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Complex aortic aneurysm management: from technical outcomes to patient-centered insights

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COMPLEX AORTIC ANEURYSM MANAGEMENT

from technical outcomes to patient-centered insights

1. Patients overestimate the chance of aneurysm rupture, while underestimating their frailty and the surgical risks. – This thesis
2. Recognizing and addressing a patient's fears and concerns contributes to treatment decisions genuinely reflecting a patient's preferences and quality of life considerations. – This thesis
3. For some patients, complex EVAR is a bridge too far. – This thesis
4. While the current selection process effectively assigns the frailest patients to complex EVAR, it may not be able to select patients that would benefit more from non-surgical management. – This thesis
5. Preserving independence and quality of life is paramount when caring for elderly patients.
6. Perioperative research is all well and good, yet prevention remains the ultimate minimally invasive approach.
7. Fear of medical disciplinary complaints is mainly fear of the unknown.
8. Doctors should get to know the patient a little bit, to guide them in the right direction. – Inspired by complex aneurysm patient interviews
9. If you successfully perform a new surgical technique for the first time, take the rest of the day off.
10. In vascular surgery, no change for the better has occurred that wise and good (wo)men have not opposed. – Derived from John J. Bergan (M.D.) introducing the first article of Juan Parodi on EVAR.
11. Complex EVAR; a process of Endless Versions And Revisions.
12. Gewoon indienen. / Just submit. – Derived from drs. J. van Schaik and dr. J.R. van der Vorst

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