

PROPOSITIONS

appended to the dissertation

Robin Sequence:

clinical implications and functional outcomes following (non-) surgical management

1. A diagnosis of mandibular hypoplasia, based on clinical judgment of the face, is largely subjective; conclusions regarding breathing outcomes cannot be drawn. - *This thesis*
2. Due to lack of uniform criteria, diagnosing the severity of upper airway obstruction in infants with RS should be done by the combination of several parameters and not by the interpretation of the oAHI alone. - *This thesis*
3. Given the relatively high prevalence of feeding disorders, swallowing disorders and malnutrition in RS patients, a multidisciplinary approach is needed during treatment and follow-up. - *This thesis*
4. Patients with Facial Dysostosis are clinically complex due to their (long-term) obstructive breathing problems and concomitant feeding and swallowing disorders. - *This thesis*
5. A decision to perform a mandibular distraction in infants with mandibular hypoplasia can only be made if parents are appropriately counseled, taking into account the risks and benefits of a mandibular distraction. - *This thesis*
6. Sometimes you will never know the value of a moment, until it becomes a memory. - *Dr. Seuss*
7. “*Primum non nocere - first, do no harm*”: given an existing problem, it may be better not to do something, or even to do nothing, than to risk causing more harm than good. - *(Derivative of) the Hippocrates oath*
8. The greatest glory in living lies not in never falling, but in rising every time we fall. - *Nelson Mandela*
9. When an adverse event occurs, the important issue is not who blundered, but how and why the defensive layers of a system failed. - *James Reason, 2000*
10. The more comfortable we become with being stupid, the deeper we will wade into the unknown and the more likely we are to make big discoveries. - *Martin A. Schwartz, 2008*
11. Talent wins games, but teamwork and intelligence wins championships. - *Michael Jordan*

