

# Surgical treatment for apical vaginal prolapse

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# Stellingen behorend bij dit proefschrift

1. It is favourable to perform a laparoscopic sacrocolpopexy instead of an open abdominal sacrocolpopexy in the treatment of vaginal vault prolapse (this thesis).
2. Laparoscopic sacrocolpopexy and vaginal sacrospinous fixation as treatment for vaginal vault prolapse have comparable outcomes at one-year follow-up (this thesis).
3. Mesh-related complications can arise after many years and can be asymptomatic (this thesis).
4. Dutch gynaecologists agree that vaginal native tissue surgery is the preferred treatment for primary uterine prolapse (this thesis).
5. It is important to empower women to search for their preferred personalised solution of pelvic organ prolapse (impact paragraph).
6. Good outcome measures are essential to compare one treatment with another, to compare our own results with those of another and, perhaps most importantly, realistically, and honestly using outcomes that are relevant to the individual patient (Barber et al. *Obstetrics & Gynaecology*. 2009).
7. Statistical differences are only interesting when they are clinically relevant.
8. The right to safe and legal abortion is a fundamental human right and therefore, it should be easily accessible for all pregnant individuals.
9. Never give up on a dream just because of the time it will take to accomplish it. The time will pass anyway (Earl Nightingale).
10. The details are not the details, they make the design (Charles Eames).
11. Een 'Zeikerd' heeft niets te klagen!