Instructions to Authors

Before submitting a manuscript to *Anesthesiology*, please read these Instructions carefully. Each author on a manuscript submission is required to understand the material below.

Manuscripts must be submitted electronically via the Journal's online submission system. Authors should allow approximately 3-4 weeks for first decision. Authors will be notified if delays occur.

Due to the high volume of manuscripts we receive, we cannot provide status updates via telephone, fax, or e-mail. Authors can view the status of their submissions through the Editorial Manager submission site.

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**General Editorial, Legal and Ethical Issues**
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**Authorship**

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Authorship fraud is considered a type of research fraud (see Assessing the Perceived prevalence of research fraud among faculty at research-intensive universities in the USA. Account Res 2020;27:457-75). The following types of authorship are unacceptable:

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2. **Guest authorship** (celebrity, prestige, complementary): Granted in the belief that expert standing of the guest will increase the likelihood of publication, or the credibility of status of the work or the authors.

3. **Ghost authorship**: Failure to identify someone who merited authorship (may range from uncredited authors-for-hire to major contributors not named as an author).

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  - **B. Clinical Trials:** Authors of clinical trials (regardless of size) should consult the guidelines published by the CONSORT group [Moher D, et al for the CONSORT Group: The CONSORT statement: Revised recommendations for improving the quality of reports of parallel-group randomized trials JAMA;2001; 285:1987-91 at Todd MM: Clinical research manuscripts in Anesthesiology. *Anesthesiology* 2001; 95: 1051-1053. Authors should consult the CONSORT checklist for items required when reporting a randomized clinical trial.

  - **C. Registration of Clinical Trials:** All clinical trials involving assignment of patients to treatment groups must be registered before patient enrollment, effective with trials beginning May 1, 2013. For trials that began enrollment before May 1, 2013, registration is strongly recommended and if the trial reported was not registered, please comment on this matter on the title page. The registry, registration number, principal investigator’s name, and registration date must be stated in the first paragraph of the Methods section of the manuscript. It must also be included on the title page of the manuscript. A number of registries have been approved by the International Committee of Medical Journal Editors, including [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (the most commonly used registry in the United States), [ISRCTN Registry](https://www.isrctn.com), [UMIN Clinical Trials Registry](https://www.umin.org/ctr/), [EudraCT](https://ec.europa.eu/health/clinical Trials), [Australian New Zealand Clinical Trials Registry](https://www.anzctr.org.au), and the [Netherlands Trial Register](https://www.trialregister.nl). Registries must be publicly available, and written in English.

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  - **E. Sex as a biological variable.** Laboratory, clinical, and epidemiologic data provide ample evidence for sex-specific differences in disease and drug response. Authors should review the NIH statement on sex as a biological variable ([https://orwh.od.nih.gov/sex-gender.nih-policy-sex-biological-variable](https://orwh.od.nih.gov/sex-gender.nih-policy-sex-biological-variable)). It is the purview of funders to require inclusion of both vertebrate animal and human sexes in research. It is the purview of journals to review the inclusion and require adequate reporting. Consideration of sex as a biologic variable in reporting laboratory animal and human is required by ANESTHESIOLOGY. Animal sex(es) should be included in the Abstract and Methods. If only one sex was studied, specification in the title may be appropriate. Discussion section should address potential implications of sex on results and conclusions, where appropriate. If research or data analysis by sex was not conducted, Discussion section should provide the rationale and discuss any implications for the interpretation. See Vutskits L, Clark JD, Kharasch ED: Reporting laboratory and animal research in Anesthesiology: The importance of sex as a biologic variable. *Anesthesiology* 2019;131:949-952

  - **F. Surveys.** *Anesthesiology* welcomes papers based on well done surveys. However, the quality of the survey methodology is often a factor in the Editor-in-Chief’s decision. Interested authors should review the material contained in the following editorial: Todd MM, Burmeister LF. Principles of Successful Sample Surveys. *Anesthesiology* 2003; 99: 1251-1252.
**CME for Authors.** The first listed or last listed author of an accepted Anesthesiology manuscript can claim American Medical Association (AMA) PRA Category 1 Credit™ for their publication. The American Society of Anesthesiologists cannot award this credit, but these authors can apply directly to the AMA for 10 credits per article. Please also note that while the AMA charges a nominal amount for the credit application, authors can claim credit on a single application for multiple articles published within the past 6 years. More information about this opportunity can be found at [https://www.ama-assn.org/education/claim-cme-credit-ama](https://www.ama-assn.org/education/claim-cme-credit-ama) under the Direct Credit program or by calling the American Medical Association at 1-800-621-8335.

**Types of Papers**
- Original Investigations
- Presubmission Reviews and Proposals
- Comprehensive Reviews
- Clinical Focus Review
- Readers Toolbox
- Special Articles
- Images in Anesthesiology
- Mind to Mind
- Letters to the Editor
- Other Article Types

### 1. Original Investigations
The Original Investigation article type consists of the four central aspects of the medical specialty of anesthesiology:

- Perioperative Medicine
- Critical Care Medicine
- Pain Medicine
- Education

Although there is overlap, authors will choose one of these areas as the article type during the submission process. Original investigations may include laboratory science, animal research, clinical investigations (including but not limited to clinical trials), observational research and meta-analysis (a quantitative statistical analysis of several combined separate but similar experiments or studies that measure the same outcome in order to test the pooled data for statistical significance). Consideration of a meta-analysis for peer review and publication requires a presubmission inquiry and approval for submission. See the “PreSubmission Approval” section under general information. Other types of Original Investigation submissions do not require presubmission approval. Original Investigation submissions range in length from 1500 to 4000 words. Abbreviated titles are required. All Original Investigations require a structured abstract (see Manuscript Preparation). Articles should be accompanied by no more than 50 references. Sources of compounds, reagents, and equipment should be identified by name and affiliation. Refer to drugs by their generic or chemical name, without abbreviation. Use a code number only when a generic name is not yet available. The identity and structure of novel research compounds, chemicals, biologics, and devices must be cited, or provided if not previously published. Report the source of cell lines, and, if known, their authentication and mycoplasma contamination status.

**Presubmission Reviews and Proposals** Consideration of a Meta-analysis, Comprehensive Review (narrative or systematic), Clinical Focus Review, Understanding Research Methods, and Special Article for peer review and publication requires a presubmission inquiry and approval for submission. Individuals interested in writing these should submit a proposal through Editorial Manager by selecting “Submit New Manuscript” in the Author Main Menu and then selecting “Pre-submission proposal” from the list of article types.

Authors will be asked to provide the following information during the submission of the proposal:

- the proposed article type;
- a list of the authors (and for reviews, their qualifications, including peer-reviewed manuscripts on the topic of a proposed article);
- a 250-word summary and outline of the proposed manuscript; do not send the full proposed manuscript.
- for Clinical Focus Reviews, Narrative Reviews, Systematic Reviews, Meta-analysis, and Special Articles, authors are asked to identify the three most recent reviews, meta-analyses, or special articles on the topic (if existing) by providing the full citation and PMID number, and to identify objective difference(s) from those prior articles and the proposed article.
NOTE: The person who submits the proposal is to be the same person who will be the designated corresponding author if the proposal is approved for submission; see Role of the Corresponding Author.

Excepting these article types *Anesthesiology* does not require presubmission approval. The journal editors do not provide presubmission or informal reviews of abstracts or any full manuscripts.

2. **Comprehensive Reviews**
   Comprehensive Reviews summarize and synthesize older and current ideas and publications, and may suggest new concepts. They typically cover broad areas and with appropriate depth. They may be clinical, investigational, or basic science in nature and intended for one or more of these readerships. Comprehensive reviews may be Narrative Reviews or Systematic Reviews. Systematic Reviews without meta-analysis are published as Reviews, while those with meta-analysis are published as Original Investigations. Comprehensive Reviews should be written by recognized experts in the field, with requisite experience, as evidenced by substantial peer reviewed publications in the topic area.

Comprehensive Reviews are invited or require preapproval. Consideration of a Comprehensive Review for peer review and publication requires a presubmission inquiry and approval for submission. See Presubmission Approval for requirements and contact information.

Comprehensive Reviews range in length from 3,000 to 8,000 words. Review article are well-served by including summary figures and/or tables that help emphasize critical concepts. An unstructured abstract of 150 words maximum (one- or two-paragraph summary of the key points) is required. An Abbreviated Title and a Summary Statement is required on the Title Page. The Abbreviated Title should be limited to 50 characters maximum. The Summary Statement should be limited to 35 words maximum.

3. **Clinical Focus Review**
   Clinical Focus Review are brief reviews (2,000 to 3,000 words) focused on clinical topics. Clinical Focus Reviews are intended for the practicing clinician, should be written by individuals with substantial experience and expertise in the field, must be evidence-based, and emphasize the clinical aspects of the subject. Clinical Focus Reviews are invited or require pre-approval. Consideration of a Clinical Focus Review for peer review and publication requires a presubmission inquiry and approval for submission. See “Presubmission Approval” for requirements and contact information.

An Abbreviated Title and a Summary Statement is required on the Title Page. The Abbreviated Title should be limited to 50 characters maximum. The Summary Statement should be limited to 35 words maximum. Articles should be accompanied by no more than 50 references. This article type has no abstract. If accepted for publication, we seek to include color illustrations (tables and/or figures) to enhance the effectiveness of the publication.

4. **Readers Toolbox**
   Readers Toolbox articles are general educational overviews intended to increase comprehension among investigators and researchers. There is presently one type of Toolbox article, Understanding Research Methods.

   Understanding Research Methods: Introductory yet comprehensive articles (2,000 to 5,000 words) that present existing and emerging research methods which are, or will become, relevant to anesthesiology research. Articles are intended for non-experts - both clinicians and investigators - to help them keep abreast of new research techniques. Articles should enable readers to better read and understand the Original Investigations in *Anesthesiology*, and make investigators aware of new tools and approaches to incorporate into their investigative armamentarium. Articles should be written by recognized experts, who have requisite experience with the new methodology as evidenced by relevant peer-reviewed publications. Articles should be approachable, clearly presented, understandable, and meaningful to a non-expert unfamiliar with the research technique. They should be attractive, readable and emphasize the use of visual and tabular information. A primer format, with gradually increasing detail as the reader gets farther into the article is a useful construct. Further information is available in an Editorial (Kharasch ED: New Article Type: Understanding research methods and the readers toolbox, *Anesthesiology* 2019; 130:181-182).

Consideration of an Understanding Research Methods article for peer review and publication requires a presubmission inquiry and approval for submission. See the “Presubmission Approval” for Requirements and contact information.

Articles should include the following:

- A brief 150-word unstructured summary, figure legends and references.

- An infographic (see Infographics in Anesthesiology -- Complex Information for Anesthesiologists Presented Quickly and Clearly) which should be numbered as figure 1.
An introduction which frames the general topic and general application area (basic science, clinical research, outcomes, health services, statistics, etc); limitations of current or older methods related to the newer approach; motivation for the development of the new approach; description of the new methodology; technology; or approach (provide a working understanding not an exhaustive technical review); specific advantages and limitations of the new methods.

Examples of how the new method is used to address a research question might be provided; how the method is used in laboratory, clinical, or population research; ideally providing one or two “working examples.” References to seminal articles using the method would be valuable.

Descriptions of any specialized equipment and/or training and other practical issues, with focus on generic technology not on specific manufacturers or vendors. A brief discussion of general costs may be appropriate. Describe pertinent variations of the method and likely future evolution and application of the new method.

Three to six display elements (tables, text boxes, or up to 4 additional figures) which help highlight and explain the text, and enhance the effectiveness of communication. Figures, tables and text boxes must be cited in the text in consecutive number order. Boxes can be used for explaining and highlighting basic concepts. Boxes must have a short title, contain up to 300 words and may include a table or equations. Text presentation in boxes may be used sparingly. One of the boxes must be titled “What to look for in research using this method” and another “Where to find more information on this topic.” Figures can be drawings, schematics, photographs, and/or graphs. Use of color is encouraged. Redrawing rather than reproduction of published figures is preferred. Draft figures may be included in the initial manuscript submission. Final figures should be submitted as a separate field, clearly labeled with the figure number. Each figure must have a short title and a focused legend that guides the reader through each element of the figure.

Special Articles
Anesthesiology occasionally publishes Special Articles (e.g., history, education, demography, contemporary issues, etc.). Consideration of a Special Article for peer review and publication requires a presubmission inquiry and approval for submission. See “Presubmission Approval” for requirements and contact information. An unstructured abstract of 150 word maximum (one- or two-paragraph summary of the key points) is required. An Abbreviated Title and a Summary Statement is required on the Title Page. The Abbreviated Title should be limited to 50 characters maximum. The Summary Statement should be limited to 35 words maximum.

5. Images in Anesthesiology
Images in Anesthesiology (IiA) are succinct submissions that couple an interesting, novel, or highly educational image with brief text designed to highlight the pertinent anesthesiology-focused information displayed by the image. Supplemental video content can be included to expand the visual learning. The focus of an IiA submission is the image itself, and key educational points raised in the body of the text should be directly related to observation of the image. The IiA section of the Journal is not to be used as a forum for case reports. IiA manuscripts are intended to educate medical students, residents, fellows, anesthesiology practitioners, and interested physicians and scientists.

IiA manuscripts are limited to 250 words, should include 3 references, and must not have more than 4 authors. The image should be one frame that on occasion might have two coupled panels. Labeling of the image should focus attention to the intended educational message. Rather than including a legend for the image, its description should be incorporated into the body of the text.

Mind to Mind
Mind to Mind is a creative writing section devoted to exploring the abstract realm of our profession and our lives. Submitted works can be poetry, fiction, or creative nonfiction. Limit submissions to 1,200 words or less. Authors can be students or a current or emeritus member of the anesthesia, perioperative, critical care, or pain teams. Patients may submit writing about their medical experience. Provide a Title Page (See Title Page). The piece may be published anonymously at the author’s request, however, authors’ names, conflicts of interest, and other information are required during submission on the title page. Pieces must respect confidentiality as needed.

Letters to the Editors
The peer review process does not necessarily stop with the publication of research articles. Letters to the Editors may offer commentary on published articles or be “freestanding.” Letters may raise issues in the conduct, reporting or interpretation of original research reported in Anesthesiology, request additional information or offer alternative interpretations and conclusions. “Freestanding” Letters to the Editor also may discuss matters of general interest to anesthesiologists, without specific linkage to recently published articles. Letters are not a venue for reporting original research findings or case reports, and authors must attest during the submission process that a case description is not included in the submission.
Letters to the Editor should be brief (250 to 750 words). A few references, a small table, or a pertinent illustration may be used. For Letters commenting on a published article, the original article should be the first reference in the Letter. Supply an original title for the Letter on the Title Page. Do not submit Abbreviated Titles, Summary Statements, and Abstracts. Letters may offer criticism of published material. They must be objective and constructive.

NOTE: Letters commenting on published articles will be sent to the corresponding author of that article, with an invitation to reply. Letters commenting on published articles must be received in the Editorial Office no later than two months after the first of the month of the original article print publication date.

6. Other Article Types

Anesthesiology also publishes 1) Editorials, 2) Classic Papers Revisited, and 3) Review of Educational Materials (book reviews). These are typically solicited. Please contact the Editorial Office for further information.

NOTE: Case reports, case series, case scenarios, and correspondence/Letters to the Editors describing cases are not published by Anesthesiology and are not accepted for review (see Eisenach JC: Case reports are leaving Anesthesiology, but not the specialty, Anesthesiology 2013; 118:479).

Manuscript Preparation
All manuscripts should be submitted via the journal’s online submission and review system; do not submit a manuscript via e-mail. Make sure your submission is complete and correct before completing the steps to submit it to the journal office. Manuscripts that do not satisfy minimum submission requirements will be returned to authors to correct. You will have an opportunity to review the constructed PDF file before approving the submission. Review this document carefully; after it is sent to the editors and reviewers, no changes can be made until an editorial decision is reached.

All submissions require a Title Page. Manuscripts must be double-spaced. Fonts should be 10 point or larger. All four margins should be at least 2.5 cm (1 in). If a manuscript is formatted for A4 paper, leave at least a 5 cm (2 in) margin at the bottom of the page. Number pages consecutively, preferably the upper right corners.

At first submission, manuscripts may be submitted as single Word document files, including title page, references, figure legends, figures, and tables. All manuscript components need to be included to allow for evaluation of your manuscript. If the editors request a revision, however, source files of the manuscript, figures, and tables will be required as well as other submission and publication elements.

General Arrangement, All Submissions
ALL articles should be arranged in the following order.

• Cover letter (optional)

• Manuscript, as a single file in word processing format (eg, .doc), consisting of Title Page, Abstract (if required for the article type; see relevant section), Body Text, References, Figure Legends, if any (in numerical order, on the same page, at the end of the manuscript file); be sure to number all pages of the manuscript file

• Tables (each Table should be a separate file in word processing file format, eg, .doc)

• Appendices (each Appendix should be a separate word processing file format, eg, .doc)

• Figures (each Figure should be a separate file in figure file format, eg, EPS, TIFF, JPG, PDF; minimum resolution 300 dpi)

• Other submission elements (Supplemental Digital Content, etc.)

  o Title Page
  o Abbreviations
  o Abstract
  o Body Text
  o References
  o Tables
  o Appendices
All submissions require a Title Page with the following information on the first page(s) of the manuscript file:

1. Article Title: (do not use abbreviations in the title);
2. Author Information: First name, middle initial, and last name of each author, with their highest academic degree(s) (M.D., Ph.D., etc.), and institutional affiliations, institutional title or position, and institutional email address; make sure the names of and the order of authors as they appear on the Title Page and entered in the system match exactly;
3. Corresponding Author: Name, mailing address, phone number, and e-mail address of the corresponding author; only one corresponding author may be designated for the entirety of the review and publication process; see Authorship;
4. Clinical trial number and registry URL, if applicable. The registry, registration number, principal investigator’s name, and date of registration for the clinical trial must be stated on the title page as well as in the first paragraph of the Methods section of the manuscript;
5. Prior Presentations: Note any presentation/s of the work at conferences for meetings; include name, exact date, location;
6. Acknowledgments: List individuals or organizations to be acknowledged, if any. Provide complete name, degrees, academic rank, department, institutional affiliation, city, state, country, and a brief description of their contribution;
7. Word and Element Counts: Number of words in the Abstract, in the Introduction, and in the Discussion section; number of Figures; number of Tables; number of Appendices, if any; and number of Supplementary Digital Files, if any. Make sure all intended elements are submitted;
8. Abbreviated Title (Running Head): State the essence of the article (50 characters maximum) for all article types except Images in Anesthesiology, Letters to the Editor, and Mind to Mind;
9. Summary Statement: Brief statement (35 words maximum) to be printed in the Table of Contents for Review Article, Clinical Focus Review, and Special Article submissions;
10. Funding Statement: Disclosure of all financial support for the work, including departmental or institutional funding/support. Comments such as “No Funding Received” are not acceptable. If only institutional/hospital/departmental funds were used, add the following statement: “Support was provided solely from institutional and/or departmental sources.” Be sure to specify funding from any of the following organizations: National Institutes of Health (NIH), Wellcome Trust, Howard Hughes Medical Institute (HHMI) (see section on Compliance with NIH and Other Research Funding Agency Accessibility Requirements). Provide both the name and location of each funding agency/source.
11. Conflicts of Interest: Authors must disclose all financial and non-financial relationships and activities within 36 months of manuscript submission, in accordance with International Committee of Medical Journal Editors “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” If no competing interests, please add the following statement: “The authors declare no competing interests.” Refer also to the Conflicts of Interest and Sponsorship section of the Instructions for Authors. If any of these elements are not applicable to your submission, write “not applicable” after the number and topic; for example, “5. Prior Presentations: Not applicable.”

Abbreviations: Please do not use any nonstandard abbreviations. This includes in the title, abstract, text, figures, and tables. Refer to the List of Standard Abbreviations.

Abstract: Original Investigations (Perioperative Medicine, Critical Care Medicine, Pain Medicine, and Education) require a structured abstract. It should be limited to 300 words. The structured abstract should contain four labeled paragraphs: Background, Methods, Results, and Conclusions. The Abstract may be the only part of an article that is read, and must stand alone and effectively convey the key elements within an article. Please ensure that the Abstract communicates the research context, purpose and a hypothesis; the key methods, the most important findings (including the primary outcome, at minimum) described using numerical results (and statistical significance), and clear conclusions which are supported by those results. An Abstract with narrative results and p values is not acceptable. Please ensure that any data in the Abstract are also in the main Results. In order to enhance comprehension, the use of nonstandard abbreviations or acronyms in the Abstract is not allowed. Refer to the List of Standard Abbreviations.

Review Articles and Special Articles require an unstructured, one- or two-paragraph summary of the key points of the article of 150 words or fewer.

Make sure the text of the Abstract in the manuscript file and in the system match exactly.
Body Text
1. Introduction (new page), 500-word limit;
2. Materials and Methods (new page): A subsection entitled “Statistical Analysis” should appear at the end of the Materials and Methods section when appropriate (for comments re. Statistics). Include, as relevant, statements about informed consent, animal care, IRB approval, and/or clinical trial registration;
3. Results (new page);
4. Discussion (new page, 1,500-word limit): The discussion should focus on the findings in the current work. LENGTH: The Introduction and Discussion sections should not exceed 2,000 words combined. It is recommended that the Introduction be no longer than 500 words and the Discussion section no more than 1,500 words. Manuscripts that do not meet these word limits may be sent back to the authors.

PAGE NUMBERING: Number all pages in the manuscript file.

References Number references (as superscripts) in the sequence they appear in the text. Use abbreviated titles of the medical journals as they appear in Index Medicus. Include only references accessible to all readers. Do not include articles published without peer review or material appearing in programs of meetings or in organizational publications. Sites on the World Wide Web (URLs) may be used as references, provided the citation includes the last accessed date. Abstracts are acceptable as references only if published within the previous 3 years. Manuscripts in preparation or submitted for publication are never acceptable as references. If you cite accepted manuscripts “In Press” as references, please provide one electronic copy (e.g., Word, PDF) when you submit the new manuscript and mark them as “In Press, Reference # ___.“

Supply all authors’ names for each reference; do not use “et al.” Please confirm the accuracy of your references by comparison with original sources, not with someone else’s reference lists, and examine your citations for typographical errors. Supply complete publication information for all references.

Anesthesiology style is that references in legends to tables and figures be cited in the order in which they occur (as if they were cited in the text). This includes references that appear only in a table or figure legend and not in the text. Because it is recognized that authors may use software to format references, and to ensure that references are cited in the proper order, references cited in a table or figure legend should also be cited in the text at the first (but not necessarily subsequent) callout to that figure or table; a reference should not be cited only in a table or figure legend. If references are cited only in a table or figure legend, this will require renumbering of references during composition of the manuscript and possibly delay publication.

Use the following reference formats:

Tables Number tables consecutively in order of appearance (Table 1, etc.). Make sure tables are cited/called-out in the text in the correct order. Each table must have a title and include footnotes when appropriate. Make sure any symbols and abbreviations used in the tables are defined. Tables must be word processing document format (eg., .doc). Do not submit tables as image files. Tables meant to appear as online supplementary materials must be uploaded separately with the Supplemental Digital Content item type.

Appendices Upload each appendix as a separate file. Number each appendix. Each appendix must be cited within the text, in consecutive order. Appendices will appear in the print and PDF version of the article.

Figure Legends Supply a legend/caption for each figure, preferably on the last page of the manuscript file. For review purposes, figures and their accompanying legends can be included as a group at the end of the manuscript file. If a revision is requested, authors will be asked to supply figures as separate original source files with textual legends/captions grouped on a single page in the manuscript file.

Figures Figures should be prepared according to the professional standards of this Journal in appropriate file format with sufficient resolution for publication. If a single figure contains more than one panel, each panel must be identified
alphabetically (e.g., A, B, etc.) and should read left to right in presentation. The figures must be cited in the text in the same, consecutive numeric order. Each Figure should be submitted as a separate file, clearly labeled with the figure number (e.g., Figure1.tif, Figure2.eps, etc.). Make sure that any special symbols used in a figure (e.g., asterisk, double asterisk) are explained in the legend/caption.

Format: Acceptable graphics formats are .tif, .eps, .jpg, or .pdf.

Resolution: Photographic or halftone figures should be saved at 300 ppi resolution, with image sizes no smaller than 4 x 6 inches, approximately 1200 to 1800 pixels wide. Line-art, graphs, charts, diagrams must be 1200 ppi, approximately 4800 pixels wide, minimum.

If images are submitted with resolutions lower than these specifications, we may be unable to publish them, even if we accept the submission. Therefore, please make sure that the images submitted with your manuscript comply with these specifications.

Additional detailed information about digital art for publication can be found at http://links.lww.com/ES/A42

If a revision is requested, do not paste graphics into word processing documents; submit them as separate files in figure file format. NOTE: Before approving your submission, view the PDF that is created by the system to make sure images are easily legible for the editors and reviewers.

Supplemental Digital Content Authors may submit Supplemental Digital Content to enhance their article’s text and to be considered for online-only posting. Supplemental Digital Content may include the following types of material: text documents, graphs, tables, figures, audio, and video.

Number and cite all Supplemental Digital Content consecutively in the text. In-manuscript citations (other than biographical sketches) should include the type of material submitted, should be clearly labeled as “Supplemental Digital Content,” should include a sequential number, and should provide a brief description of the supplemental content. For example: “See table, Supplemental Digital Content 1, listing all medications used in this study.” Each Supplemental Digital Content file must be composed to stand alone. For example, tables and figures must include titles, legends, and/or footnotes, following journal style, so the viewer can fully understand the supplemental content on its own. Production will not make any edits to the supplemental files; they will be presented as submitted.

For audio and video files, enter the author name, videographer, participants, length (minutes), and size (MB) of file in Editorial Manager. Authors should de-identify patients and remove patients’ names from Supplemental Digital Content, obtain written consent from the patients or legal guardians, and submit written consent with the manuscript. Copyright for video or audio supplemental digital content will be required upon acceptance. For a list of acceptable file types and size limits, please review the publisher’s requirements for submitting Supplemental Digital Content.

Permissions Permission is needed to publish any figure, abstract, portion of text, or table that has been previously published or copyrighted. Written permission must be obtained from the copyright holder. Authors are responsible for obtaining and uploading any needed permissions from the copyright holder upon submission of their manuscript and for providing proper attribution in the text of the manuscript. The following link may also be helpful: Rights and Permissions

Journal Style Considerations

Claims of Primacy Do not make any ordinal/primacy claims, e.g., “this is the first study”; “this is the only study”; “we are the first to demonstrate.”

Units of Measurement Use metric units. The units for pressures are mmHg or cmH2O. Diagonal slashes are acceptable for simple units, e.g., mg/kg; when more than two items are present, negative exponents should be used, i.e., ml · kg⁻¹ · min⁻¹ instead of ml/kg/min.

Drug Names and Equipment Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide manufacturer’s name, city, state, and country. Be careful about the use of trademarked terms (e.g., Thrombelastography™, TEG™, etc.).

Data Reporting and Statistics Detailed statistical methodology must be reported. Describe randomization procedures and the specific tests used to examine each part of the results; do not simply list a series of tests. Care should be taken with
respect to:  a) reporting of parametric vs. nonparametric data (median range (or percentiles) is preferred for nonparametric data); b) parametric vs. nonparametric statistical methods; c) corrections for multiple comparisons; d) false precision (summary statistics should not contain more significant digits or decimal places than the original data); and e) variance reporting (standard deviation or 95% confidence interval, rather than standard error of the mean).

- **Patient Identification** Do not use patients’ names, initials, or hospital numbers. An individual (other than an author) must not be recognizable in photographs unless written consent of the patient or legal guardian has been obtained and is provided at the time of submission. Authors should obtain consent forms from the relevant institution(s).

- **Sources of Compounds** Sources of compounds, reagents, and equipment should be identified by name and affiliation. Refer to drugs by their generic or chemical name, without abbreviation. Use a code number only when a generic name is not yet available. The identity and structure of novel research compounds, chemicals, and biologics must be cited, or provided if not previously published. Report the source of cell lines, and, if known, their authentication and mycoplasma contamination status.

- **Language Editing Services** Articles submitted to the journal must be written with a solid basis of English language. If you need assistance in this area, please contact the editorial office for a list of resources for language and copyediting.
Authors’ General Checklist

Refer to specifics of article types as needed.

_____ COVER LETTER (optional)

_____ TITLE PAGE (required for all submissions):

_____ Title

_____ Authors’ Information: First name, middle initial, last name, academic degree/s, institutional affiliation/s for each author, institutional title(s)/position for each author

_____ Corresponding Author: Name, complete mailing address, phone and institutional email address of the corresponding author (Noninstitutional email addresses are not acceptable unless there is no institutional email address).

_____ Clinical trial number and registry URL, if applicable. The registry, registration number, principal investigator’s name, and date of registration for the clinical trial must be stated on the title page as well as in the first paragraph of the Methods section of the manuscript

_____ Prior Presentations: Meetings at which the work has been presented (name, exact date, location), if relevant

_____ Acknowledgments: Complete information about individuals or organizations whose assistance is acknowledged (note: describe any author or collaborator Groups in an Appendix)

_____ Word and Element Counts: Number of words in Abstract, in Introduction, and in Discussion; number of figures; number of tables; number of appendices, if any; and number of supplementary files, if any.

_____ Abbreviated Title (Running Head): State the essence of the article (50 characters maximum) for all article types except Images in Anesthesiology, Letters to the Editor, Editorials, and Mind to Mind

_____ Summary Statement: A brief statement (35 words maximum) to be printed in the Table of Contents for Review Article, Clinical Focus Review, and Special Article submissions

_____ Funding Statement: Sources of financial support for the work (including institutional support--do not leave blank)

_____ Conflicts of Interest

_____ STRUCTURED ABSTRACT (300 words or fewer) as relevant to article type:

_____ Background

_____ Methods

_____ Results

_____ Conclusions

_____ BODY OF MANUSCRIPT:

_____ Page Numbers (consecutive, upper right corner)

_____ Introduction
_____ Materials & Methods
    _____ Statistics, if applicable
_____ Results
_____ Discussion
_____ References
    _____ Figure Legends
_____ TABLES
_____ APPENDICES, if any (e.g. author or collaborator Groups, and individual members, thereof)
_____ FIGURES
_____ SUPPLEMENTAL DIGITAL CONTENT, if any
_____ COPIES OF LISTED IN-PRESS PAPERS, if any