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/.

Systematic Reviews and Meta-analysis: Systematic reviews and meta-analysis of the literature are of interest to the journal, and will be handled with the standard peer review process. These reviews should not exceed 3,500 words, should have less than 75 references, and should contain no more than 5 figures or tables. Additional tables and figures can be submitted as supplementary information. Guidelines and a checklist for composing systematic reviews and meta-analysis can be found at: http://www.prisma-statement.org/. Please do not submit such reviews without consulting these guidelines and completing the PRISMA checklist.

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**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.

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Cost-effectiveness research is especially valuable for the field of global surgery. However, unless the methods are sound, findings can sometimes be erroneous. *WJS* calls upon authors who undertake cost-effectiveness research in global surgery to review the methodologic points brought out by the following article when they develop, conduct, and write up their studies: World J Surg. 2017 Jan 19. DOI: 10.1007/s00268-017-3875-0 PMID: 28105528. *WJS* also requires completion of the checklist contained in the above article at the time of submission of cost-effectiveness studies. The checklist is available at: https://scholar.harvard.edu/shrime/cost-effectiveness-analysis-checklist. If the authors feel another checklist is more suitable for their particular study, they may use that checklist. In all cases of cost-effectiveness studies, the checklist used should be stated in the cover letter and the completed checklist attached to the cover letter.

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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
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- 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:

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- **DO NOT** use all capital letters for a heading; use initial caps instead.
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**TITLE PAGE:** The title page should include:
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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

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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).

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- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption
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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.

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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.
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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.

COPE Committee on Publication Ethics. [http://publicationethics.org/guidelines](http://publicationethics.org/guidelines)

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.

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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.
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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.

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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.
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