

Propositions

1. Endovascular repair has broadened treatment eligibility for surgical repair of acute thoracic aortic pathologies, and is associated with favorable outcome compared to traditional open repair. (this thesis)
2. Performing concomitant procedures during open as well as endovascular AAA repair is associated with increased peri- and postoperative complications, which warrants careful deliberation of both the necessity of these procedures and their risks. (this thesis)
3. Conversion to open repair after failed EVAR is associated with substantially increased perioperative morbidity and mortality compared to standard AAA repair. (this thesis)
4. Low socioeconomic status is an important risk factor for death following vascular as well as non-vascular surgery, particularly of cardiovascular causes. (this thesis)
5. PAD patients have a shorter life expectancy than AAA patients. The disproportionate contribution of cardiovascular disease towards mortality in PAD patients justifies more aggressive secondary prevention. (this thesis)
6. No matter how many determinants of health we throw in the mix, we will never be able to perfectly predict who will experience good health. (H. Gilbert Welch)
7. Preventing cardiovascular disease and ultimately mitigating cardiovascular disease disparities in rural communities necessitates an integrative approach encompassing an open and honest dialogue between community residents and leaders, health care professionals and federal health agencies. (Ralphenia D. Pace)
8. Statistics are like a bikini: what they reveal is suggestive, but what they hide is vital. (adapted Aaron Levenstein)
9. Endovascular treatment modalities will further broaden both the treatment indication and eligibility for surgery, with only a few surgeons mastering the skills required for open repair.
10. Life is an incurable disease. (Abraham Cowley)
11. This report, by its very length, defends itself against the risk of being read. (Winston Spencer-Churchill)