WORLD JOURNAL OF SURGERY INSTRUCTIONS FOR AUTHORS

GENERAL
World Journal of Surgery (WJS) publishes original articles that offer significant contributions to knowledge in the broad fields of clinical surgery, innovative developments in surgery, global surgical practice and economics, surgical education, rural surgery and surgical history. WJS welcomes predominantly human research, including clinical research, outcomes, and health service research. Laboratory research will be published only if it is highly significant and with clear and immediate translational potential to surgical care. WJS has an international circulation and is designed to serve as a medium for rapid dissemination of new and important information about the science and art of surgery throughout the world. In the interests of a wide international readership, use of the English language is required. Articles that are accepted for publication are done so with the understanding that they, or their substantive contents, have not been and will not be submitted to any other publication.

TYPES OF MANUSCRIPTS
PLEASE NOTE: World Journal of Surgery does not accept Case Reports and Book Reviews for review or publication. WJS will consider publication without prior invitation the following types of manuscripts:

Original Scientific Reports: Original Scientific Reports are full-length reports of original basic or clinical investigations. Original Scientific Reports must adhere to a 2,500 word limit (not including the title page, abstract, references, tables, and figures). The final word count should be included in the title page of the manuscript. All clinical trials must be registered through a public trials registry that is acceptable to the International Committee of Medical Journals Editors (ICMJE). For information on ICMJE’s statement to register clinical trials, please go to http://www.icmje.org/publishing_10register.html. The trial registration number and agency should be listed on the title page and at the end of the abstract. Randomized clinical trials should be reported following the CONSORT criteria and provide a completed checklist and flow diagram upon manuscript submission. For information on CONSORT and to download the CONSORT checklist and flow diagram, please go to http://www.consort-statement.org/.

Brief Original Scientific Reports: Brief communications describing an original observation or new technique. All efforts will be made to expedite review and publication of noteworthy brief reports. Brief Original Scientific Reports must adhere to a 1,500 word limit (not including the title page, abstract, references, tables and figures). The final word count should be included in the title page of the manuscript.

Innovative Techniques in Surgery around the World: The WJS is interested in publishing high quality descriptions of innovative surgical techniques that have the potential to improve the quality or efficiency of care. While techniques with universal appeal are most sought after, novel techniques that allow broader access to care in resource challenged environments are also desirable. The successful manuscript will contain a detailed description of the technique and be richly illustrated with figures, and/or video. Line drawings are much superior to intraoperative photos, generally. A brief description of the authors experience with the technique should also be included, if possible. Qualifying manuscripts should be less than 1250 words, have no more than 3 authors, have no more than 5 references, and no more than 8 figures/video segments. A brief unstructured abstract is also required. Please see our instructions for submitting streaming video, below.

Papers Presented at ISW Congress: Includes manuscripts presented at an International Surgical Week (ISW) World Congress or at an Integrated Society meeting.

Multimedia Scientific Reports: WJS seeks manuscripts that contain brief video clips of surgical techniques or operative findings. Please see the “MULTIMEDIA MANUSCRIPT SUBMISSION” below for submitting video augmented manuscripts.
Surgery in Rural Settings and Low and Middle Income Countries: WJS seeks high quality manuscripts describing the unique problems and unique solutions facing surgeons in rural and impoverished settings, globally. WJS requires that manuscripts that use primary data from a low- or middle-income country should include one or more local co-authors. A local co-author is defined as a national of that country who is living and working in their home country. All other author requirements need to be met for the author(s) from the low and middle income country. The editors understand that there may be extenuating circumstances in which this requirement cannot be met. In such cases, a cover letter should explain why a local co-author is not included. Further details on this editorial policy can be found at: World J Surg (2011) 35:2367–2368.

Letter to the Editor: Letters should pertain to material previously published in WJS. Letters should not exceed 500 words with no more than five references, the first of which should be the article on which you wish to comment.

WJS will also consider for publication the following types of manuscripts by invitation only:

- Editorial Perspective
- Invited Scientific Review
- Invited Symposium Papers
- Reply to Letter to the Editor
- Invited Commentary
- Surgical History

MANUSCRIPT SUBMISSION GUIDELINES AND REQUIREMENTS

All manuscripts must be submitted online to WJS via the ScholarOne Manuscripts website (formerly Manuscript Central). Please login directly onto the site at http://mc.manuscriptcentral.com/WJS and upload your manuscripts following the instructions given on the screen. Authors should keep copies of all manuscript files. WJS accepts no responsibility for files that are lost or destroyed due to electronic problems. Upon manuscript submission, the Editorial Office will review all manuscript files to verify that guidelines and policies stated in this document are adhered to. Your manuscript will be unsubmitted if it does not meet the proper submission requirements.

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not included in the Journal and NO MORE THAN 6 AUTHORS will be accepted for all manuscripts without a letter detailing explicit contribution to all 3 phases of authorship as stated in the “Consensus Guideline on Surgery Journal Authorship” published in World J Surg. 2006; 30:1135-1136. Individual contributors who have not reached this level of contribution should be acknowledged at the end of the manuscript text.

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World Journal of Surgery Editorial Office
Department of Surgery
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road, L223
Portland, Oregon 97239-3098
Tel: (971) 275-2918
Fax: (503) 274-9433
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MANUSCRIPT PREPARATION AND ORGANIZATION

General instructions:
- Use a normal, plain font (e.g., 10-12 point Times Roman or Arial) for text
- Double-space the text
- Use italics for emphasis
- Use the automatic page numbering function to number the pages
- Do not use field functions
- Use tab stops or other commands for indents, not the space bar
- Use the table function, not spreadsheets, to make tables

Manuscript style and text formatting: Styling and text formatting refers to the use of special effects to enhance the appearance of the published article. Please make note of the following "Dos and Don'ts" regarding styling:

- **DO** enter all lists as single column lists.
- **DO** use your word processing features to indicate bold, italic, superscript, and subscript text within a paragraph or heading.
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- **DO NOT** use all capital letters for a heading; use initial caps instead.
- **DO NOT** use multiple spaces to set up columns or tables; use tabs instead.
- **DO NOT** use carriage returns at the end of each line of text (use the word wrap feature).

Manuscript organization: Manuscripts should be organized and follow the sequence as indicated below:

**TITLE PAGE:** The title page should include:
- A concise and informative title
• The name(s) of the author(s) including the affiliation(s) and address(es) of each author. The complete name and address of the author to whom correspondence should be sent, as well as his/her phone number, fax number, and email address.
• A short title for use as a running head.
• Keywords: 2-3 keywords relevant to the manuscript
• Trial registration number for randomized clinical trials (see “Types of Manuscripts: Original Scientific Reports” above)
• Grant support for the research reported
• Potential and real conflicts of interest
• Manuscript word count

ABSTRACT (if applicable): The abstract must appear between the title page and the Introduction section of the manuscript, even if it has been uploaded separately. Manuscripts should contain a structured abstract of not more than 250 words. It should be a factual description of the study performed organized with the headings of Background (includes aims, hypotheses, or objectives), Methods (includes patient population, procedures, and data analysis), Results, and Conclusions. The abstract should contain the data to support the key findings or conclusions of the study. The trial registration number for randomized clinical trials must be included at the end of the abstract. The first time an abbreviated term is used, spell it out in full and follow with the abbreviation in parentheses – for example: ultrasound (US).

TEXT: Original Scientific Reports should be arranged in sections titled Introduction, Material and Methods, Results, and Discussion.
1. Introduction: conveys the background and purpose of the report
2. Material and Methods
3. Results & Discussion

When required by the nature of the report, manuscripts that do not follow this specific format may be accepted.

ACKNOWLEDGEMENTS: A brief statement should acknowledge individuals, other than authors, who were of direct help in the reported work or if the work was supported by a federal or commercial grant. All acknowledged persons should give their written consent to being named in the manuscript. This consent is to be uploaded upon manuscript submission.

REFERENCES: Reference citations in the text should be identified by numbers in brackets (e.g. [4]). Number the references in order of their first appearance in the text (not alphabetically). Once a reference is cited, all subsequent citations should be to the original number. References may not appear in your Reference List unless they have been cited in the text or tables. Manuscripts that have been accepted for publication or are in press may be listed as references, but the Journal does not reference unpublished data and personal communications. Use the form for references adopted by the U.S. National Library of Medicine, as in Index Medicus. For each reference, show inclusive page ranges (e.g., 7-19).

In references to journal articles, please include (1) surname and initials (without periods) of the first three authors and et al for all others, (2) the year in parentheses, (3) title of article, (4) abbreviated Journal name, (5) volume number, and (6) inclusive page numbers, in that order. An example follows:


In references to books, please include (1) surname and initials (without periods) of the first three authors and et al. for all others, (2) chapter title, if any, (2) chapter title, if any, (3) the year in parentheses, (4) editor(s), if any, (5) title of book, (6) publisher, (6) city of publication, and (7) inclusive page numbers. Volume and edition numbers, and name of translator should be included when appropriate. Examples follow:


TABLES:
- All tables are to be numbered using Arabic numerals
- Tables should always be cited in text in consecutive numerical order
- For each table, please supply a table heading
- The table title should explain clearly and concisely the components of the table
- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body

ARTWORK:
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- Supply all figures electronically
- Indicate what graphics program was used to create the artwork
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- If an appendix appears in your manuscript and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, “A1, A2, A3, etc.” Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately.

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- No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption.
- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs.
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Generic names for drugs and chemicals should be used the first time the drug or chemical is mentioned in the text and, preferably, thereafter. The first reference to a drug or chemical in the text should be followed by the manufacturer name, city, state or province, and country – and, if you wish, the trade name – in parentheses.

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CONSENSUS STATEMENT ON SUBMISSION AND PUBLICATION OF MANUSCRIPTS

(Published in the June 2001 issue of World Journal of Surgery, page A7)

Increasing problems of duplicate and fraudulent submissions and publications have prompted the editors of surgical journals, including World Journal of Surgery, to support these overall principles of publication:

Duplicate Submission and Publication

In general, if a manuscript has been peer-reviewed and published, any subsequent publication is duplication. Exceptions to this general rule may be:

a) Prior publication in meeting program abstract booklets or expanded abstracts such as those published by the Surgical Forum of the American College of Surgeons or Transplantation Proceedings. However, these must be referenced in the final manuscript.

b) A manuscript which extends an original database (a good rule might be expansion by 50% or more) or which analyzes the original database in a different way in order to prove or disprove a different hypothesis. Previous manuscripts reporting the original database must, however, be referenced.

c) Manuscripts which have been published originally in non-English language journals, provided that the prior publication is clearly indicated on the English language submission and referenced in the manuscript. In some circumstances, permission to publish may need to be obtained from the non-English language journal.

For example, any submission duplicating material previously published in full in "Proceedings" or book chapters is considered duplicate unless the exceptions in (a) above apply. Similarly, manuscripts dealing with subgroups of data (i.e., patients) that have previously been analyzed, discussed and published as a larger group are considered duplicate unless (b) above applies.

The Internet raises special concerns. If data have previously appeared on the Internet, submission of those data for publication is considered duplication. If Internet publication follows journal publication, the journal publication should be clearly referenced. Some journals may provide early Internet publication of accepted peer reviewed papers which are subsequently published in that journal. This does not constitute duplication if both manuscripts are identical and covered by the same single copyright.

Fraudulent Publication

The following activities are examples of fraudulent publication practices:
a) Willful and knowing submissions of false data for publication.
b) Submission of data from sources not the author’s (or authors’) own.
c) Falsely certifying that the submitted work is original and has not been submitted to, or accepted by, another journal.
d) Sponsoring or vouching for a manuscript containing data over which the sponsor has no control or knowledge.
e) Allowing one’s name to appear as an author without having contributed significantly to the study.
f) Adding an author’s name to a manuscript to which he/she has not contributed, or reviewed or agreed to in its current form.
g) Flagrant omission of reference to the work of other investigators which established their priority.
h) Falsification of any item on the copyright form.
i) Failure to disclose potential conflict of interest with a sponsoring agency.

While not intended as an all-inclusive document, these examples and guidelines should alert authors to potential problems that should be avoided when they are considering submission of a manuscript to a peer-reviewed journal.

**Surgery Journal Editors Group Consensus Statement on the Adoption of the COPE Guidelines**

We, the undersigned member journals of the Surgery Journal Editors Group (SJEG), in the furtherance of integrity in surgical and scientific publication, agree to adopt the guidelines established by the Committee on Publication Ethics (COPE). The COPE guidelines represent a means of addressing a variety of ethical concerns, including duplicate publication and authorship misconduct issues, which have, unfortunately, become more prevalent. This statement is being simultaneously published in the respective journals of the members of the Surgery Journal Editors Group, as follows:

**American Journal of Surgery**
Kirby I Bland, MD

**Annals of Surgery**
Layton F Rikkers, MD, Keith D Lillemoe, MD

**Annals of Surgical Oncology**
Charles M Balch, MD

**Annals of Thoracic Surgery**
L Henry Edmunds Jr, MD

**Archives of Surgery**
Julie Freischlag, MD

**BJS**
Derek Alderson, MD, Jonathan J Earnshaw, MD

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Steven E Wolf, MD

**Canadian Journal of Surgery**
Edward J Harvey, MD, Garth L Warnock, MD

**Der Chirurg**
JR Sievert, MD

**Digestive Surgery**
Markus W Büchler, MD, John P Neoptolemos, MD

**Diseases of the Colon and Rectum**
Robert D Madoff, MD

**ePlasty**
Stephen M Milner, MD

**Female Pelvic Medicine & Reconstructive Surgery**
Alfred E Bent, MD

**HPB**
O James Garden, MD

**HPB Surgery**
Robin C Williamson, MD

**Journal of the American College of Surgeons**
Jay D Mahan, MD

**Journal of Burn Care and Research**
Richard Gamelli, MD

**Journal of Gastrointestinal Surgery**
Charles Yeo, MD, Jeffrey Matthews, MD

**Journal of Hepato-Biliary-Pancreatic Sciences**
Tadahiro Takada, MD

**Journal of Laparoendoscopic & Advanced Surgical Techniques**
C Daniel Smith, MD

**Journal of Pediatric Surgery**
Jay L Grosfeld, MD

**Journal of Surgical Education**
John A Weigelt, MD

**Journal of Surgical Research**
David M McFadden, MD, Wiley W Souba, MD

**Journal of Thoracic & Cardiovascular Surgery**
Lawrence H Cohn, MD

**Journal of Trauma**
Basil A Pruitt Jr, MD

**Journal of Vascular Surgery**
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**Nutrition**
Michael M Meguid, MD, PhD

**Pediatrie Surgery International**
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Andrew L Warshaw, MD, Michael Sarr, MD

**Surgery for Obesity & Related Diseases**
Harvey J Sugerman, MD

**Surgical Endoscopy**
Alfred Cuschieri, MD, Mark Talamini, MD

**Surgical Innovation**
Adrian Park, MD, Lee Swanstrom, MD

**Surgical Laparoscopy, Endoscopy & Percutaneous Techniques**
Maurice E Arregui, MD, Carol Scott-Conner, MD, PhD
CONSENSUS STATEMENT ON SURGERY JOURNAL AUTHORSHIP – 2006

In the majority of clinical and research studies submitted to surgery journals for possible publication, many individuals participate in the conception, execution, and documentation of each of those works. However, recognition of work in the form of authorship has varied widely. This consensus statement is being issued to clarify and define the criteria for surgical journal authorship.

The following guidelines should be used to identify individuals whose work qualifies them as authors as distinct from those who are contributors to the work under consideration. All persons designated as authors should qualify for authorship, and all those who qualify should be so credited.

A. Authorship Criteria

Individuals claiming authorship should meet all of the following 3 conditions:

1. Authors make substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data;
2. Authors participate in drafting the article or revising it critically for important intellectual content; and
3. Authors give final approval of the version to be submitted and any revised version to be published.

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Allowing one’s name to appear as an author without having contributed significantly to the study or adding the name of an individual who has not contributed or who has not agreed to the work in its current form is considered a breach of appropriate authorship.

Acquisition of funding, collection of data, contributing cases, or general supervision of the research group, of itself, or just being the Chair of the department does not justify authorship if the above criteria are not fulfilled.

B. Order of Authors

The order of authorship on the byline should be a joint decision of the co-authors. Authors should be prepared to explain the order in which authors are listed.

C. Multi-Center Studies

When a large, multi-center group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship defined above and editors will ask these individuals to complete journal-specific author and conflict of interest disclosure forms. When submitting a group-author manuscript, the corresponding author should clearly indicate the preferred citation and should clearly identify all individual authors as well as the group name.

D. Contributors Listed in Acknowledgments

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include: individuals who allowed their clinical experience (i.e., cases) to be included, a person who provided purely technical help, writing assistance, or a department Chair who provided only general support. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators,” and their function or contribution should be described - for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.”
Because readers may infer their endorsement of the data and conclusions, all persons listed as contributors must give written permission to be acknowledged.

E. In Conclusion
This consensus statement is intended as a basic guide for authors. In the interest of promoting the highest ethics in surgical publishing and the surgical sciences, we ask that authors take these criteria into careful consideration when submitting a manuscript to a peer-reviewed surgical journal. This statement is being simultaneously published in the respective journals of the members of the Surgical Journal Editors Group, as follows:

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