Stellingen
Behorende bij het proefschrift
Inguinal hernia management: focus on pain

I
A discrepancy exists between state-of-the-art Lichtenstein repair and its application in surgical practice (this thesis)

II
The course of all three inguinal nerves should be recognized during open hernia repair (this thesis)

III
Three-nerve recognizing Lichtenstein repair is feasible (this thesis)

IV
Identification of all three inguinal nerves enables the surgeon to prevent or recognize iatrogenic nerve damage performing deliberate neurectomy (this thesis)

V
Life expectancy for elderly male inguinal hernia patients does not differ between operation and watchful waiting (this thesis)

VI
Comparative effectiveness research is based on broad population averages that ignore important differences between patients like the operating surgeon

VII
The cystic artery should be ligated and transected before transection of the cystic duct during laparoscopic cholecystectomy

VIII
A clinical advantage of lightweight meshes has not yet been established

IX
Patients with acute pancreatitis should be managed by a dedicated team consisting of at least a surgeon and a gastroenterologist

X
In case of sumo wrestling hernia patients the genital branch should be preserved

XI
A higher physician than non-physician pilot crash rate mainly resulting from disobedience with regard to checklists suggests that patient safety checklists should be completed by hospital staff other than physicians