

Multi-methodological approaches to investigate lower urinary tract function in health and disease

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Propositions

Belonging to the thesis entitled:

Multi-methodological approaches to investigate lower urinary tract function in health and disease

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Maastricht 2018

1. Did you think you would make plans and life would follow you obediently (*Sir Ludwig Guttmann in 1948*)?
2. Surveillance urethro-cystoscopy might be warranted in individuals with neurogenic lower urinary tract dysfunction (*this thesis*).
3. While urodynamic investigation is the gold standard to evaluate individuals with lower urinary tract symptoms, this diagnostic procedure does not seem to be applicable in healthy subjects to define normal lower urinary tract function (*this thesis*).
4. Besides the recovery of sensorimotor functions, improving autonomic functions, such as cardiovascular, bladder, bowel and sexual are important priorities for spinal cord-injured individuals (*research area*).
5. Given the high incidence of autonomic dysreflexia, which poses potentially serious health risks, continuous cardiovascular monitoring during urodynamic investigation in women with suprasacral SCI is strongly advised (*this thesis*).
6. It is amazing to think that not that many years ago the treatment of paraplegics was generally regarded as a waste of time (*Charles Philip Arthur George in 1986*).
7. Pharmacologic agents not only improve lower urinary tract function but also ameliorate autonomic dysreflexia in individuals with spinal cord injury (*research area*).
8. Electrical stimulation to the lumbosacral spinal cord may be a viable approach to improve autonomic function in individuals following spinal cord injury (*research area*).
9. Standardising research protocols to investigate supraspinal responses related to lower urinary tract stimulation could facilitate reproducibility of study outcomes and comparison between studies (*this thesis*).
10. There are differences in supraspinal activity related to lower urinary tract stimulations between healthy subjects, individuals with non-neurogenic overactive bladder and spinal cord injury (*valorisation*).