

Stellingen behorende bij het proefschrift:

# NEW INSIGHTS

## in Incisional and Ventral Hernia Surgery

1. Closure of midline laparotomy with onlay mesh reinforcement must become standard in high-risk groups. *(this thesis)*
2. Onlay mesh reinforcement of midline closure is associated with an increased incidence of seroma, but does not lead to infectious complications. *(this thesis)*
3. Primary mesh reinforcement of midline closure does not lead to an increased incidence of postoperative surgical site infections. *(this thesis)*
4. A synthetic mesh should be preferred to a biological or biosynthetic mesh in primary mesh reinforcement. *(this thesis)*
5. The small bites suture technique must be considered standard closure technique for midline laparotomies. (E.B. Deerenberg et al., Lancet July 16, 2015)
6. The use of local anaesthesia is safe and feasible in umbilical hernia repair. *(this thesis)*
7. Never judge a surgeon before you have seen him closing the wound. *(Moynihan)*
8. Closing time is no coffee time. *(J. Jeekel)*
9. In theory there is no difference between theory and practice. In practice there is. *(Yogi Berra)*
10. Le sujet a pour moi une importance secondaire; je veux représenter ce qui vit entre l'objet et moi. *(Claude Monet)*
11. De weg naar geluk is houden van beren. *(Loesje)*