

Stellingen behorende bij het proefschrift

**Optimizing Care for Children with Intestinal Failure:**

**the gut and beyond**

1. The burden of intestinal failure is far more extensive than only gastro-intestinal morbidity. – this thesis
2. Regular monitoring of body composition is obligatory in the follow-up of children with intestinal failure. – this thesis
3. Pediatric patients with intestinal failure require continued long-term follow-up, also after weaning off parenteral nutrition. – this thesis
4. Wide diversity exists in the organization of pediatric intestinal failure teams and in the clinical practice of these teams in terms of medication and monitoring long-term complications. – this thesis
5. The gut microbiome of children with intestinal failure is distinct to that of healthy controls; it reflects the severity of the disease.– this thesis
6. The overall aim of the management of children with intestinal failure should not be survival, but to live their lives as normal as possible. (based on ESPGHAN/ESPEN/ESPR/CSPEN guidelines on pediatric parenteral nutrition: Home parenteral nutrition)
7. Parental psychosocial problems of caregivers of a chronically ill child deserve more attention in current pediatric practice. (Cousino et al., Journal of Pediatric Psychology, 2013)
8. Consumption of both coffee and red wine are associated with a more diverse microbiome. (Zhemakova et al., Science, 2016)
9. Food can bring people together in a way nothing else could. (Yotam Ottolenghi)
10. Experiencing the same nutritional intervention or diagnostic investigations as your patients as a researcher, increases your awareness, ability to explain, and capability to understand them. ([www.sportenvoorsophia.nl](http://www.sportenvoorsophia.nl))
11. If you want to go fast, go alone. If you want to go far, go together. (African proverb)