Intended for healthcare professionals

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Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's Aims and Scope to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

Article types

The American Surgeon is a monthly peer-reviewed publication published by the Southeastern Surgical Congress. Its area of concentration is clinical general surgery, as defined by the content areas of the American Board of Surgery: alimentary tract (including bariatric surgery), abdomen and its contents, breast, skin and soft tissue, endocrine system, solid organ transplantation, pediatric surgery, surgical critical care, surgical oncology (including head and neck surgery), trauma and emergency surgery, and vascular surgery.

Technical articles on the performance of core operations of general surgery are encouraged, especially those that include video content.

Basic science articles are normally not considered, but general articles on epidemiology, anatomy, physiology, clinical presentation, and pathology (including neoplasia) of surgical conditions will be considered if they are relevant to the clinical practice of surgery.

It also publishes articles on surgical education, health policy, access to care, advocacy, ethics, global surgery, and surgical history. Poems, personal essays, and remembrances will be considered, with approval if they have general interest or particular insight into the practice of surgery.

Contributions by residents in training and medical students are encouraged. Co-authorship by a senior surgeon is expected.

American English spelling and grammar are used. Contributors from foreign nations may consider using an English editing service, such as that offered through the Sage Author Services website.

A copyright release form that is signed by the corresponding author on behalf of all contributors is required before a manuscript can be published.

Surgical Reflections: The journal welcomes poems, artwork with accompanying explanatory text, essays on surgical history, and personal experiences relevant to surgery and the practice of surgery. Accepted work must be well-written, focused on a specific theme, and reveal a unique perspective on the field and those who practice surgery.

Manuscripts, figures, and tables follow the formatting requirements of the journal. Essays should be 1,500 words or less in length, and no longer than 2,000. An unstructured abstract of fewer than 250 words is required. The number of figures and tables is limited to a total of four.

Specific instructions

All submissions must be sent online through *The American Surgeon* SageTrack site (https://mc.manuscriptcentral.com/americansurgeon). Registration as an author is required to use the system.

Use 12-point standard font (Cambria, Times, Calibri). Justify left margin only. Indent each paragraph one-half inch. Double-space using 1" margins. Number pages beginning with the Abstract page. Send submissions in Microsoft Word format. Do not send pdf versions. Do not embed figures and tables in the body of the text; send them as separate files as noted below.

Follow the American Medical Association (AMA) style guidelines for style, usage, and references. Dorland's Medical Dictionary and Webster's International Dictionary are standard references for spelling and definitions.

Scientific names for drugs, equipment, and devices must be used, followed by (in parentheses) its copyright or trade name and the name of the manufacturer; as, ketorolac (Toradol, Hospira); plastic adherent drapes (Ioban, 3M).

First use of terms that are later abbreviated must be first spelled out, followed by the abbreviation in parentheses; as, Medical University of South Carolina (MUSC), alanine aminotransferase (ALT). The AMA Manual of Style has a list of accepted standard abbreviations of selected terms that are more known by their abbreviations (e.g., AIDS, ARDS).

Title page

Submit the title page as a separate file. Please order the files so that the title page precedes the manuscript file. Please provide the first name, middle initial, and full last name of all authors. Note the highest academic titles received for each; as, MD; PhD; BSN. Do not use FACS or honorary degrees. For each coauthor give the academic affiliation with city and state; as, Department of Surgery, Mercer University School of Medicine, Macon, GA. If the authors are from different institutions use superscript numbers to indicate the affiliation for each.

Add contact information on separate lines: mailing address and email.

Add word count of the body of the manuscript (excluding title page, abstract, references, legends, and tables).

Abstract

Enter the abstract into the SageTrack site. There is a limitation of 250 words. For clinical and scientific studies use a structured format with the following headings: Background, methods, results, and discussion.

Submit an unstructured 150-word abstract for brief reports, reviews, and articles that do not fall into the traditional structured format. Please notify the editor if an abstract is not appropriate to the piece (such as a personal essay, poem, etc.) and make a brief notation in the Editorial Manager system within brackets; as, [no abstract].

Highly recommended to increase the reach of your article, please submit an optional visual abstract using the following template.

Key Take-Aways

Provide two or three bulleted points, each one sentence long, to give the reader the key finding and main conclusion from your paper. The Key Take-Aways section must be on a separate page that follows the abstract and precedes the body of the manuscript. This is intentionally brief and is not considered a substitute for the abstract or the main body of the paper. Key Take-Aways are for original communications only and not for brief reports, reviews, history, surgical reflections, or editorials.

Manuscript

Scientific contributions. For scientific contributions the manuscript file should have the entire file in the following order, each starting with a new page: title page, abstract, key take-aways, body of the text, references, tables, and legends for figures. The body of the text should be fewer than 2,500 words. The text should be divided into sections identified by titles in bold type: Introduction, Methods, Results, and Discussion. A separate conclusion section is not necessary.

Introduction. This section should be at most one to one-and-a-half pages. It begins with brief description of the clinical problem being discussed, followed by a summary of relevant studies in the recent literature. A sentence or two summarize the specific question being addressed by the study, followed by the essential findings.

Methods. Methods must begin with a statement of Institutional Review Board review and approval, with the home institution where approval was granted. Description of demographic characteristics of study groups must include a summary of all indices evaluated. This should be in the body of the text and not presented as a table.

The last paragraph must include the statistical indices (mean, median, SEM, CI, etc.) the statistical tests (Student t, Chi-square, etc.) and the statistic software used, along

with the brand name, version, and vendor; as (SAS Access Version 9.4, SAS).

Results. The first paragraph must describe the comparability of study groups along with statistical similarities and differences with relevant P values. Rather than a stand-alone table, describe the study groups in the text along with descriptive statistics (eg, mean ± SEM). State that all indices are statistically the same except the specific areas where they differ.

Data presented as graphs and figures are preferred to tables. Call-outs for figures should be placed in the section of text where it is most appropriate. Legends for figures and tables themselves are in separate sections at the end of the text. Please double check before submission that each figure and table is cited in the body of the manuscript.

Discussion. A brief summary of significant findings should begin the discussion, in the context of the original research question. The rest of the discussion should summarize how the paper adds to the understanding of the clinical problem being addressed as stated in the introduction. There should be a statement on the limitations of the research conducted in the paper. A short conclusion on further areas of research closes the discussion. This should be no more than four pages in length, preferably three.

Nonscientific contributions. For nonscientific contributions, the traditional structure described above (introduction, methods, results, discussion) does not apply but an abstract is still required. Avoid restating the abstract in the first paragraphs of the article. Use subheadings at appropriate intervals to break up the text.

Acknowledgements

It is appropriate to add a short statement of thanks to others who contributed to the research but who were not coauthors.

Figures

Figures are loaded into SageTrack as separate individual files. Color images will be converted to black and white for print, though the author may pay an additional fee for color printing. Avoid composite images (i.e., multiple images combined in a single figure).

Send each figure electronically using standard image formats (jpg, tiff, pdf) with sufficient dpi for reproduction (at least 300 dpi for photographs, 600 dpi for line art). Send each figure as a separate file, clearly identified in its label by number in the manuscript. Provide documentation of copyright release of copyrighted images. List

figure legends in numerical order (1, 2, 3…) in a section that begins on a separate page after the body of the main text.

Figures must be in vector mode (editable format) or raster mode above 300 dpi.

Tables

Tables follow the figure legend page. They must be submitted as a Word document so they can be edited. Do not send tables as images.

Each table must be on a separate page. Tables shall be numbered in the order it appears in the text. Place the title of the table on a line positioned above the table itself. Beneath the table include a legend that includes expansions of all abbreviations used in the table.

References

Please limit references to twenty (20).

Format references according to American Medical Association (AMA) style. Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscript Arabic numerals.

Include surnames and unpunctuated initials of authors in references. List up to six authors. If there are more than six authors, list the first three followed by "et al." Use standard abbreviations for journal names. Do not use periods or commas in the names of the authors. Use a period at the end of journal abbreviations, not within the abbreviation itself; as, Am Surg. for *The American Surgeon*, N Engl J Med. for the *New England Journal of Medicine*.

For journals: authors, article title (sentence case), journal abbreviation, year, volume number, issue number, page range.

Example: Lauerman MH, Herrera AV, Albrecht JS, et al. Interhospital transfers with wide variability in emergency general surgery. *Am Surg*. 2019;85(6):595-600.

For books: Authors, chapter title, editors, book title, edition (if more than one), publisher, year of publication. Add page number(s) after year to direct readers to a specific section.

Example: Chandler NM, Colombani PM. The esophagus. In Holcomb GW III, Murphy JP, Ostlie DJ, eds. Ashcraft's Pediatric Surgery. 6th ed. Saunders; 2014: 351-64.

Brief Reports

Instructions for authors – Original communications

General

The American Surgeon welcomes brief reports in clinical general surgery in two broad categories: First, clinical studies that involve small groups of patients and come to one major conclusion. Second, case reports that are illustrative of the biology of a surgical condition or provide clinical insight into the treatment of a difficult surgical problem. See "instructions for authors" for original contributions for the scope of topics covered by *The American Surgeon.*

Acceptance depends on the potential of the communication to be of interest to the readership of *The American Surgeon*. Unusual locations of metastatic cancer and late or neglected complications of surgical conditions generally are not accepted as subjects of case reports.

Specific instructions

Brief reports have the same instructions for authors as those listed for original communications with the following specific instructions.

When submitting the paper, choose "Brief Report" as the Article Type.

Do not include the phrase "case report" in the title.

The abstract of a brief report is on a separate page from the main text. It is limited to 150 words and is unstructured. It starts with a statement of the background of the study or case report, includes a brief precis of the methods and results, and ends with a conclusion.

The main text does not have subheadings in the body of the text (e.g., the traditional divisions of introduction-materials and methods-results-background). The total length of the manuscript is limited to four double-spaced pages of 12-point type. There is a limit of four references (see "instructions for authors" for original contributions for reference style).

Brief reports are limited to two figures or one table.

Reviews

The American Surgeon encourages the submission of literature reviews of the current controversies in the content areas of clinical general surgery. Authors are encouraged to contact a member of the editorial board to confirm that the topic is current and relevant to readership of The American Surgeon. See the general instructions for

authors of original communications for a list of content areas of general surgery and other subjects of interest.

An unstructured abstract of 250 words is required.

The manuscript should be 4,000 words or less and have a limit of 80 references. A brief historical perspective is encouraged, but major articles cited should have a publication date within the past 10 years, and preferably 5 years.

Pro-con and symposiums

The American Surgeon encourages the submission of paired pro-con articles and symposiums of three or more original communications and literature reviews that cover different aspects of a condition or topic in the content areas of clinical general surgery. Authors are encouraged to contact a member of the editorial board to confirm that the topic of the symposium is current and relevant to readership of *The American Surgeon.*

Identify a single coordinator to collect all manuscripts before their submission as a single collection submitted as individual contributions through the online author gateway. Participants are responsible for alerting the editor through the cover letter that the submission is part of a paired pro-con article or symposium.

All contributions follow the instructions for authors for original contributions and reviews, including the requirement for an abstract and word limitations.

Letters to the Editor

A letter to the editor format is for communications that reference a previously published article and for those that express an opinion about the journal or some topic of interest to surgeons.

The title of the letter to the editor must include the title of the original article and use the following format: "Letter re: "(full title of the article)", with the title enclosed in double quotation marks as shown (and without the parentheses).

The submission is limited to two standard pages (8-1/2 x 11 inches, one-inch margins), double-spaced, 12-point standard font size, four references, without figures or tables, and without subheadings. The first reference must be the article to which the letter is responding.

The letter must respond to the validity of the data in the article and its conclusions. It must extend or refute its assertions. Alternative hypotheses may be briefly offered, but extensive presentations belong in a separate independent article.

The letter is shared with the original author, who on occasion may be invited to respond to controversial statements. Responses to letters to the editor follow the same format listed above. The title of responses to a letter of the editor must use the following format: "Response to letter to the editor re: "(full title of the article)"".

Video submissions

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Video clips that contribute significantly to the manuscript may be submitted in either avi, mov, or mpeg formats. Videos should be submitted at the desired reproduction size and length but should not exceed 10MB in size. If submitting avi files, the files must be compressed. Authors are solely responsible for all editing of video clips.

As there are restrictions to the video file size, we recommend compressing the file and uploading it to the ASU Sage Track platform. The manuscript review system ScholarOne has a file size limit of 350MB for video files. If the video you wish to submit for review is larger than this, please follow these instructions on compressing the video file to fit within this limitation.

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The journal conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Reporting guidelines

Your manuscript **must** follow the relevant EQUATOR Network reporting guidelines, depending on the type of study. The EQUATOR wizard can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at NLM's Research Reporting Guidelines and Initiatives.

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The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly defined.

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Abstract

Enter the abstract into the SageTrack site. There is a limitation of 250 words. For clinical and scientific studies, use a structured format with the following headings: Background, methods, results, and discussion.Submit an unstructured 150-word abstract for brief reports, reviews, and articles that do not fall into the traditional structured format. Please notify the editor if an abstract is not appropriate to the piece (such as a personal essay, poem, etc.) and make a brief notation in the Editorial Manager system within brackets; as, [no abstract].Highly recommended to increase the reach of your article, please submit an optional visual abstract using the following template.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

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Please include a minimum of 2 keywords, listed after the abstract. Keywords should be as specific as possible to the research topic.

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Acknowledgments

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Please include any participant consent information under this heading and state whether informed consent to participate was written or verbal. If the requirement for informed consent to participate has been waived by the relevant Ethics Committee or Institutional Review Board (i.e. where it has been deemed that consent would be impossible or impracticable to obtain), please state this. If this is not applicable to your manuscript, please state 'Not applicable' in this section. More information and example statements can be found on our Publication ethics and research integrity policies page.

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Declaration of conflicting interest

The journal requires a declaration of conflicting interests from all authors so that a statement can be included in your article. For guidance on conflict of interest statements, see our policy on conflicting interest declarations and the ICMJE recommendations.

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Subject to appropriate ethical and legal considerations, authors are encouraged to:

- Share your research data in a relevant public data repository
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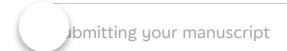
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