

# SURGERY

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## ***Information for Authors***

The Journal invites concise, original articles of new matter in the broad field of clinical and experimental surgery as well as surgical organization, and history. We are especially interested in articles on education as well. Emphasis for acceptance includes conciseness and clarity of presentation as well as appropriateness of English usage.

All authors must observe most strictly the rules against dual publication. The statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editors or Publisher, and the Editors and Publisher disclaim any responsibility or liability for such material. Should there be a financial association between one or more of the authors and a commercial company that makes a product that figures prominently in the article, the Editors stipulate that the authors state such an association. Should a significant conflict of interest be present, the Editors reserve the right to reject the article on that basis.

**Original Communications.** These manuscripts should represent original research, either clinical or basic science. Consideration for publication is based on originality, scientific content, and appropriate analysis. Emphasis should be placed on novel and new information.

**Brief Clinical Reports, Case Reports, and Images in Surgery.** Manuscripts for these sections should be limited strictly to no more than four double-spaced manuscript pages with up to five references. The articles could include one or two pertinent illustrations but no abstract. Follow the guidelines for original communications. Please note, SURGERY rarely publishes case reports and the ones published should be either of timely relevance or of significant educational value. The Journal is very selective in choosing a case report for publication.

**Editorials.** Editorials should be concise and brief (not to exceed 1000 words, except under unusual circumstances) and should express the personal opinion of the author. An editorial

should contain a minimum of references, if any. Editorial material to be considered by the Editors may include not only timely subjects of clinical interest, but also material of general interest to the surgical community, including topics of social significance. Follow the guidelines for original communications. Most editorials are "invited" or "solicited" by the Editors; i.e., the Editors have asked a specific person to write an editorial. Unsolicited editorials will be considered, but will be screened highly by the Co-Editors-in-Chief.

**Letters to the Editors.** The Editors invite comments in the form of letters that express differences of opinion or supporting views of previously published editorials or recently published papers in *Surgery*. Each letter must not exceed 500 words, should be typed with double spacing, and must include complete references. The editorial board reserves the rights to accept, reject, or excerpt letters without changing the views expressed by the writer. No anonymous correspondence will be published; therefore each author should include his or her complete address.

**Clinical Reviews:** SURGERY does not often publish simple review papers based solely on a literature review. On occasion, the Editors will solicit a clinical review on a specific topic. Exceptions include formal true systematic reviews (not just review articles) which are well-performed and either relevant or timely; however, these are reviewed critically.

**Societal Papers.** Manuscripts submitted as part of the annual meetings of the Society of University Surgeons (SUS), Central Surgical Association (CSA), or American Association of Endocrine Surgeons (AAES) has other, somewhat different guidelines because of space limitations. Societal manuscripts should have an abstract of no more than 200 words, no more than 10 double-spaced text pages, no more than 25 references, and no more than a total of 10 tables and figures combined. The option does exist for additional tables, figures, or text when deemed necessary and appropriate by the Editors, to be included in the electronically published version that, however, would not appear in the printed version. Such additional material must be designated clearly as "For the electronically published version, not to be included in paper printed version."

**Hypothesis Section.** This section hopes to challenge "established" concepts and postulate novel ways of thinking about problems in the hopes of changing surgical tradition when appropriate. We will review and critique these submissions carefully. We anticipate few acceptances and irregular appearance, if and only when a good idea surfaces. Working with

Alden Harken, who will serve as the managing editor of this section, we have established the following criteria for submission. Please note: All submitted manuscripts in this Hypothesis section must follow the outline described; those manuscripts that do not follow this outline will be returned. (1) The Hypothesis (typically also the title of the manuscript) must lead off the introduction of the manuscript and will be typed **IN BOLD**, and (2) the idea should be presented succinctly, with the upper limit of 10 double-spaced typed pages with no more than 12 references.

**Reprints.** Individual reprints of an article may be obtained directly from the author.

**Book reviews.** Books shall be reviewed only at the discretion of the Editors.

**Review:** Usually at least three (and often more) referees are asked to review each article. Acceptance for publication is based on originality, significance, and scientific merit; these manuscripts should further the knowledge and practice of surgery. Revisions may be made to add clarity and understanding without altering the meaning and to follow an overall editorial approach by SURGERY.

Manuscripts describing research involving human subjects must document both IRB approval/exemption and that informed consent was obtained from patients who served as subjects of the investigation. A statement about HIPAA compliance is also necessary for human studies from the United States and other countries in which the protection of patient information by obtaining patient consent is required by law. In the event that either Editors or referees question the propriety of the human investigation with respect to the risk to the subjects or to the means of obtaining informed consent, *Surgery* may request more detailed information about the safeguards employed and the procedures used to obtain consent. Minutes of the local human experimentation committees that reviewed and approved the research may also be requested.

**Online manuscript submission.** All manuscripts should be submitted online. Please go to <http://ees.elsevier.com/surg/>, register, log in, and follow the instructions. When uploading your manuscript on the site, please be aware of the following:

- MS Word is the preferred word-processing program. Please do not upload anything as a PDF file; the system will build a PDF for you.

- All text elements (title page, abstract, main text, references, appendices, figure legends, and tables) should be in a single file.

- Each figure file should be created at the proper resolution (see guidelines below) and uploaded as a separate file (TIFF or EPS are the preferred formats).

- The comments section should include the names, affiliations, and email addresses of three potential reviewers. The Editors will make every effort to have one or more of these suggested reviewers serve as a formal reviewer of your manuscript.

The following format must be used for all submitted manuscripts:

—*The cover letter* should provide (1) the category of manuscript (i.e., original report, brief clinical report, etc); (2) statement that the material has not been previously published or submitted elsewhere for publication and will not be sent to another journal until a decision is made concerning publication by SURGERY; (3) information about any personal conflicts of interest of any of the authors; and (4) names of sources of outside support for research, including funding, equipment, and drugs. The cover letter should be submitted as a separate file. Any financial support whatsoever from industry must be acknowledged as a financial disclosure of all the authors in the cover letter and on the title page of the manuscript. For instance, if a study is funded partially or totally by Industry, this needs to be stated clearly followed by a statement disclosing whether or not each author has any financial interest in the company (etc) funding the study. It will be the Editors'

discretion whether or not this represents too much of a conflict of interest to warrant publication.

—*The title page* should include the full name and highest achieved degree of each author, the institution from which the work originated, sources of financial support, and the exact and complete address, business and home telephone numbers, email address, and fax number of the one author who will be responsible for correspondence, galley proofs, and reprint requests.

—*A structured abstract* of no more than 250 words must accompany the manuscript and consist of four paragraphs, each with its introductory label: Background (stating the purpose of the study), Methods, Results, and Conclusions. This abstract should be numbered page two of the manuscript. Abstracts are only necessary for Original Communications and Societal papers.

—*Standard abbreviations* should be used consistently throughout the manuscript. The use of unusual abbreviations is discouraged but, if necessary, the term should be spelled out in full the first time it appears, followed immediately by the abbreviation in parentheses. The abbreviation only should be used from that point on. A separate page of all abbreviations used is suggested to aid the manuscript reviewers. For currently accepted usage, consult the Manual of Style of the American Medical Association, Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers, and The Chicago Manual of Style by The University of Chicago Press.

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*Examples* (if six or fewer authors, list all; if seven or more, list first six and add "et al."):

**For journals:**

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.

**For books:**

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

**For chapters:**

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: patho-physiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

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(This list must be completed and included with manuscript)

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- Structured abstract (if required)
- Listing of all relevant abbreviations used in the manuscript (e.g. ERC – endoscopic retrograde cholangiography)
- The complete text of the manuscript
- References listed in the correct style (See “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” *Ann Intern Med* 1997;126:36-47.)
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