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Title: Strategies in prevention and treatment of prosthetic joint infections

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Strategies in prevention and treatment of prosthetic joint infections

- I. The risk of revision for infection within one year is comparable using preoperative single dose and 24 hour multiple dose antibiotic prophylaxis for primary arthroplasty of the hip and knee. (this thesis)
- II. Functional articulating spacers of the hip lead to a comparable infection eradication rate in patients treated with two-stage revision arthroplasty of an infected hip prosthesis. (this thesis)
- III. Functional articulating spacers of the hip lead to improved patient reported outcome and less complications in patients treated with two-stage revision arthroplasty of an infected hip prosthesis. (this thesis)
- IV. Surgeons should strictly adhere to diagnostic criteria and base treatment on scientific evidence for their patients suspected of prosthetic joint infection. (this thesis)

- V. After failed initial evidence based prosthetic joint infection treatment, subsequent treatment should be done in a specialized orthopaedic infection center.
- VI. Setting up a national prosthetic joint infection database is a must and it should be linked to the Dutch Arthroplasty Register.
- VII. As patient-specific characteristics are important risk factors for the occurrence of prosthetic joint infection, studies should focus on risk mitigation for high-risk patients.
- VIII. Dare to DAIR.

- IX. Opportunity is missed by most people because it is dressed in overalls and looks like hard work. (Unknown, 1921)
- X. Een mooi verhaal is nog nooit begonnen door nee te zeggen. (Dr. Steven T.W. van Haelst, *Predictors and novel treatments for restenosis in peripheral arterial disease*, 2017)
- XI. Hoe simpeler hoe beter. Want hoe minder keuze je een speler laat, hoe groter de kans dat hij het juiste doet. (Johan Crujff, onbekende datum)