

Update in Anaesthesia

Guide for Contributors

MISSION OF UIA

Update in Anaesthesia (UIA) is an official journal of the World Federation of Societies of Anaesthesiologists (WFSA). UIA's primary goal is to provide high-quality, peer-reviewed, clinically-relevant educational articles aimed at improving the quality and safety of anaesthesia care around the world.

UIA welcomes manuscripts focused on, and not limited to, anaesthesia that is relevant to resource-limited settings. UIA also serves to share knowledge from affiliated associations such as the World Health Organization (WHO) and surgical societies and educators that recognise safe anaesthesia as an essential part of safe surgery.

Over 16,000 anaesthetists around the world access UIA on the internet at <http://www.wfsahq.org/resources/update-in-anaesthesia>. The printed version of UIA is sent free of charge to over 1000 English-speaking anaesthetists and has previously been translated into other languages. UIA is read by many others including anaesthesia trainees, nurses, surgeons and medical students.

Manuscripts should be submitted to:

<https://www.editorialmanager.com/wfsa/default.aspx>

GENERAL CONSIDERATIONS FOR PREPARATION AND SUBMISSION OF A MANUSCRIPT

A major focus of UIA is to provide educational materials for those working with limited resources. The types of manuscripts that are published in the journal reflect this. If you have an idea for an article and would like to discuss this further, please email the Editor-in-Chief with a proposed title and a brief (200 word) summary of the scope and content.

Manuscripts are screened by the editorial staff and are sent to independent reviewers who are not informed of the identity of the author(s). The reviewers' comments and suggested revisions will be forwarded to the corresponding author. Manuscripts will be reviewed with plagiarism detection software. Manuscripts may not have been published in whole or any part in another journal.

Some readers of UIA may not use English as their first language. It is therefore important to keep text straightforward and to avoid long sentences and complex terminology. Explain words and abbreviations that may not be universally standardised.

Aim to include the full range of therapies available worldwide. Provide detailed descriptions of therapies available in resource-limited settings. When appropriate, discuss older medications, such as Halothane and Thiopentone that may still be used around the world.

Authors must acknowledge any financial support received or conflict of interest related to the contents of a submitted manuscript.

Contributions to the, 1) clinical care or research described in a manuscript or 2) preparation of a manuscript made by persons other than the authors may be acknowledged.

Upon acceptance for publication copyright becomes vested with the journal.

Manuscripts based on clinical investigation of human subjects must adhere to the ethical principles of the Declaration of Helsinki developed by the World Medical Association. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

Manuscripts based on clinical investigation of human subjects must include the consent of the patients or study participants or appropriate person (parent/guardian) and a statement of approval from an appropriate Institutional Review Board (IRB)/Ethics Committee. The IRB/Ethics Committee must review and provide oversight or grant exemption from requiring patients' or study participants' consent for the performance of audits and this should be referred to in the text.

Manuscripts must protect patients and study participants from being identified. UIA adheres to the USA HIPAA Privacy Rule that defines 18 identifiers that must be removed to assure the protection of personal health information. https://privacyruleandresearch.nih.gov/pdf/HIPAA_Privacy_Rule_Booklet.pdf (Specifically refer to page 10)

Manuscripts should adhere to Uniform Requirements for Manuscripts Submitted to Biomedical Journals prepared by the International Committee of Medical Journal Editors. <http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html>

Manuscript Types

As an official journal of the WFSA, UIA is the appropriate forum for publication of articles describing anaesthesia patient care, original research and audit conducted in, and specifically relevant to, low and middle income resource settings.

Manuscripts describing clinical care, research, procedures, techniques or equipment adapted by anaesthetists to the limited resource setting in which they care for patients are welcome in any of the following formats:

- Review article - Basic Science or Clinical (3000 words maximum)
- Original Research (3000 words maximum)
- Case Report/Clinical Overview (1500 words maximum)
- UIA Short Reports (750 words maximum)
- Editorials (1200 words maximum) - Editorials are usually by invitation of the Editor-in-Chief. Proposals for Editorials may be sent to the Editor-in-Chief for consideration and potential invitation.
- Review of Books or other Educational Materials (eg web app) (750 words maximum)

- Letters to the Editor (1000 words maximum) - Correspondence is welcome on any topic, article or editorial that has appeared in UIA or is of interest to individuals providing anaesthesia patient care.

COMPONENTS OF THE MANUSCRIPT

Title page that includes:

- Title of the article
- Name and affiliation of each author
- Email, postal address and telephone contact details of the corresponding author
- Key words using terms from the Medical Subject Headings (MeSH) of Index Medicus <https://www.nlm.nih.gov/mesh>
- Abstract that includes no more than 200 words

For research manuscripts note Background, Methods, Results, and Conclusions

ILLUSTRATIONS / FIGURES

Tables, figures, graphs and illustrations should be submitted as electronic versions of drawings (black on white) or as black and white or color picture files in JPEG format. If computer or internet access is unavailable, print versions may be submitted. If facilities to produce drawings are unavailable, contact the Editor-in-Chief for assistance. Text accompanying tables, figures, graphs and illustrations should be supplied on a page separate from the image.

Tables, figures, graphs and illustrations copied from other publications must be accompanied by a statement that permission for reproduction has been obtained from the publisher. A footnote acknowledging permission to reproduce must accompany the copied table, figure, graph or illustration and the full reference of the original source included in the reference list.

If patients appear in an identifiable photo, a copy of their consent to the use of their image must be submitted.

REFERENCES

A minority of UIA readers have extensive access to journals. References, therefore, should in general be limited to those that are considered 'desirable supplemental reading', and should not exceed 25 references. Number the references in the order they appear in the text, using the reference number as a superscript at the relevant point in the text.

Reference style should adhere to the format set forth in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals prepared by the International Committee of Medical Journal Editors <http://www.icmje.org>

Abbreviations for journal titles should follow Index Medicus format <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>

Examples of the recommended format for references are noted below and can be found at https://www.nlm.nih.gov/bsd/uniform_requirements.html

1. Reynolds F, O'Sullivan G. Lumbar puncture and headache. 'Atraumatic needle' is a better term than 'blunt needle'. *Br Med J* 1998; 316: 1018.
2. Costigan SN, Sprigge JS. Dural puncture: the patients' perspective. A patient survey of cases at a DGH maternity unit 1983-1993. *Acta Anaesthesiol Scand* 1996; 40: 710-14.
3. Spriggs DA, Burn DJ, French J, Carlidge NE, Bates D. Is bedrest useful after diagnostic lumbar puncture? *Postgrad Med J* 1992; 68: 581-3.

References to textbooks should give book title, place of publication, publisher and year; those of multiple authorship should also include chapter title, first and last page numbers, and names and initials of editors. For example:

1. Roberts F. Chapter 22: Ear, nose and throat surgery. In: Allman KG, Wilson IH, eds. *Oxford handbook of Anaesthesia* (1st edition) Oxford: Oxford University Press, 2001: 506-39.

Unpublished manuscripts in preparation or submitted yet not accepted for publication and personal communications and unpublished observations should be referred to as such in the text.

Articles accepted and not yet published should be included in the references, with the abbreviated journal name, followed by '(in press)'.

MEDICATIONS

Use international units, e.g. mg.kg⁻¹ rather than mg/kg. Use SI notation for g, mg, mcg etc. Use internationally accepted non-proprietary generic medication names, e.g. furosemide, epinephrine and avoid trade names.

Manuscripts should be submitted to:

<https://www.editorialmanager.com/wfsa/default.aspx>

UIA's Editorial Team will be delighted to help with the preparation of articles. Please contact the Editors-in-Chief for any assistance.

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If you are unable to upload your manuscript to the online submission system, please email them directly to the editors.

Alternatively manuscripts may be sent to:

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52 Horseferry Rd,
London
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