

Journal of Visceral Surgery

Instructions to authors

The aim of the *Journal of visceral surgery* is **continued education and clinical research**. The style should be direct, precise, and give practical conclusions. Reading the journal should be pleasant and rapid. Insinuations and allusions to notions that are not clearly defined in the article should be avoided.

The chapters should stand out and correspond to easily identifiable problems. Narration must follow a logical progression. Tables, figures, schemes or drawings, or any other form of explicit iconography are strongly recommended.

The standard procedure for submitting an article or a video to the *Journal of visceral surgery* is to use the electronic submission site of Elsevier, Editorial Manager (EM):

<https://www.editorialmanager.com/jchirv>

HEADINGS

Types of accepted articles and their specifications are given below. Word count for the main manuscript includes only the main body of text (i.e., not tables, figures, abstracts, references or Supplementary data). All pages should be numbered. All abbreviations (other than those for units of measure) should be spelled out the first time they are used anywhere in the manuscript.

Editorials

These must clarify a scientific or technical problem or a problem of one's profession or concerning training courses. If they refer to problems of professional life, they must attempt to provide an explanation and solutions. They may constitute an opinion tribunal, and as such can be the start of correspondence with the readers. Your opinion must be developed on objective arguments, whether practical or based on the literature (and briefly referenced).

- The text must not exceed 4 typed pages (270 words per page). Except in particular cases, an editorial must not count more than 1 author.

Updates and mini-reviews

Their aim is to reply to specific questions, which you can discuss with the editor.

- They must include an introduction and a conclusion. The text must not exceed 12 (mini-reviews) or 16 (updates) typed pages (270 words per page), tables figures, and references not included.
- Highlights: 4 to 5 essential and practical points of the article are also requested.

- The number of references is limited to 50, except in particular cases to be discussed with the editor. The article must not include more than 6 authors, unless several institutions or specialties are concerned.

Surgical techniques, technical points, basic surgical acts

Before any submission, we recommend that you check that the technique has not already been published elsewhere (if needed, contact the editor).

- A short introduction should permit the reader to define the place of the technique among those that are available. The body of the manuscript is the description of a surgical technique, of a technical point of the technique, of a basic surgical act, or of a technical sheet concerning new material (or equipment). The basis of the description is visual, using illustrations.
- The illustrations are accompanied by a short legend (maximum of 100 words) which is self-sufficient to explain the subject. The text should only be used to explain the sequence of the different surgical phases or the use of the material (or equipment). Except in particular conditions, to be discussed with the editor, there should be no more than 12 illustrations and legends per article.
- No more than 3 authors should be included, unless several institutions or specialties are concerned.

Original articles

- Original articles should include the following chapters: Introduction, Material/Patients and Methods, Results, Discussion, Conclusion, Highlight (4 to 5 points) and References. The text must not exceed 16 typed pages (270 words per page), tables, figures and references not included.
- The **Introduction** presents and justifies the work, using references from the literature. The last paragraph must present the question that the authors asked themselves and provide the answer.

Material/Patients and methods must describe the patients retained and the methods chosen to answer the question. In order to make things clear, the description must of course be detailed, but as concisely as possible. The directing principle is that the readers, if they wish, can reproduce the study.

Results must provide results, all of them, but nothing more than the results (no comments, these should appear in the discussion). Statistical methods must be specified. Superfluous expressions should be avoided between the text, tables and figures.

Discussion. The beginning of the discussion concerns the question asked by the authors at the end of the introduction. Have the results obtained satisfied their expectancies? To what extent? Then the eventual criticisms that can be formulated on the work should be discussed, and how the results integrate in the research and therefore in the present-day medical literature.

The **Conclusion** should be short (100 words at most).

- The number of references is limited to 30, except in particular cases to be discussed with the editor. The article should not include more than 6 authors, unless several institutions or specialties are concerned (to be discussed with editor).
- The editing committee reserves the right to publish a comment at the end of the article (in the form of a separate article called '**Comment**').

Imaging in surgery

The aim is to illustrate, using a preoperative view in laparoscopy or not, a particular diagnosis or handling, the one or the other playing a didactic role. Hence it is possible to associate a preoperative radiological image and a view during surgery. This doesn't concern a clinical case.

- The explanation must not exceed 250 words, nor include more than 3 authors and the references are limited to 3.

Correspondence/Letters to the editor

Letters can be sent to the editor. They can be replies, comments or constructive contradictory opinions arising from articles published in the *Journal*.

The reader of an article published in the journal shares the feedback inspired by it.

It includes a maximum of 3 authors, fewer than 500 words, and fewer than 5 references, including a reference to the article in question.

The title should be formatted as follows: RE: " [Title of the original article] ". [less than 10 words summarizing its point of view].

The correspondence must begin with: "Dear Editor-in-Chief," and it does not include an abstract or keywords.

Visceral surgery videos

Authors wishing to contribute to this column must submit their video via the electronic submission website, accompanied by a manuscript.

The manuscript must comprise:

- A title page in English with the names and filiations of the authors (no more than 3 authors are accepted);
- A title in English mentioning “(with video)” at the end of the title;
- A text of **no less than 300 words and more than 400 words** in English;
- **4 static images of the video**, should be included;
- No more than 3 references ;
- And don't forget to declare any competing of interest.

The video must respect the following criteria:

- Size: equal or less than **150 MO**
- Recommended format: **.mpg ou .mp4**
- Length: **4-8 min**
- Voice over in English
- The video should be submitted together with the manuscript via the electronic submission website

After assessment by the editorial board, the texts (and videos) approved for this chapter will be published in the *Journal de Chirurgie Viscérale* and in the *Journal of Visceral Surgery*, journal indexed in Pubmed and ISI. The video will be accessible on the websites of the *Journal de Chirurgie viscérale* and the *Journal of Visceral Surgery*.

BEFORE YOU BEGIN

Publication requirements

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Submitted articles must follow the instructions below, in accordance with the manuscript submission standards proposed by the International Committee of Medical Journal Editors (ICMJE) (www.icmje.org).

Manuscripts are submitted anonymously – without names or affiliations. They will be sent to at least two peer-reviewers selected for their specific expertise. The decision to publish or reject an article lies with the editorial board. The decision will be communicated to the authors, along with the comments made by the reviewers. Modifications and corrections may be required from the authors. The revised manuscripts are then resubmitted. The corresponding authors will obtain the written consent of their co-authors for all changes made to their manuscripts.

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the *Journal of visceral surgery* is a member and abides by the principles of the Committee on Publication Ethics (COPE) (<http://publicationethics.org/>)

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper.

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Declaration of competing interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest are described below.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If there is no funding source(s), this should be indicated.

Reporting sex- and gender-based analyses

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition

guidance and the SAGER guidelines, [the resources on this page](#) offer further insight around sex and gender in research studies.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before submitting** their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after the manuscript has been accepted**. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

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Where authors use artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should:

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MS Word and Wordperfect can be used for text files.

Please note - Electronic submission requires separate files for:

- **The title page:** Title of the article in English; authors name and affiliations; complete contact details. This separate file maintains the anonymity of the authors by excluding their contact details from the manuscript transmitted in PDF file for review.
- **The manuscript:** summary and keywords in English; text; bibliographical references; tables and legends; legends for the figures. The manuscript file should never contain information on the author(s), neither the name, postal nor e-mail address, nor telephone number.
- **Figures** (schemas, drawings, colour or black & white photographs) must always be supplied in separate files, with one file per figure, or a single zip file with one file per figure.
- **Videos.**

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PRESENTATION OF MANUSCRIPTS

The manuscript should be double spaced with continuous page numbering. It should be prepared with the recommendations provided below.

Title page

The title of the article – in English – must be concise and informative. A running title of 40 signets must also be proposed. The names and affiliations of each author together with the postal and e-mail address of the author to whom correspondence is to be addressed must appear on the title page.

Summary and keywords

- A concise, factual and structured summary is required, of **150 to 250 words**. The summary should have the same structure as the original article itself. Thus, for original articles, it should be divided into four parts: 1) Aim of the study; 2) Patients and methods; 3) Results; 4) Conclusion.
- **3 to 5 keywords** must follow immediately after the summary.

Highlights

4 to 5 essential and practical points of the article.

Text

We recommend using chapter headings to facilitate reading. References to tables and figures must be clearly indicated.

Molecules, drugs or not, must appear in their international common denominator (ICD). For drugs, the commercial name should be given followed by ®.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Funding source

Authors are asked to mention any financial support they may have for the conduct of the research and/or the preparation of the article.

References

All references listed must be cited in the text (**including those cited in figures and tables which must follow the order in which the tables appear in the text**). When authors' and/or researchers' names are mentioned in the text, the rule is as follows:

- If there's only one author, one writes: Durand [14] showed in his study...;
- If there are two authors, one writes: Durand and Dupont [14] showed in their study...;
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Examples of references

- *Journal Article*: [1] Svendsen LB, Kristensen P, Johansen S. Intestinal obstruction caused by an aberrant umbilical vein. *Acta Chir Scand* 1977;143:191-2.
- *Supplement to a periodical*: [5] Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. *Blood* 1979;54(Suppl 1):26-32.
- *Book*: [3] Eisen HN. *Immunology: an introduction to molecular and cellular principles of the immune response*. 5th ed. New York: Harper and Row; 1974.
- *Chapter from a book*: [6] Weinstein L, Schwartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WAJr, Sodeman WA, editors. *Pathologic physiology: mechanisms of disease*. Philadelphia: WB Saunders; 1974. p. 457-72.
- *Publication of congress proceedings*: [7] Dupont B. Bone marrow transplantation. In: White HJ, Smith R, editors. *MEDINFO 92. Proceedings of the meeting of the International Society of Hematology*; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North Holland; 1992. p. 44-6.

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References to an author's unpublished data must appear **in the text** and be accompanied by the formula: "(personal communication)".

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- Tables must be typed double spaced (one per page), without vertical ruling lines.

- Tables must be numbered in brackets (table 1) and in the order in which they appear in the text.
- **The references called up in the tables must follow the order in which the table appears in the text.**
- Each table must be accompanied by an explicit title (placed above it) and all necessary notes (placed below it) to make it comprehensible without reference to the text. The meaning of the abbreviations and symbols must be specified.

Figures

- Figures (graphs, drawings or photographs) must always be supplied in separate files, one file per document.
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- Figures should be supplied in the following formats: JPEG (.jpg), TIFF (.tif), EPS (.eps), or PDF (.pdf), with 300 DPI minimum resolution for colour or black and white photographs and 500 to 1 000 DPI for graphs or schemas. High resolution is necessary for printing. Word, PowerPoint and Excel formats should be avoided.
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- M.D. Punctual interventions: consultancy for SFC;
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