

Safety and Implementation of New Single Port Access Techniques in Coloproctology

Citation for published version (APA):

Clermonts, S. H. E. M. (2020). *Safety and Implementation of New Single Port Access Techniques in Coloproctology*. Ridderprint BV. <https://doi.org/10.26481/dis.20200605sc>

Document status and date:

Published: 01/01/2020

DOI:

[10.26481/dis.20200605sc](https://doi.org/10.26481/dis.20200605sc)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Safety and Implementation of New Single Port Access Techniques in Coloproctology

Stefan Clermonts

Maastricht, 2020

1. The implementation of Transanal minimally invasive surgery for selected early rectal cancer is safe, associated with a low morbidity and results in good oncological outcomes. – *This thesis*
2. The risk of developing impaired fecal incontinence after TAMIS at long term follow-up should not be underestimated and needs to be discussed during preoperative counseling. – *This thesis*
3. Operative time is a poor surrogate measure for competency and should only be used as a measuring method to illustrate the proposed learning curve and not define it. – *This thesis*
4. Despite the popular opinion that full-thickness TAMIS excision leads to distortion of the total mesorectal excision plane, resulting in complicated subsequent completion surgery, there is little evidence to prove this. – *This thesis*
5. If morbidity and mortality are similar between patients receiving a loop ileostomy and patients receiving an end colostomy, performing a primary anastomosis with a protective ileostomy during an emergency left-sided colonic resection makes no sense. – *This thesis*
6. Making clever use of a little piece of Styrofoam worth 30 cents can prevent major surgery worth thousands of euros. – *This thesis*
7. The main advantage of single port restoration of intestinal continuity through the former ostomy site is the reduced need for adhesiolysis, resulting in significantly less (severe) complications, shorter hospital-stay and reduced healthcare cost. – *Valorization of this thesis*
8. Endoscopic submucosal dissection (ESD) could be a suitable alternative for TAMIS in selected cases. However, whether ESD will eventually replace TAMIS is debatable. – *The TRIASSIC study*
9. For the time being pre-operative 3D printing of complex perianal fistula should be considered a 'gimmick' and not a 'gamechanger'. – *ETZ research group*
10. Whenever possible, our hands belong outside of patients on instruments and consoles, not inside of them on their intestines. – *Prof Steven Wexner, TWITTER*