

# THE AMERICAN SURGEON



**Southeastern Surgical Congress**

## **INSTRUCTIONS FOR AUTHORS**

The American Surgeon is a monthly peer-reviewed publication published by the Southeastern Surgical Congress. Its area of concentration is clinical general surgery, as defined by the content areas of the American Board of Surgery: alimentary tract (including bariatric surgery), abdomen and its contents, breast, skin and soft tissue, endocrine system, solid organ transplantation, pediatric surgery, surgical critical care, surgical oncology (including head and neck surgery), trauma and emergency surgery, and vascular surgery.

Technical articles on the performance of core operations of general surgery are encouraged, especially those that include video content.

Basic science articles are normally not considered, but general articles on epidemiology, anatomy, physiology, clinical presentation, and pathology (including neoplasia) of surgical conditions will be considered if they have relevance to the clinical practice of surgery.

It also publishes articles on surgical education, health policy, access to care, advocacy, ethics, global surgery, and surgical history. Poems and personal essays and remembrances will be considered, with approval if they have general interest or particular insight into the practice of surgery.

A brief report format is for case reports and studies with a single key finding. It has a different four-page, four-reference format that is described in a different set of instructions.

Contributions by residents in training and medical students are encouraged. Co-authorship by a senior surgeon is expected.

American English spelling and grammar are used. Contributors from foreign nations may consider using an English editing service. A link to editing services is on the journal website.

A copyright release form that is signed by all co-authors is required before a manuscript can be published.

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### SPECIFIC INSTRUCTIONS

1. All submissions must be sent through The American Surgeon website using Editorial Manager. Registration as an author is required to use the system.
2. Double-space using 1" margins, and number the pages beginning with the Abstract page. Send submissions in Microsoft Word format. Do not send pdf versions. Do not embed figures and tables in the body of the text; send them as separate files as noted below.
3. Dorland's Medical Dictionary and Webster's International Dictionary are standard references for spelling and definitions.
4. Scientific names for drugs, equipment, and devices must be used, followed by its copyright or trade name, name and location of manufacturer; as, ketorolac (Toradol, Hospira, Lake Forest, IL); plastic adherent drapes (Ioban, 3M, St. Paul, MN).
5. First use of terms that are later abbreviated must be first spelled out, followed by the abbreviation in parentheses; as, Medical University of South Carolina (MUSC), alanine aminotransferase (ALT). Selected terms more known by its abbreviation may be acceptable; as, AIDS, ARDS.

### TITLE PAGE

Submit the title page as a separate file under Editorial Manager. Please order the files so that the title page precedes the manuscript file. Please provide the first name, middle initial, and full last name of all authors. Note the highest academic titles received for each; as, M.D.; Ph.D.; B.S.N. Do not use F.A.C.S. or honorary degrees. For each co-author give the academic affiliation with city and state; as, Department of Surgery, Mercer University School of Medicine, Macon, GA. If the authors are from different institutions use typographical notations to indicate the affiliation for each in this order: \*, †, ‡, §, ||, ¶ (asterisk, dagger, double dagger, section mark, parallels, paragraph mark).

Add contact information on separate lines: mailing address, email, and fax.

Add word count of the body of the manuscript (excluding title page, abstract, references, legends, and tables).

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### **ABSTRACT**

Enter the abstract into the Editor Manager system. There is a limitation of 250 words. For clinical and scientific studies use a structured format with the following headings: Background, materials and methods, results, and discussion.

Submit an unstructured abstract for essays and articles that do not fall into the traditional structured format. Please notify the editor if an abstract is not appropriate to the piece (such as a poem or personal essay) and make a brief notation in the Editor Manager system within brackets; as, [no abstract].

### **MANUSCRIPT**

*Scientific contributions.* For scientific contributions the manuscript file should have the entire file in the following order, each starting with a new page: title page, abstract, body of the text, references, tables, and legends for figures. The body of the text should be fewer than 2,500 words, preferably 2,000. The text should be divided into sections identified by titles in bold type: Introduction, Materials and Methods, Results, and Discussion. A separate conclusion section is not necessary.

*Introduction.* This section should be at most one to one-and-a-half pages. It begins with brief description of the clinical problem being discussed, followed by a summary of relevant studies in the recent literature. A sentence or two summarize the specific question being addressed by the study, followed by the essential findings.

*Materials and Methods.* Materials and methods must begin with a statement of Institutional Review Board review and approval, with the home institution where approval was granted. Description of demographic characteristics of study groups must include a summary of all indices evaluated. This should be in the body of the text and not presented as a table.

The last paragraph must include the statistical indices (mean, median, S.E.M., C.I., etc.) the statistical tests (Student's *t*, Chi-square, etc.) and the statistic software used, along with the brand name, vendor, and city and state of the vendor (e.g., SAS Access, SAS, Cary, NC).

*Results.* The first paragraph must describe the comparability of study groups along with statistical similarities and differences with relevant P-values. Rather than a stand-alone table, describe the study groups in the text along with descriptive statistics (e.g., mean  $\pm$  S.E.M.). State that all indices are statistically the same except the specific areas where they differ.

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Data presented as graphs and figures are preferred to tables. Call-outs for figures (use the abbreviation 'Fig.') and tables (spell out 'Table') should be placed in the section of text where it is most appropriate. Legends for figures and tables themselves are in separate sections at the end of the text.

*Discussion.* A brief summary of significant findings should begin the discussion, in the context of the original research question. The rest of the discussion should summarize how the paper adds to the understanding of the clinical problem being addressed as stated in the introduction. There should be a statement on the limitations of the research conducted in the paper. A short conclusion on further areas of research closes the discussion. This should be no more than four pages in length, preferably three.

*Non-scientific contributions.* For non-scientific contributions, the traditional structure described above (introduction, materials and methods, results, discussion) does not apply but an abstract is still required. Avoid restating the abstract in the first paragraphs of the article. Use subheadings at appropriate intervals to break up the text.

### **ACKNOWLEDGEMENT**

It is appropriate to add a short statement of thanks to others who contributed to the research but who were not co-authors.

### **FIGURES**

Actual figures are loaded into Editorial Manager as separate individual files. Limit four figures. Color images are permissible as the journal is entirely electronic.

Send each figure electronically using standard image formats (jpg, tiff, pdf) with sufficient dpi for reproduction (at least 600 dpi per dimension). Send each figure as a separate file, clearly identified in its label by number in the manuscript. Provide documentation of copyright release of copyrighted images. List figure legends in numerical order (1, 2, 3...) in a section that begins on a separate page after the body of the main text. If there is only one figure simply label it as 'Fig.' in the text without a number and list its legend in the legend section of the manuscript, again without a number.

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### **TABLES**

Tables follow the figure legend page. Each table must be on a separate page. Tables shall be numbered (1 or 2) in the order it appears in the text. If only one table is used simply label it as 'Table.' Place the title of the table on a line positioned above the table itself. Beneath the table include a legend that summarizes all abbreviations used in the table.

### **REFERENCES**

Please limit references to twenty (20).

Number references consecutively in the order in which they are mentioned in the text using full-sized numbers in brackets before commas and periods; as [1], and [2]. Use three author names before using et al. If there are only four (4) authors, use all names. Use standard abbreviations for journals. Do not use periods or commas in the names of the authors. Use a period at the end of journal abbreviations, not within the abbreviation itself; as, Am Surg. for the American Surgeon, N Engl J Med. for the New England Journal of Medicine.

For journals: use last name, initials (for all authors, unpunctuated), article title (sentence case), journal abbreviation, year, volume number, issue number, page range. Example: Lauerman MH, Herrera AV, Albrecht JS et al. Interhospital transfers with wide variability in emergency general surgery. Am Surg. 2019;85(6):595-600.

For books: Last name, initials (for all authors and/or editors); book title, edition (if more than one); location and name of publisher, year of publication. Add page number(s) after year to direct readers to a specific section. Example: Chandler NM, Colombani PM. The esophagus. Ch. 26 in Holcomb GW III, Murphy JP, Ostlie DJ (eds). Ashcraft's Pediatric Surgery. 6th Edition. London, Saunders, 2014, pp. 351-64.

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### **BRIEF REPORTS**

The American Surgeon publishes brief reports in clinical general surgery in two broad categories: First, straightforward clinical studies and reviews that involve relatively small groups of patients and come to one major conclusion. Second, case reports that are illustrative of the biology of a surgical condition or provide clinical insight into the treatment of a difficult surgical problem. See “instructions for authors” for original contributions for the scope of topics covered by the journal.

For brief reports acceptance is based on the potential to be of interest of the readership of the journal. Unusual locations of metastatic cancer and late or neglected complications of surgical conditions generally are not accepted as subjects of case reports.

### **SPECIFIC INSTRUCTIONS**

1. Brief reports have the same instructions for authors as those listed for original communications with the following specific instructions.
2. When submitting the paper, choose "Brief Report" as the Article Type.
3. Do not include the phrase “case report” in the title.
4. Brief reports in The American Surgeon do not include an abstract and subheadings in the body of the text (e.g., the traditional divisions of introduction-materials and methods-results-background). The total length of the manuscript is limited to four double-spaced pages of 12-point type. There is a limit of four references (see “instructions for authors” for original contributions for reference style).
5. Brief reports are limited to two figures or two tables.

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## **TECHNICAL ARTICLES**

The American Surgeon encourages the submission of videos that show surgical operations. Videos are uploaded in the Editorial Manager system.

Submit a brief report with the video to describe the essential features of the procedure. Direct key points in the procedure to specific timepoints in the video; as, transection of hepatic parenchyma (6 min 30 sec).

For laparoscopic operations mention the size and anatomic placement of ports but not the specific brand used. For specific devices essential to the conduct of the operation note the generic description of the device, with the brand name, company name, city and state of the company in parentheses; as, linear stapling device (Linear Cutter, Ethicon, Somerville, NJ).

Do not submit still figures with video submissions.