the art of writing a PhD thesis, it is not the content of your thesis that is important; it is your PhD advisor that counts.