

## Comparative effectiveness of surgery for traumatic acute subdural hematoma

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## Stellingen behorende bij het proefschrift

## Comparative Effectiveness of Surgery for Traumatic Acute Subdural Hematoma

- I. Neurosurgical evacuation of a traumatic acute subdural hematoma is a very effective intervention in a comatose patient.
  - This thesis -
- 2. Primum non nocere. When in equipoise on acute surgery or conservative treatment, treat patients with a traumatic acute subdural hematoma conservatively (initially).
  - This thesis, adapted from Hippocrates -
- 3. Primary decompressive craniectomy in traumatic acute subdural hematoma should be restricted to salvageable patients in whom immediate replacement of the bone flap is not possible.
  - This thesis -
- 4. For (acute) neurosurgical decisions, neurosurgeons have strong and consistent treatment preferences that are more influenced by center (training) culture and custom than by patient characteristics. The resulting treatment contrast between centers may be used in observational studies to challenge unmeasured confounding with instrumental variable analysis.
  - This thesis -
- 5. Instrumental variables are not a panacea.
  - Adapted from Rassen et al. 2009 -
- 6. While clinicians have become accustomed to interpreting and applying the results of randomized trials, this is not the case for observational studies (with instrumental variable analysis).
- 7. A strong collaboration between epidemiologists and clinicians is pivotal for clinical research, because each one separately lacks essential knowledge.
- 8. In case of clinical dilemmas, each patient should be included in a study because the alternative, perpetual uncertainty, is worse.
  - Adapted from Fredrickson DS. The field trial: some thoughts on the indispensable ordeal. Bull N Y Acad Med.  $1968~{\rm Aug}$  -
- 9. Using association terminology when implying causal effects is often a reflection of unsolved methodological flaws.
  - Adapted from Hernán MA. Am J Public Health 2018 -
- 10. People often underestimate the difficulty of doing clinical research well due to the ease of doing it poorly.
  - Adapted from jury verdict 2022 Rousseeuw Prize -
- II. The success of an evidence-based neurosurgical practice lies in the ability to balance between surgically inherent intuitive rationalism and epidemiology required skeptical empiricism.
- 12. Succes is geen verdienste.
- 13. Een neurochirurg is niet de snelste maar is nooit te laat.
  - Adapted from Willem van Hanegem -