

# Stellingen

## (PROPOSITIONS)

*Behorende bij dit proefschrift*  
*(Belonging to the thesis)*

“The Obesity Paradox in Surgical Patients: From Preoperative Assessment to Long-Term Outcome”

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1. The phenomenon of inverse relationship between body mass index and mortality is currently observed in patients with peripheral arterial disease and coronary artery disease undergoing vascular surgery as well as in other general surgical population. (own thesis)
2. In the overweight and obese groups, patients appear relatively better targeted in modern societies with therapeutic measures correcting cardiovascular risk factors and the association with mortality from cardiovascular causes is modified. (own thesis)
3. A higher prevalence of more severe forms of life-threatening chronic diseases is present among underweight patients which requires more vigilant attention. (own thesis)
4. In cardiac patients undergoing non-cardiac surgery, preoperative pharmacologic stress testing can predict which patients are at risk for the occurrence of intraoperative and postoperative myocardial ischemia and infarction but not the location of such predicted ischemia. This is better correlated with intraoperative transesophageal echocardiography. (own thesis)

5. Underestimation of the prevalence of left ventricular dysfunction in peripheral arterial disease patients might require routine implementation of preoperative echocardiography prior to vascular surgery. (own thesis)

6. The combination of modern medicine and social life have undoubtedly caused the extension in both human expectation and bodily mass.

7. If current trends continue, obesity will soon overtake cigarette smoking as the leading cause of preventable death in the United States. (Carl J. Lavie, Hector O. Ventura and Richard V. Milani, *Chest* 2008 Nov;134(5):896-8)

8. The high rate of perioperative cardiac deaths, myocardial ischemia and infarction, and sub-clinical ischemia in cardiac patients who underwent non-cardiac surgeries raise the question to escalate the utility of intraoperative TEE in the ESC recommendations.

9. The disconnection between the severity of anatomic obstruction and the MI risk is one of the main pieces of evidence that plaque rupture depends on its composition rather than on its size. (Balachundhar Subramaniam; *Anesthesiology* 2010 Mar;112(3):524-6)

10. Intensive medical anti-ischemic therapy is superior to focused therapeutic coronary interventions aiming at improving coronary perfusion in patients with ischemic heart disease prior to major non-cardiac surgery. (*Reflections from* McFalls EO et al. *NEJM* 2004; 351 2795-804; and Garcia S et al. *JACC* 2008; 102: 809-813)

11. Modern communities now clearly understand the risks associated with excessive weight loss and weight gain. It is not strange that more European countries ban excessively underweight “cat-walk” fashion models. (The Guardian, BBC and Time; April the 3rd 2015)