
GUIDELINES FOR CONTRIBUTORS

EDITORIAL POLICY

SAARC JOURNAL OF ANAESTHESIA, is the official publication of SAARC Association of Anaesthesiologists. It publishes original articles, review articles, special, articles, medical intelligence articles, case reports, technical communications, editorials, book reviews and letters to the editor.

All papers, after editorial scrutiny are peer reviewed by at least two referees. Acceptance is based on significance, originality and validity of the material presented.

PREPARATION OF MANUSCRIPTS

Format, Style and Grammar:

The article is expected to be written in simple and small sentences. Due care need to be exercised by all the authors towards spelling, grammar and style of writing. The article needs to be written in 'past-participle passive voice' format. It is desirable that the article may please be made to be read/corrected by any English scholar prior to submission.

Title page

The title page should carry: a) **The Title** of the article which must be concise, functional and informative. It must be accurate and not be misleading. Very short and cryptic titles are to be avoided as the words in the title may be used by electronic search engines to identify and categorise the paper b) **Name** of each author typed in capitals (along with ISA No.) across the title page immediately beneath the title of the article. A line should be drawn across the title page below the name(s) of author(s) in capitals.

Each author's a) highest academic qualification, institutional affiliation; b) name of department (s) and institution(s) to which the work should be attributed; c) name, address phone No. and email ID of author responsible for correspondence should be indicated.

Authorship

All persons designated as authors should qualify for authorship. The order of authorship should be a joint decision of the co-authors. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to (a) conception and design or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and

on (c) final approval of the version to be published. Conditions (a), (b) and (c) must all be met. Participation solely in the acquisition of finding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Editor may ask the authors to justify the assignment of authorship.

Summary and Keywords

The second page should carry the summary (abstract) preferably of not more than 200-300 words, summarizing the work systematically by disclosing context, objectives, design, setting, participants, interventions, main outcome measures, results and conclusions. The abstract should reflect the paper and describe the message succinctly and accurately. The format of the abstract may be based on the standard IMRAD structure (Introduction, Methods, Results And Discussion) of the paper

Below the summary, provide and identify as such, 3 to 10 keywords or short phrases that will assist indexers in cross indexing. Use terms from the medical subject headings (MeSH) list of Medline.

Text

The text of observational and experimental articles is usually but not necessarily divided into sections with headings viz., Introduction, Methods, Results and Discussion (IMRAD). Other types of articles such as case reports, reviews, editorials are likely to need other formats.

Nevertheless, a fundamental structure is the basis of all scientific papers.

Introduction

Start on a new page stating clearly the question being answered in the study. To lead the reader to this point it is essential to review the relevant literature briefly. Give only 3-4 strictly pertinent references. Do not include data or conclusions from the work being reported.

Material and methods

Over all the Material and Methods should answer three fundamental questions viz: How the study was designed? How the study was carried out? How the data were analysed?

Though brevity is desirable, describe the selection of the observational or experimental subjects (patients of laboratory animals, including controls) clearly justify/ explain

the sample size. Identify the methods, apparatus (manufacturer's name and address in parenthesis) and procedures in sufficient detail to enable other workers to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well-known; describe new or substantially modified methods, give reasons for using them and evaluate their limitations. Identify precisely all drugs or chemicals used, including generic name(s), dose(s), and route(s) of administration.

Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with ethical standards of the responsible committee on human experimentation (institutional or national).

Legal Considerations

Authors should avoid the use of names, initials and hospital numbers which might lead to recognition of a patient. A patient must not be recognizable in photographs unless written consent of the subject has been obtained. A table or illustration that has been published elsewhere should be accompanied by a statement that permission for reproduction has been obtained from the publishers.

Statistics

Input from a statistician should be sought at the planning stage of the study. The statistical methods with enough details to enable a knowledgeable reader with access to the original data to verify the reported results, should be incorporated. Give a brief note of how you arrived at the chosen **sample size** of your study. Give the **exact tests** used to analyse the data statistically and include an appropriate reference if the test is not well known. If a computer software was used, give the type and version of the software. When possible, quantify findings and present them with appropriate indicators or measurement error or uncertainty (such as **95% Confidence Intervals**). Avoid sole reliance on statistical hypothesis testing such as the **use of p values**, which fails to convey important quantitative information.

Results

This section has to have two essential features: there should be an overall description of the major findings of the study; and the data should be presented clearly and concisely. Present your results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the table or illustrations; emphasise or summarise only important observations. It is worthwhile stating briefly

what you did not find, as this may stop other workers in the area undertaking unnecessary studies.

Discussion

It is difficult not to write a long and detailed analysis of the literature that you know so well. A rough guide to the length of 'Discussion', however is that it should not be more than one third of the total length of the manuscript (IMRAD) Emphasise and summarise the new and important findings of the study and the inferences that follow from them. Discuss possible problems with the methods used. Compare your results with previous work or relate your observations to other relevant studies. Discuss the scientific and clinical implications of your findings. Do not repeat in detail data or other material given in the 'Introduction' or the 'Results' section. Discuss and analyse the limitations of your study, including suggestion for future work.

Conclusions

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Produce a succinct conclusion.

Acknowledgements

They should be brief and should include reference to the source of technical help, material support and financial assistance. Individuals named must approve their inclusion in the acknowledgements, before the paper is submitted.

References

The references of the article are the foundation on which the work of the study is built. They provide the scientific background that justifies your study, including the methods used.

SAARC Journal of Anaesthesia follows '**Vancouver style**' of quoting the references as superscripts in which references are numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or in legends to figure should be numbered in accordance with a sequence established by the first identification in the text of the particular table or figure.

Use the style of the examples below, which are based with slight modifications on the formats used by the U S National Library of Medicine in Medline database.

The titles of journals should be abbreviated according to the style used in Medline. The references must be verified by the authors(s) against the original documents.

Restrict references to those that have a direct bearing on the work described, preferably less than 25 for general articles and 6 for short communications.

Examples of correct forms of references are given below.

A. Journals:

1. Standard journal article List all authors, but if the number exceeds six, list only first three and add et al. Bickell WH, Wall Jr MJ, Pepe PE, et al. Immediate versus delayed fluid resuscitation for hypotensive patients with penetrating torso injuries. *N Eng J Med* 1994; 331; 1105-1109
2. **Organisation as author** : Practice Guidelines for Blood Component Therapy: a report by the American Society of Anaesthesiologist Task Force on Blood Component Therapy. *Anesthesiology* 1996; 84(3):732-47.
3. **No author given** : Severe acute respiratory syndrome (SARS) and the anaesthesiologist. Editorial. *Indian J. Anaesth.* 2003; 47(3): 164-166

B. Books and other Monographs

1. **Personal author(s)**: Colson JH, Armour WJ. Sports injuries and their treatment, 2nd rev. ed. London: S. Paul, 1986.
2. **Editor(s), compiler as authors** : Diener HC, Wilkinson M, editors. Drug-induced headache. New York: Springer Verlag, 1988.
3. **Chapters in a book**: Jefferys JCR. The Pathophysiology of epilepsies. In: Laodlaw J, Richens A, Chadwick D, editors : A textbook of epilepsy. New York: Churchill Livingstone 1993:241

C. Other published Material

Carolyn G Miller. Management of the Difficult Intubation in closed Malpractice Claims; *ASA Newsletter* 2000;646(6)

D. Unpublished Material

Lillywhite HD, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science*. In press or Personal Communication

E. Internet References

Complete Website address and the location to be mentioned.

Department of International Development (DFID) White paper on International development www.dfid.gov.uk.

Tables

Do not include tables in the text. Type each table, double-spaced on a separate sheet. Number tables consecutively in the order of their first citation in the text and put a brief title for each. Give each table a short abbreviated heading. Mention explanatory matter as well as explanations of all non-standard abbreviations used in the table, in footnotes and not in the heading. Identify statistical measures of variations such as standard deviation and standard error of the mean. Indicate approximate position of each table in relation to the subject matter of the text right hand margin of the appropriate page of the manuscript.

If you use data from another published or unpublished source, obtain permission and acknowledge fully.

Illustrations (Figures)

Submit two complete sets of figures. Figures should be professionally drawn and photographed; free hand or typewritten lettering is unacceptable. Instead of original drawings, roentgenograms, and other material, send sharp, glossy, black and white photographic prints as mentioned earlier. Letters, numbers, and symbols should be clear and even throughout and of sufficient size that when reduced for publication each item will still be legible.

Each figure should have a label pasted on its back indicating the number of the figure, author's name and top of the figure. Do not write on the back of figures or scratch or mark them by using paper clips. Figures should be numbered consecutively according to the order in which they have been first cited in the text. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material.

Do not include these in the text. Indicate the appropriate position of each figure in relation to the subject matter of the text in the right hand margin of the appropriate page of manuscript.

Units of measurement

All measurements – length, height, weight and volume, etc. should be reported in metric units (metre, kilogram, or litre) or their decimal multiples.

Temperatures should be given in degree Celsius. Blood pressure should be given in millimetres of mercury.

All haematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI).

Abbreviations and Symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands, for should precede its first use in the text unless it is a standard unit of measurement.

Correspondence

- A. Each issue of the journal will contain correspondence.
- B. Letters to the editor include brief constructive comments concerning previously published articles or brief notations of general interest. The manuscripts must be double-spaced, and a title and two copies must be provided. Letters may be submitted at profkotur@gmail.com Letters submitted electronically must include the authors' mailing address also.
- C. The editor may change, delete or modify in any way all items of correspondence.

Maximum Word Allowance: When submitting your manuscript, please observe the maximum word count allowed for each type of submission; and the maximum allowance for figures, tables, and references (word count should reflect text only and must be listed in the cover letter):

Maximum word allowance

General Article	3000 words (excluding abstract)
Case Report	800 words
Brief Report	1000 words
Technical Communication	1500 words
Review Article	4000 words
Medical Intelligence Article	3000 words
Special Article	2000 words
Editorial	1500 words
Book Review	750 words
Letter to the Editor	200 words
Abstract	200 words
Implications	50 words

Nontextual Material	Maximum Allowance
Figure and Tables	No more than 3 each or a combination of 6 total. Do not duplicate data in tables and figures.
References	No more than 25 references per article, up to 40 references are acceptable.

Submission of manuscripts

Manuscripts (including tables, figures, photographs, etc.) accompanied by a covering letter should be signed by all the authors. The covering letter must provide an undertaking to the effect that a) the article has not been published or submitted to or accepted for publication in any form in any other journal, b) the authors vouch safe that the authorship of this article will not be contested by anyone whose name (s) is/are not listed, c) on acceptance the article will become copyright of **SAARC Journal of Anaesthesia**, d) the sequence of the names of co-authors, e) the manuscript has been read and approved by all the authors, f) name, address and the email ID of the corresponding author (responsible for communication).

Manuscript should be submitted through e-mail in Microsoft Word format with a covering letter, as described under 'Submission of Manuscripts' and permission to reproduce previously published material or to use illustrations that may identify human subjects.

From time to time the editor will request for 'Review Articles' on any particular topic. So, review articles may kindly be sent only on such requests.