

STELLINGEN

behorend bij het proefschrift

'Treatment of Pelvic Ring Fractures with Pelvic Circumferential Compression Devices'

1. Preliminary pelvic stabilization should occur immediately during initial evaluation and resuscitation, if not already performed in the pre-hospital phase. *(This thesis)*
2. PCCDs have improved the primary emergency management and control of hemorrhage in acute stabilization of pelvic ring injuries. *(This thesis)*
3. Prolonged pelvic immobilization with PCCDs should be limited and early transfer from the spine board is of key importance to reduce the risk of developing pressure sores. *(This thesis)*
4. PCCDs achieve reduction in diastasis in unstable pelvic fractures without significant adverse displacement or over-reduction. *(This thesis)*
5. Patients with evidence of pelvic or acetabular injuries, or a mechanism of injury consistent with such a potential serious injury must be transported to a level 1 trauma center without any further delay. *(This thesis)*
6. Het inkorten van de opleiding tot traumachirurg volgens plan SCHERP komt niet ten goede aan de behandeling van traumapatiënten met penetrerend letsel.
7. Traumachirurgen zouden een vuist moeten maken voor handchirurgie.
8. There is no such thing as an "immediate" angiography.
9. The positive predictive value of the 'John Thomas Sign' (inclination of the penis towards the hip or pelvic fracture) is potentially biased by a change of gravity in the Southern hemisphere.
10. The incision must be as long as necessary and as short as possible. *(Theodor Kocher)*
11. The operation is over when the patient is eating a cheeseburger and can't remember your name. *(Leo A. Gordon)*