

## Stellingen

behorende bij het proefschrift

### **“Cryoballoon Pulmonary Vein Isolation for the Treatment of Atrial Fibrillation and Issues in Follow-up Management”**

1. The cryoballoon is an effective tool for pulmonary vein isolation. (dit proefschrift)
2. Performing pulmonary vein isolation with the cryoballoon is a skill that requires a learning curve. (dit proefschrift)
3. Employing a three month blanking period after cryoballoon pulmonary vein isolation, blinds the physician for essential follow-up data. (dit proefschrift)
4. Cryoballoon pulmonary vein ablation poses less risk for cerebral emboli than radiofrequency ablation. (dit proefschrift)
5. Follow-up assessment after pulmonary vein isolation should be performed with a combination of objective and subjective measures. (dit proefschrift)
6. Right phrenic nerve paralysis is the most important balloon-specific complication: it is reversible in nearly all cryoballoon cases.
7. The only proven benefit of magnetic navigation is a reduction in radiation exposure for the operator.
8. A subcutaneous defibrillator is efficacious for treatment of ventricular arrhythmias, and is less risky to extract than a transvenous one.
9. An intra- or infrahisian conduction abnormality after transcatheter aortic valve implantation is a permanent pacemaker indication.
10. Although less effective than flecainide, vernakalant may prove to be a safer alternative for acute conversion of atrial fibrillation.
11. Belgium is indivisible.