

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