Stellingen behorende bij het proefschrift

“Improving quality in colorectal surgery”

1. Quantification of calcification of the aorto-iliac arteries is useful to estimate the risk of colorectal anastomotic leakage (this thesis).

2. Low tie is preferable over high tie regarding central vascular ligation during rectum resection for carcinoma (this thesis).

3. The peri-operative prescription of corticosteroids for prevention of postoperative pulmonary complications should be abandoned in colorectal resections with anastomosis (this thesis).

4. Preoperative mechanical bowel preparation is beneficial in laparoscopic colorectal surgery (this thesis).

5. Current available sealants should not be used on colorectal anastomosis in a clinical setting (this thesis).

6. Fast-track programs such as ERAS are advantageous for all patients undergoing colorectal surgery, unregarded age and comorbidities.

7. Faecal- and urogenital dysfunction after radiotherapy for rectum cancer should be systematically documented, in evaluation of the benefit of non-surgical treatment of rectum cancer in patients having complete response after neoadjuvant radiochemotherapy.

8. The extent of resection of colon carcinoma is not evidence-based.

9. Colon or rectum resection in presence of faecal peritonitis is no absolute contra-indication for the construction of an anastomosis, regardless of age.

10. Peer-review should undergo quality-control and be rewarded, in order to increase the quality of published studies.

11. Surgical courses are more fun in Switzerland: you’re allowed to go skiing.