



Universiteit  
Leiden

The Netherlands

## Biomechanical studies on type B aortic dissection

Veger, H.T.C.

### Citation

Veger, H. T. C. (2022, March 24). *Biomechanical studies on type B aortic dissection*. Retrieved from <https://hdl.handle.net/1887/3280049>

Version: Publisher's Version

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

Downloaded from: <https://hdl.handle.net/1887/3280049>

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

## **Stellingen behorend bij het proefschrift**

# **Biomechanical Studies on Type B Aortic Dissection**

1. Different outflow from branch vessels originating from the false lumen in a TBAD result in expansion of cross-sectional false lumen area. (this thesis).
2. Aortic wall elasticity has besides haemodynamics and dissection morphology a major influence on the pressure in the false lumen in TBAD. (this thesis).
3. An aortic wall with reduced elasticity of the outer aortic layers results in an increased false lumen diameter in the mid and distal part of the false lumen in TBAD. (this thesis).
4. Strict heart rate control is of major importance to reduce the mean and peak wall shear stress in acute TBAD. (this thesis).
5. Distal fenestration of the false lumen in TBAD results in the largest false lumen reduction. (this thesis).
6. TEVAR for high risk uncomplicated TBAD in the acute phase is associated with a higher rate of early complications.
7. Management options for complicated acute TBAD with malperfusion syndrome should include endovascular fenestration and stenting.
8. A MRI-based approach might improve patient specific risk assesment.
9. Vertrouwen is goed, controleren is beter.
10. De kunst van vaatchirurgie is weten wanneer je niets moet doen.
11. If you want to go fast go alone, if you want to go far go together.