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The Montgomery Thyroplasty Implant System: A 360° Assessment

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STELLINGEN

behorend bij het proefschrift getiteld

“The Montgomery Thyroplasty Implant System: a 360° Assessment”

- The Voice Handicap Index self-perception scoring system along with the measured Maximum Phonation Time, represents two accepted outcome measures after Unilateral Vocal Fold Paralysis treatment, by the medical community (in this thesis).
- The medical community is willing to use the Mean Airflow Rate as an objective « outcome measures » after Unilateral Vocal Fold Paralysis treatment, when available (in this thesis).
- Very few studies concerning UVFP surgical outcome allocate their results by gender. This is not in accordance with the Sex and Gender Equity in Research (SAGER) guidelines (in this thesis). (*Heidari et al. Research Integrity and Peer Review (2016)1:2*)
- An endo-laryngeal measuring device would be of great help in terms of pre-operative planning (in this thesis).
- The MTIS can be considered as a permanent treatment for unilateral vocal fold paralysis, offering great stability of voice improvement along the years, from the patient perspective (in this thesis).
- The MTIS offers overall good results in terms of voice, nevertheless there is still room for improvement in order to move from good to excellent results for female individuals (in this thesis). The operative drawings provided by the company commercializing the MTIS are somewhat misleading. The implant should be placed as low and as anterior as possible (in this thesis).
- There is still room for complementary arytenoid procedures in association with MTIS when the vocal process of the vocal fold on the paralyzed side lies above the plane of the mobile vocal fold (*C. Storck, J. Voice, (2018)*).
- Correct cartilage fenestration location represents a key success factor when it comes to Medialization Thyroplasties voice results (*H. Mahieu, UVFP management course, LUMC-Boerhaave bijscholing (2019)*).

- A pre-established operative procedure does not clear the surgeon of thinking and adapting his/her approach to the circumstances.
- It is the surgeon's responsibility to know the advantages and the pitfalls of the implants he/she is placing in his/her patients.
- A full time clinical job while achieving a PhD thesis needs tenacity, trust, a good teaching environment ...and a great dose of madness.