



Instructions to Authors

Journal of Pediatric and Adolescent Surgery follows Recommendations of the International Committee of Medical Journal Editors (ICMJE) for [Manuscript Preparation](#) and [Submission](#).

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General Guidelines

- The first file to submit to the online submission system of the Journal of Pediatric and Adolescent Surgery must be [ICMJE Conflict of Interest Form](#). The Authors should fill this form and attach it with submission files.
- The manuscript file should be blinded by removing author/institution information.
- All the information regarding authors, Institutions, Emails, Declarations, and Covering letter must be submitted as a title page.
- Metadata of all the contributing authors ([ICMJE Authorship Criteria](#)) should be added on the Submission Metadata page during manuscript submission.
- Supplementary files such as the Authorship Declaration Form, [Consent to Publication Form](#), IRB Approval Certificate, etc. should be uploaded with the submission files (where applicable).

Reporting Guidelines

- Reporting guidelines have been developed for different study designs; examples include [CONSORT](#) for randomized trials, [STROBE](#) for observational studies, [PRISMA](#) for systematic reviews and meta-analyses, [STARD](#) for studies of diagnostic accuracy, and [CARE](#) checklist for case reports.
- The authors should download and fill the respective checklist and upload it with the submission files.

Manuscript Sections

The following are general requirements for reporting within sections of all study designs and manuscript formats.

Title Page

It includes general information about an article and its authors such as article title, author information, any disclaimers, sources of support, word count, and sometimes the number of

tables and figures. It must be composed of; (Submit separately, do not merge it with the main manuscript file). [Download example](#)

1. *Article title.*
2. *Author information.* Please add affiliation details including the name of the department(s) and institution(s) or organizations, email address, and Open Researcher and Contributor Identification (ORCID- optional/may be added to article submission metadata) of each author. Please indicate the Corresponding Author with Asterisk (*). Also, provide an address for correspondence.
3. *Disclaimers (if any).* An example of a disclaimer is an author's statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder.
4. *Source(s) of support.* These include grants, equipment, drugs, and/or other support that facilitated the conduct of the work described in the article or the writing of the article itself.
5. *Conflict of Interest/Disclosure of relationships and activities.* Please paste the statement generated using the [ICMJE Conflict of Interest Form](#).
6. *Acknowledgments.*
7. *Consent to Publication.* Please add this statement to your title page (Also submit [Consent Form](#) during uploading of the manuscript) "Author(s) declared taking informed written consent for the publication of clinical photographs/material (if any used), from the legal guardian of the patient with an understanding that every effort will be made to conceal the identity of the patient, however it cannot be guaranteed."
8. *Author Contribution.* Refer to [ICMJE Authorship Criteria](#). Please add the contribution of each author, e.g. "Author(s) declared to fulfill authorship criteria as devised by ICMJE and approved the final version. Authorship declaration form indicating individual contribution, submitted by the author(s), is available with the editorial office."
9. IRB approval status and number. Only required for original research articles
10. Trial Registration number. Only required for RCTs.
11. *Word count.* A word count for the paper's text, excluding its abstract, acknowledgments, tables, figure legends, and references.
12. *The number of figures and tables.*
13. *Covering letter.*

Abstract

Original research, systematic reviews, meta-analyses, Evidence-based report, and case reports require structured abstracts.

- *Original Research Article.* The abstract is divided into 4 subheadings which are self-explanatory, Background, Methods, Results, and Conclusion. About 3-5 keywords/MeSH should be added at the end of the abstract.
- *Systematic review/meta-analysis.* The abstract is divided into 4 subheadings which are self-explanatory, Background, Methods, Results, and Conclusion. At the end of the abstract Trial registration number should be pasted. Unregistered trials can write

"Unregistered trial" in place of Trial registration no. About 3-5 keywords/MeSH should be added at the end of the abstract.

- Evidence-based Reports: Abstract is divided into 3 subheadings; Background, Findings, and Conclusion. About 3-5 keywords/MeSH should be added at the end of the abstract.
- Case Reports: Abstract is divided into 3 subheadings; Background, Case Presentation, and Conclusion. About 3-5 keywords/MeSH should be added at the end of the abstract.
- In the rest of the categories where abstract is applicable, an unstructured abstract should be submitted along with 3-5 keywords/MeSH.

Introduction

- Provide a context or background for the study (that is, the nature of the problem and its significance).
- State the specific purpose or research objective of, or hypothesis tested by, the study or observation in 1-2 paragraphs.
- Cite only directly pertinent references (3-5), and do not include data or conclusions from the work being reported.

Methods

- The Methods section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results.
- The Methods section should include a statement indicating that the research was approved by an independent local, regional, or national review body (e.g., ethics committee, institutional review board).
- Describe settings (Institution/lab/hospital etc.) of the study
- Describe duration during which the study was completed
- Mention clearly about the study design used.
- Briefly describe inclusion/exclusion criteria
- Specify the study's main and secondary objectives—usually identified as primary and secondary outcomes.
- Identify methods, equipment (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow others 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 the reasons for using them, and evaluate their limitations.
- Precisely identify all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Identify appropriate scientific names and gene names.
- Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. Avoid relying solely on statistical hypothesis testing, such as *P* values, which fail to convey important information about effect size and precision of estimates. Specify the statistical software package(s) and versions used.

Results

- Present your results in logical sequence in the text, tables, and figures, giving the main or most important findings first.
- Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations.
- Provide data on all primary and secondary outcomes identified in the Methods Section.
- Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text, or they can be published solely in the electronic version of the journal.
- Give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated.
- Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables.
- Avoid nontechnical uses of technical terms in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.”
- Separate reporting of data by demographic variables, such as age and sex, facilitate pooling of data for subgroups across studies and should be routine unless there are compelling reasons not to stratify reporting, which should be explained.
- To organize, the result section can also be divided into subheadings such as Demography, Presentation, Management, Outcome.

Discussion & Conclusion

- It is useful to begin the discussion by briefly summarizing the main findings and explore possible mechanisms or explanations for these findings.
- Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence.
- State the limitations of your study and explore the implications of your findings for future research and clinical practice or policy.
- Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data.
- Do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section.
- Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data.
- In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses.
- Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted but label them clearly.

References

General Considerations Related to References

- Authors should provide direct references to original research sources whenever possible.
- References should not be used by authors, editors, or peer reviewers to promote self-interests.
- Authors should avoid citing articles in predatory or pseudo-journals. Although references to review articles can be an efficient way to guide readers to a body of literature, review articles do not always reflect original work accurately.
- On the other hand, extensive lists of references to original work on a topic can use excessive space. Fewer references to key original papers often serve as well as more exhaustive lists, particularly since references can now be added to the electronic version of published papers, and since electronic literature searching allows readers to retrieve published literature efficiently.
- References to papers accepted but not yet published should be designated as “in the press” or “forthcoming.” Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source.
- Published articles should reference the unique, persistent identifiers of the datasets employed.
- Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of personal communication.
- References should be 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. e.g. "*Acute appendicitis is an acute inflammation of the vermiform appendix.*[1]"

Reference Style and Format

- References should follow the standards summarized in the [NLM's International Committee of Medical Journal Editors \(ICMJE\) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References](#) webpage and detailed in the [NLM's Citing Medicine, 2nd edition](#).
- Vancouver style of reference citing is used in the Journal of Pediatric and Adolescent Surgery
- et al should follow after 6 authors.
- References must be cited within the text in chronological sequence.
- The numerical reference no. should be written in square brackets just after the full stop. For example; *Appendicitis is rarely diagnosed in neonates. [1,2]*
- Examples of various references are as under;

Article within a journal: Koonin EV, Altschul SF, Bork P. BRCA1 protein products: functional motifs. *Nat Genet.* 1996;13:266-7.

Article within a journal supplement: Orengo CA, Bray JE, Hubbard T, LoConte L, Sillitoe I. Analysis and assessment of ab initio three-dimensional prediction, secondary structure, and contacts prediction. *Proteins.* 1999, 43(Suppl 3):149-70.

In press article: Kharitonov SA, Barnes PJ. Clinical aspects of exhaled nitric oxide. *Eur Respir J*, in press.

Published abstract: Zvaifler NJ, Burger JA, Marinova-Mutafchieva L, Taylor P, Maini RN. Mesenchymal cells, stromal-derived factor-1, and rheumatoid arthritis [abstract]. *Arthritis Rheum.* 1999, 42: 250.

Article within conference proceedings: Jones X. Zeolites and synthetic mechanisms. In *Proceedings of the First National Conference on Porous Sieves: 27-30 June 1996; Baltimore.* Edited by Smith Y. Stoneham: Butterworth-Heinemann; 1996:16-27.

Book chapter, or article within a book: Schnepf E. From prey via endosymbiont to plastids: comparative studies in dinoflagellates. In: *Origins of Plastids. Volume 2.* 2nd edition. Edited by Lewin RA. New York: Chapman and Hall; 1993:53-76.

The whole issue of the journal: Ponder B, Johnston S, Chodosh L (Eds). Innovative oncology. In *Breast Cancer Res* 1998, 10:1-72.

Whole conference proceedings: Smith Y (Ed). *Proceedings of the First National Conference on Porous Sieves: 27-30 June 1996; Baltimore.* Stoneham: Butterworth-Heinemann; 1996.

Complete book: Margulis L. *Origin of Eukaryotic Cells.* New Haven: Yale University Press; 1970.

Monograph or book in a series: Hunninghake GW, Gadek JE. The alveolar macrophage. In *Cultured Human Cells and Tissues.* Edited by Harris TJR. New York: Academic Press; 1995:54-56. [Stoner G (Series Editor): *Methods and Perspectives in Cell Biology*, vol 1.]

Book with institutional author: Advisory Committee on Genetic Modification: *Annual Report.* London; 1999.

Ph.D. thesis: Kohavi R. Wrappers for performance enhancement and oblivious decision graphs. *Ph.D. thesis.* Stanford University, Computer Science Department; 1995.

Online journal article: Saha S. Live workshops: A time to rethink. *J Indian Assoc Pediatr Surg.* [serial online] 2018 [cited 2018 Jun 18]; 23:55-6. Available from: <http://www.jiaps.com/text.asp?2018/23/2/55/228894>

Tables

- Tables capture information concisely and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than text frequently makes it possible to reduce the length of the text.
- Titles in tables should be short but self-explanatory, containing information that allows readers to understand the table's content without having to go back to the text.
- Be sure that each table is cited in the text.
- Give each column a short or an abbreviated heading.
- Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes and use symbols to explain information if needed.
- If you use data from another published or unpublished source, obtain permission, and acknowledge that source fully.
- Additional tables containing backup data too extensive to publish in print may be appropriate for publication in the electronic version of the journal, deposited with an archival service, or made available to readers directly by the authors. An appropriate statement should be added to the text to inform readers that this additional information is available and where it is located.
- Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

Illustrations (Figures)

- High-quality images/photographs with good resolution should be submitted preferably in tiff or jpeg format.
- Pixilated images will not be published
- For radiological and other clinical and diagnostic images, as well as pictures of pathology specimens or photomicrographs, send high-resolution photographic image files. Before-and-after images should be taken with the same intensity, direction, and color of light.
- Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. Explain the internal scale and identify the method of staining in photomicrographs.
- Figures should be numbered consecutively according to the order in which they have been cited in the text.
- If a figure has been published previously, acknowledge the source, and submit written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher except for documents in the public domain.
- In the manuscript, legends for illustrations should be on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify, and explain each one clearly in the legend.

Units of Measurement

- Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.
- Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury unless other units are specifically required by the journal.
- Authors should report laboratory information in both local and International System of Units (SI).
- Drug concentrations may be reported in either SI or mass units, but the alternative should be provided in parentheses where appropriate.

Abbreviations and Symbols

- Use only standard abbreviations; the use of nonstandard abbreviations can be confusing to readers.
- Avoid abbreviations in the title and abstract of the manuscript.
- The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first mention unless the abbreviation is a standard unit of measurement.