

Guide for Authors

Components of Submission	2
Title Page	2
Cover Letter	2
Manuscript	2
Figures	3
Appendices.....	3
Submission Checklist.....	4
Submission.....	4
Article Types.....	5
Editorial	5
Original Articles.....	5
Perspectives or State of the Art Lectures	6
Review articles.....	6
Case reports.....	7
Abstract Guidelines.....	7
Editorial.....	7
Original Articles.....	7
Perspectives or State of the Art Lectures	8
Review articles.....	9
Case reports.....	10
Formatting the Main Body of the Text	10
Introduction.....	10
Methods	11
Results.....	12
Discussion.....	13
Conclusion	14
Declarations	15
Non-Textual Elements	16
Tables.....	16
Figures	17
Reporting data.....	20
Abbreviations (Acronyms).....	20
Units and Precision	20
References.....	20

Components of a Submission

Title Page

Our journal uses double-blind peer review. For this reason, the manuscript itself should not contain any identifying author information.

Instead, a separate title page should be submitted.

The information included in the title page is as follows:

- Title of the article
- Names of all authors
- Affiliations of all authors
- Contact information (email) for the corresponding author
- Author contributions statement (i.e. which part of the study was carried out by which author)
- A short summary (2 or 3 sentences) for inclusion in the table of contents of the issue
- Three to six key words about the study and subject area

Cover Letter

All articles require, in addition to the manuscript, a cover letter. This should include contact information for the corresponding author (affiliation, address, and email address). Additionally, a short statement putting the work into context and stating the main results and key message of the article should be included. Finally, authors should confirm the originality of the manuscript, and that it is not being considered for publication elsewhere. The corresponding author should also ensure that the manuscript has been reviewed and accepted by all included authors.

Manuscript

Of course, a copy of the manuscript should also be submitted. The manuscript should be submitted as a Word document. Due to KJS's double-blind peer-review policy, authors should submit the manuscript without any author information, and the title page should be submitted as a separate document.

Manuscripts should be typed, doubled-spaced, on A4 paper with 2.6 cm margins. There are limits to the

number of non-textual elements, references, and the total word count. These can be found below, and vary between article types. Number all pages, beginning with the title page.

Our journal aims to implement a consistent style, broadly following the format of the [AMA style guide](#).

As the journal is published in English, it is essential that articles are written in simple, understandable English. If the articles do not meet an acceptable standard of clarity in language, they may be returned to the author for editing before peer review. Readability is a factor in the acceptance of all papers. Strive to enlighten, not to impress. Avoid medical jargon, unnecessary wordiness, and overlong sentences. Authors are encouraged to use [Strunk and White's Elements of Style](#) as a resource when writing their manuscripts.

Figures

Although tables should be included in the main manuscript file, figures should be uploaded separately as PNG image files. More details about the types of figures which may be included can be found below.

Appendices

Where applicable, any appendices should be included, this may include detail about the Methods of the study which is not suitable for full explanation in the main body of the text.

Some other useful documents include:

- Ethical approval letter
- Permission to use resources such as photographs
- Study protocol for a preregistered study
- Calibration methods for measurement equipment
- Questionnaires or other study instruments
- Anonymised patient data
- Anything else relevant to the study but not suitable for the main body of the text.

Submission Checklist

Please refer to the SUBMISSION CHECKLIST before submitting any manuscript.

1. Title Page
2. Manuscript
3. Cover Letter
4. Figures
5. Appendices

Submission

Manuscripts must be submitted electronically through the Kosova Journal of Surgery Web site. Please address any enquiries to: fatjona.jahaj@koscs.org

Following submission, the article will undergo editorial screening, followed by peer review and publication. A more detailed explanation of the process can be found in the peer review process document([link](#))

Article Types

Please note that all articles require a cover letter. Also note that the word counts quoted below include only the main body of the text. The Editors and Publisher of the Kosova Journal of Surgery invite concise original articles in the following categories. If you wish to publish a valuable, high-impact article in the field which does not fit into one of the categories below, please submit a pre-submission enquiry to: riaz.agahi@koscs.org

Editorial

An article from an editor at the journal summarizing the article or commenting on a current issue within the field. These may occasionally be invited or written by the guest editor of a special issue.

- 1200 words

Original Articles

This includes any research article in clinical and experimental surgery. This includes a wide variety of study designs, for example, cross-sectional studies, case-control studies or clinical trials/intervention studies. Any study of suitable quality, provided it is based on the efficacy of a surgical intervention, will be considered for this journal.

Regardless of study design, original research articles should clearly identify the objective or research question of the study and place it in the context of the current needs and other findings pertinent to the study area. A thorough methods section is required, which should give details regarding sample selection, outcome and intervention definition and measurement, intervention details, and data analysis.

Requirements:

- 3000 words
- ≤5 tables and/or figures
- Structured abstract
- Title page

- Statements regarding ethical considerations and approval (where required), author contributions and conflicts of interest
- 4-5 key words

Perspectives or State of the Art Lectures

Articles which give a current view or assessment of any topic within the field. This includes related aspects of surgery, such as patient care, publication ethics, policy and relevant clinical issues. We welcome submissions of this article type, but primary preference will be given to invited articles. It is expected that these articles, although more opinion-based than an original article, will still adhere to the scientific standard required, including citations etc.

Requirements:

- 2000 words
- Unstructured abstract
- Title page
- Statements regarding ethical considerations and approval (where required), author contributions and conflicts of interest
- 4-5 key words

Review articles

This includes any kind of review

Requirements:

- 3000 words
- ≤ 5 tables and/or figures
- Structured abstract
- Title page
- Statements regarding author contributions and conflicts of interest

- 4-5 key words

Case reports

This is a short summary of a clinical case or series of cases. This is open to a wide variety in terms of the types of case report, including representative cases, or detailed presentation of unusual cases.

Requirements:

- 1200 words
- ≤ 3 tables and/or figures
- Structured abstract
- Title page
- Statements regarding ethical considerations and approval (where required), author contributions and conflicts of interest
- 4-5 key words

Abstract Guidelines

Abstracts should be up to 300 words in length.

Editorial

This article does not require an abstract

Original Articles

These articles require a structured abstract with a length of 300 words. The following categories are suggested, there is flexibility in included information based on the requirements of the individual study.

Background: A short introduction to the importance of the research question.

Objective: The purpose of the study.

Design, Setting, and Participants: This should include the name of study design (e.g. cohort study, clinical trial etc.). Setting in this context means both where the study was performed geographically and in terms of the number and type of health settings where data was collected. A brief explanation of how the study sample was generated. This includes criteria for including and excluding patients, as well as the specific sampling method (convenience, randomized etc). Any other pertinent aspects of the sampling process can be mentioned here.

Intervention(s) or Exposure(s): A brief statement about the independent variable of the study, e.g. the surgical procedure. Here only a short description is needed, with a more thorough explanation in the Methods section of the article.

Main Outcome(s) and Measure(s): The primary health outcome for the study, e.g. length of stay after surgery or recurrence of condition etc. Multiple outcomes can also be included.

Results: This should focus on the key results for assessing the study objective. However, it is also suitable to mention any other important results that came up during the study. Sample size and general data for the study sample (e.g. age, other relevant information) should also be included here. The results of statistical tests can also be included here.

Conclusions and Relevance: One or two sentences detailing the importance of the main results within the context of the research problem. This should answer the question of what the main results of this study mean in the fields of clinical practice, health policy and future research.

Trial Registration: For clinical trials only, the name of the trial registry, registration number, and URL of the registry must be included.

Perspectives or State of the Art Lectures

This article type does not require a structured abstract. A short statement (150 words) detailing the main thrust of the article, i.e. the context of the article and the main points of discussion.

Review articles

Systematic Reviews

Background: A short introduction to the importance of the research question.

Objective: The purpose of the study.

Search Strategy, Data Extraction and Analysis: This should include pertinent information to put the systematic review in context. This should include the databases used for the search, and a summary of the search terms. Additionally, any inclusion or exclusion criteria for studies, e.g. geographical setting, years, study design, statistical analysis used, should also be mentioned. A brief description of the data extraction process is required here. Finally, the approach to analysing the data should be mentioned in this section, including (especially for meta-analyses) the statistical methods used.

Intervention(s) or Exposure(s): A brief statement about the independent variable of the study, e.g. the surgical procedure. Here only a short description is needed, with a more thorough explanation in the Methods section of the article.

Main Outcome(s) and Measure(s): The primary health outcome for the study, e.g. length of stay after surgery or recurrence of condition etc. Multiple outcomes can also be included.

Results: In a systematic review, the main information required here is:

- an overview of included studies and/or overall aggregate population,
- Analysis of the main effect
- Analysis of secondary effects or subgroups
- Other key results

Conclusions and Relevance: One or two sentences detailing the importance of the main results within the context of the research problem. This should answer the question of what the main results of this study mean in the fields of clinical practice, health policy and future research.

Narrative Reviews

Background: A short introduction to the importance of the research question.

Objective: The purpose of the study.

Findings: In light of the outlined research focus, the key aspects of the discussion of literature should be summarized briefly here.

Conclusions and Relevance: This should give an overview of the implications of the review. For example:

- What is the meaning of the findings of the review?
- What requirements are there for future research, policy or clinical practice?

Case reports

A structured abstract of up to 200 words is required. This should contain the following subheadings:

Background: Similar to other article types, this denotes the importance of the topic of the case report, i.e. the procedure or condition or other distinguishing feature of the case. This should engender an understanding of why it is important that this case be published.

Case Presentation: A short description of pertinent patient data (in a clinical report). This should give an idea of relevant demographic information (such as age or gender where suitable) of the patient, or other contextual data. Of course, it is not permissible to share information that allows the patient to be identified. In a clinical case, it may include the symptoms of the patient, or aspect of the case that warranted the need for a different approach or special consideration.

Intervention: This should give a brief overview of what was actually done in this case.

Outcome: What was the effect of the intervention?

Conclusions: Any implications of the case in question.

Informed Consent: This should confirm that informed consent was obtained from the patient for publication of the study.

Formatting the Main Body of the Text

Introduction

An introduction section should be included in most articles, excluding editorials and perspectives. It should frame the research question of the study by:

- Explaining the importance of the subject of the research article.
- Contextualizing the current approach by briefly examining the merits and shortcomings of existing approaches or previous studies.
- Stating the purpose and objective of the current article.
- What requirements are there for future research, policy or clinical practice?

Methods

The purpose of the methods section is to provide a framework within which the results can be understood. This means that methods should be described in sufficient detail that another research in the same field could reproduce them.

A novel method should be described in detail, including equipment that has been used, with model numbers etc. In cases where there is a large amount of technical data of this type, please consider using an Appendix to augment a summary in the methods section of the main body of the paper. For established methods, it is expected that the methods used will be described, with citations for the methodology used in more detail.

Some of the key considerations which must be covered in the methods section are:

- What is the study design for this study?
 - E.g. clinical trial, cross-sectional study, case study, meta-analysis etc.
- What measures, if any, were used to recruit participants?
 - Was a particular sampling method employed?
 - Did the sample selection process make use of randomisation methods, and if so what measures were taken?
- What were the main variables of the study?
 - What intervention or exposure was the study investigating (independent variable)?

- What health or other outcome was investigated (dependent variable)?
- Was a control group used?
- How were variables measured?
 - For example, if a study studied the effect of BMI on recovery time for a surgical intervention, each of these need to be defined, e.g. high BMI can be defined as overweight (BMI>25), recovery time can be measured as length of stay in hospital in days
 - What equipment, if any, was used to acquire data or to perform the procedure?
 - This information should be very specific, including brands and model numbers.
 - If calibration was required for the equipment, this can be cited or described in an Appendix
- What statistical methods were used to analyse the data?
 - This should include introducing these methods along with the purpose, e.g. ‘a t-test was used to determine whether there was a significant difference between the mean recovery times in both groups’
 - If the statistical tests used include a p-value for significance, the authors should report what p-value is considered significant (e.g. $p < 0.05$)
 - The linked [article](#) from BMJ provides a good overview of the principles of statistical reporting. While adherence to this resource is not essential, it is suggested for authors who require guidance.
- In the case of systematic reviews, specific areas to be addressed are: study eligibility criteria, search terms used, study assessment for relevance, data extraction, risk of bias assessment.

Results

This section should build on the framework of the Methods section, reporting what was observed when the methods were applied. The following structure is suggested, but some flexibility is allowed in light of variation in individual studies.

- Description of sample, i.e. number of participants, demographic variables, potentially including

mean and standard deviation

- Effects of main intervention
- Statistical tests
- Subgroups or other analyses (Results of secondary interventions or other variables).

Please note: results should not be interpreted in this section. Enough background should be provided in the Introduction and Methods section that a reader can understand the results without extensive contextual information. While it is permissible to highlight a significant result or trend, interpreting or explaining the results should be left for the Discussion section.

Discussion

The purpose of this section is to interpret the results of the study in the context of other findings, to analyse the underlying mechanism for the results, to appraise the strengths and weaknesses of the study, and to suggest potential implications of the study.

A structured discussion section can be used. This is not essential, but will help to ensure the necessary points of discussion are included.

The following subheadings can be used:

- Summary of Results
 - A statement of the key results for the main intervention
 - This can also include any significant or surprising results from other analyses
- Context
 - Comparison of the results of the study with other similar studies, potentially exploring why the results of the present study are different from those reported before
- Mechanism
 - An explanation of the study results. This could be the physiological underpinnings of the observed effect, or an explanation of factors specific to the study design
- Strengths and Limitations
 - What aspects of the study were particularly strong and which could be improved?

- For limitations of the study, it is worth discussing whether any measures have been taken to mitigate them, or why they could not be addressed in the present study.
- Implications
 - How will the results of this study impact health policy, clinical practice or future research?

Conclusion

A conclusion should be no more than 250 words. It is a short summary of the main findings and implications of the study. Within this section, no citations should be used, and no new information should be introduced. The purpose of the conclusion is simply to highlight key points of the study.

Declarations

This section consists of several statements regarding ethical aspects of the work, in order to clarify that the appropriate procedures have been followed when conducting the study and preparing the publication. For more information on the ethical(link) and editorial(link) policies of the journal, please see the pertinent documents.

Author Contributions

Due to our double-blind peer review process, this section should be placed on the Title Page, rather than within the main body of the text. The author contributions statement should identify the role each author played in the study including: study design, data acquisition, data analysis, writing, editing, and so on. Please note that to be credited as an author, a researchers contribution to the research project must be in line with the ICMJE recommendations.

Funding

Any funding received directly for the research should be identified here.

Conflicts of Interest

If there are any relevant conflicts of interest these should be identified here. This may include any financial or other links which may lead to bias in the work.

Data Availability

Authors should include a short statement defining the terms of data availability. If the data cannot be made available for any reason, this should be clarified. If data are already available, the location where data can be found should be mentioned. Of course, any patient data must be anonymized. Finally, if data can be made available to other researchers on request, this should also be mentioned here.

Consent

Patient data can only be published with consent. Retrospective laboratory data can be published with approval of the data bearer (i.e. the head of the laboratory). For prospective data, permission should be obtained in advance from all participants, including the clarification that participation is voluntary, and that consent can be withdrawn.

If consent is not required from patients, this should be explained.

Ethical Approval

Details of ethical approval should also be included. If approval is not needed for the study, this should be explained with reasons.

Pre-registration

It is suggested that articles are pre-registered before data collection is started. This could be in Prospero (for Systematic Reviews), in clinicaltrials.gov (for Clinical Trials) or in Open Science Framework (OSF for all studies). Any other preregistration platform is also acceptable. This is not compulsory for article acceptance, but it is highly recommended to ensure transparency. If this step has been taken, details should be given in this section.

Non-Textual Elements

Non-textual elements include tables and figures. While the use of non-textual elements is encouraged as a means to enable visualization of the key results or methods, they should not be overused. Only illustrations that increase the understanding of the text should be submitted. The following principles should be applied when adding non-textual elements.

- Non-textual elements must be cited in the text, e.g. ‘The majority of participants in the study sample were male (Table 1).’
- Non-textual elements should be numbered by type, i.e. separate numbering for tables, figures etc.
- Numbering should be sequential according to where the table is first cited in the text.
- A brief title for each table is required, e.g. ‘Table 1 – Characteristics of Study Population’.
- There is a limit to the number of non-textual elements, based on the type of study, please see the Article Types section above.
- Duplication in non-textual elements should be avoided. This means that the same information should not be included in more than one table or figure.

Tables

Tables should be included at the end of the main manuscript file. They must be formatted using a table creation function, such as that of Microsoft Word (Insert>Table). Tables that are inserted as images, or formatted manually using tabs and columns in text will be returned to the author, as this creates delays for the editorial team. Tables should contain text with a font size between 10 and 12, with single spacing.

Where acronyms are used, or important clarifications or extra information are needed, use footnotes identified by superscript numbers. Any explanations can be made as part of the table, below the bottom row of the data.

Figures

The term figure is used for any non-textual element which is not a Table. Some examples of this are graphs, charts, photographs, flow charts or diagrams. Some practical aspects of using Figures are:

- Submit figures as a separate file, in PNG image format.
- Ensure that they are of sufficient quality to be published
- As with tables, a short title describing the contents of the figure must be used. This should be added at the end of the manuscript. As mentioned above, figures should be cited in the text.

The bestform of reproduction for pen and ink drawings or black and white line art with no gray tones is photomechanical transfer (PMT). Decimals, broken lines, and lettering must be clear enough for reproduction. Only high-quality computer-generated figures will be considered.

We do not expect a specific type of format for any charts or tables. However, care must be taken that the information contained is clear and easy to read. If this is not the case, the Editors may request these as part of article prescreening or revisions.

Any charts or graphs should include labels of the data points, such as axes, different lines or bars etc.

For photographs, which is pertinent to publications detailing surgical procedures, please include any information that is needed to interpret the photograph. This applies to radiographic images, where the exact method of measurement should be noted in the figure legend.

Some examples of Figures are:

Bar Graphs

- To present frequency data (numbers or percentages) for different groups.

Line Graphs

- To demonstrate the relationship between 2 or more quantitative variables, such as changes over time.
- The dependent variable appears on the vertical axis (y) and the independent variable on the horizontal axis (x)

Flow Charts

- These should be included in clinical trials or systematic reviews, and can also be useful in some other study designs. The idea is to detail what data sources or participants are included in a study, i.e. the numbers, what has been excluded, and why.

Box and Whisker Plot

- Box and whisker plots can be used to show frequencies or other data. They have the advantage of showing upper and lower values as well as quartiles.
- These plots therefore give the reader an idea of the central tendency and distribution of the data.

Forest Plot

- Forest plots are used very often in meta-analyses
- The form is similar to a table, but gives an impression of the effect of a particular variable in

comparison to other variables.

- One example of appropriate statistical data for a forest plot is hazard, odds, or risk ratios.
- The meaning of the trend, i.e. what is meant by a higher hazard ratio, should be identified in a legend

Scatter Plot

- Scatter plots are used to plot individual data points.
- The x and y axis represent the dependent and independent variables respectively, and should be continuous variables

Diagram

- These can be used to show a physiological process or to show part of the body with reference to a specific technique

Photographs and other clinical images

- These are often used to show parts of the surgical procedure.
- This category also included imaging results, such as PET, ultrasound etc.
- A legend may be used to clarify how the image has been captured, e.g. imaging method, magnification, staining.
- Radiographs must be of extremely high quality to reproduce adequately and generally should be enhanced with arrows, etc. Color reproduction costs must be separately paid by the author if color illustrations are accepted (€650 for the first page of color figure; €100 for each additional color figure).
- Where applicable, permission to use photographs must also be outlined in the submission. This can be in the form of a separate document submitted as Supplementary Information.

Reporting data

Abbreviations (Acronyms)

Acronyms should not be used in the abstract. Please refer to everything with full titles. Where abbreviations or acronyms are used in the main body of the text, the term should be written out in full, followed by the abbreviation in brackets, i.e. caesarean section (CS). After the abbreviation has been defined, it should then be used consistently throughout the remainder of the document.

Some standard abbreviations can be found in the [AMA manual of style](#). We suggest that authors use standard abbreviations as much as possible.

Units and Precision

Any units used should be either SI units, or the standard units used for measurement of the parameter in question. Measurements should not be quoted without also including units. Units should follow the numerical value, with a space between measurement and unit.

Measurements should generally use 3 significant figures of precision. However, in many cases, this is not required, and authors can exercise discretion in reporting of relevant units. For example, a dosage of 5 mL, does not need to be referred to as 5.00 mL. This provides an unnecessary and misleading degree of precision.

References

References should be used whenever data from another source is included. If an article uses information from another source without citing, it will be returned to the author in order to allow this to be rectified.

References should be in text, and linked to a bibliography at the end. Our citation style is that of [AMA](#). References should be Arabic numerals, superscript, without brackets. Multiple citations in the same part of the text should be separated by a comma (i.e. ^{2,3}) for two citations, and by a hyphen for more than two citations (i.e. ²⁻⁵). Finally, references should be included after punctuation.

Bibliography of References

We strongly recommend the use of citation manager software such as Endnote, Mendeley or Zotero in

order to manage citations and set the style automatically.

Note that a (digital object identifier) DOI number should be included where possible. An example of a citation of a journal article is given below:

Wheeler T, Watkins PJ. Cardiac denervation in diabetes. BMJ. 1973;4:584-586. Doi:
[10.1136/bmj.4.5892.584](https://doi.org/10.1136/bmj.4.5892.584)

If it is not possible to use software for citations, online tools such as the [citation generator](#) on mybib.com can be used. Please note that different conventions exist based on the source of the data, i.e. journal, book etc. The British Columbia Institute of Technology has also compiled a [style guide](#) which details the conventions for different sources and different numbers of authors.

For references to articles in press, please supply the name of the journal and, if available, the volumenumber and year. References to unpublished material, including written (not verbal) personal communications, should be included parenthetically in the text.