STELLINGEN BEHORENDE BIJ HET PROEFSCHRIFT:

"Improving the Outcome of Rhegmatogenous Retinal Detachment Repair by Adding Pieces to the Puzzle"

1. There is no evidence to suggest that functional outcome after anatomically successful re-attachment of the retina has improved significantly in the past century. (This thesis)

2. The Rotterdam Eye Hospital may be considered as the cradle of retina surgery. (This thesis)

3. Despite significant progress in the technology and modus operandi, the removal of native vitreous is not in accord with minimally invasive treatment for rhegmatogenous retinal detachment. (This thesis)

4. An important goal of retinal detachment repair using minimally invasive techniques should be to reduce blood ocular barrier breakdown by limiting the surgically induced trauma. (This thesis)

5. Preserving the patient's non-cataractous lens is an asset of the state-of-the-art treatment of rhegmatogenous retinal detachment. (This thesis)

6. The persistence of subretinal fluid as detected using optical coherence tomography, after ophthalmoscopically successful re-attachment of the retina, can be predicted based on pre-operative clinical features and composition of the fluid. (This thesis)

7. The intra-operative application of adjuvants to improve visualization of surgical targets during vitrectomy has improved our understanding of the pathology as well as the reproducibility of the anatomical results. (This thesis)

8. As the position of the central retina after retinotomy in PVR surgery may not be unchallenged, immediate intra-operative fixation could be counterproductive. (This thesis)

9. The "surgeon's factor" remains a monumental obstacle for progress in evidence based vitreoretinal surgery.

10. The doctor-patient relationship, which is the vital core of healthcare, is under threat as a result of reforms that alienate the doctor from his patient. It seems unlikely that this trend will benefit the quality of care.

11. "Don't worry, be happy": besides a great motto, a formidable challenge.

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