



Universiteit
Leiden
The Netherlands

Deep neuromuscular blockade and neuromuscular reversal : applications and implications

Boon, M.

Citation

Boon, M. (2018, October 10). *Deep neuromuscular blockade and neuromuscular reversal : applications and implications*. Retrieved from <https://hdl.handle.net/1887/66119>

Version: Not Applicable (or Unknown)

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/66119>

Note: To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle <http://hdl.handle.net/1887/66119> holds various files of this Leiden University dissertation.

Author: Boon, M.

Title: Deep neuromuscular blockade and neuromuscular reversal: applications and implications

Issue Date: 2018-10-10

Stellingen

Behorend bij het proefschrift

Deep Neuromuscular blockade and neuromuscular reversal

Applications and implications

1. Deep neuromuscular block applied during laparoscopic retroperitoneal surgery improves intraoperative surgical working conditions and possibly postoperative outcome (this thesis)
2. Irrespective of arterial CO₂ levels, deep neuromuscular block significantly reduces the incidence of unexpected deterioration of the surgical working conditions (this thesis)
3. The Leiden surgical rating scale is a validated tool to qualify the surgical working conditions during laparoscopic surgery (this thesis)
4. Neuromuscular reversal with sugammadex reduces the incidence of postoperative residual curarization and postoperative hypoxic events (this thesis)
5. Anaesthesiologists are unable to judge the actual surgical working conditions during laparoscopic surgery (this thesis)
6. Muscle relaxants had the same importance for anaesthesiology, as asepsis had for the progress of surgery. (F. Foldes, The impact of neuromuscular blocking agents on the development of anaesthesia and surgery. In: *Muscle relaxants: Monographs in Anaesthesiology* 1990; 1:17)
7. One enlarges science in two ways: by adding new facts and by simplifying what already exists. (C. Bernard; From: *Le cahier rouge de Claude Bernard*, 1850 - 1860)
8. Curare should never be used by anyone who is not fully conversant with the care of the apneic patient. (TC Gray, A milestone in anaesthesia? *Proceedings of the Royal Society of Medicine* 1946; 39: 400-10)
9. Communication and teamwork rather than clinical skills are among the most contributing factors in the prevention of adverse events (T. Manser, Teamwork and patient safety in dynamic domains of healthcare: a review of the literature. *Acta Anaesthesiologica Scandinavica* 2009; 53: 143-51)
10. Koffie en spierverslapping hebben als overeenkomst dat zij beiden zorgen voor een ontspannen sfeer op de operatiekamer.
11. De promovendus en de gierzwaluw delen enkele bijzondere eigenschappen: ze zijn beiden talrijk, maken ontelbaar veel vlieguren, nemen zelden pauze en reizen vaak grote afstanden voor hun projecten. (Naar: F. Liechti, First evidence of a 200 day non-stop flight in a bird. *Nature Communications* 2013; 4: 2554)
12. De digitale oplage van dit proefschrift bespaard de wereld ongeveer 600kg CO₂ uitstoot. (Naar: Should I stop buying paper books and use an e reader instead? *The guardian* 2013)