

Right ventricular angiography in permanent pacemaker implantation and in management of cardiac perforations

Citation for published version (APA):

Shenthar, J. (2023). *Right ventricular angiography in permanent pacemaker implantation and in management of cardiac perforations*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20231003js>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20231003js](https://doi.org/10.26481/dis.20231003js)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Right Ventricular Angiography in Permanent Pacemaker Implantation and in Management of Cardiac Perforations

Propositions

1. Fluoroscopy alone does not allow accurate right ventricular mid-septal lead placement during permanent pacemaker implantation (this dissertation, chapter 2).
2. Permanent pacemaker implantation in congenital heart disease is challenging using conventional fluoroscopy (this dissertation, chapters 3, 4, 5, and 6).
3. Accurately performed alternate site pacing avoids pacing-induced cardiomyopathy (this dissertation, chapter 8).
4. Angiography should be preferred over other imaging modalities in managing cardiac perforations during electrophysiology procedures (this dissertation, chapter 7).
5. The notion of artificial intelligence replacing doctors in the future is more hype than hope.
6. Don't be discouraged by complications; use them as learning opportunities to avert such issues in the future.
7. Being a lifelong learner is a crucial attribute for a good doctor, as the field of medicine is continually evolving
8. Expanding physician training in right ventricular mid-septal pacing reduces pacing-induced cardiomyopathy and heart failure and will improve patient outcomes (this dissertation, impact).
9. The persistent existence of biological weapons represents an enduring threat to humanity.

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3 October 2023