

# **AMBULATORY SURGERY**

**International Journal covering Surgery, Anaesthesiology, Nursing and Management**

**Issues in Day Surgery**

## **Guide for Authors**

**Refereeing.** All contributions are read by two or more referees to ensure both accuracy and relevance. As a result, amendments to the script may be required before final acceptance. On acceptance, contributions are subject to editorial amendment to suit house style.

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**Preparation of Scripts.** Papers should be written in clear and concise English. Spelling should follow the Oxford English Dictionary. Authors whose native tongue is not English are assured that in-house editorial attention to their contributions will improve clarity and

acceptability to readers. Contributions should be typed in double spacing using size 12 Times' New Roman font. Do not underline anything. Leave wide margins ( as in this guide ). Number every page.

**Arrangement of Papers.** Papers should be arranged in the following order:-

1. Title page, with 2 spaces in between each section. Please see the Sample Title Page at the end of this edition.
  - article title [size 16];
  - author(s) as first initials, last name [size 14];
  - affiliation(s) [size 12];
  - abstract [see below, size 12];
  - grant support (if applicable) [size 12];
  - keywords [size 10];
  - corresponding author contact information including email [size 10].
2. 50-100 word abstract should outline the purpose, scope and conclusions of the paper.
3. The text suitably divided under headings, with Introduction, Methods, Results, Discussion. Begin each section and references on a new page.
4. Acknowledgements (if any).
5. References.

Tables, graphs, diagrams and illustrations should be placed in the text in appropriate positions.

**Submission.** All papers should be submitted by e-mail as a Word document to one of the Editors-in-Chief. Anaesthetic papers should be sent to Beverly K. Philip ( e-mail: [bphilip@zeus.bwh.harvard.edu](mailto:bphilip@zeus.bwh.harvard.edu) ) and surgical papers to Paul E.M. Jarrett ( e-mail: [pauljarrett@totalise.co.uk](mailto:pauljarrett@totalise.co.uk) ). Nursing, management and general papers may be sent to either Editor. The Editors' addresses for the receipt of signed declarations are:

Prof. Beverly K. Philip, M.D., Anesthesiology Dept., Brigham and Women's Hospital, 75, Francis Street, Boston, MA 02115, U.S.A.

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Electronic submissions should be accompanied, on a separate page, by a declaration, naming the paper and its authors, that the paper has not been published or submitted for consideration for publication elsewhere. The same declaration signed by all the authors must also be posted to the appropriate Editor-in-Chief.

**Text.** Papers should be sub-divided in the simplest way possible. Trade names should have an initial capital letter.

**Tables.** Number tables consecutively throughout the paper (with Arabic numerals) referring to them in the text as Table 1, Table 2, etc. with a caption at the top of each table. Avoid the use of vertical rules. Tables should not duplicate results presented in graphs or text.

**Illustrations.** Number illustrations (graphs, bar charts, line drawings, etc.) consecutively throughout the paper (with Arabic numerals) referring to them in the text as Fig. 1, Fig. 2, etc. with a caption at the top of each figure.

The minimum amount of descriptive text should be used on graphs and drawings (label curves, points, etc., with single letter symbols). Descriptive matter should be placed in the figure legend, which should accompany each figure. Scale grids should not be used in graphs unless required for actual measurements. Graph axes should be labelled with variables written out in full along the length of the axes with the unit in parentheses ( e.g. Time (s) ). A table is usually more satisfactory for recording data.

Photographs where possible should be avoided as they rarely add to the text and cause increased production work. If it is felt that a photograph is essential please contact one of the Editors to seek their view and instructions on how to proceed.

**References.** Indicate references to the literature in the text by Arabic numerals in square brackets that run consecutively through the paper. Where a reference is cited more than once in the text, use the same number each time. References should take the following form:

1. Paterson HM, McMillan R, S.J. Nixon SJ. True day surgery or 23-hour admission for unselected elective laparoscopic cholecystectomy? *Ambulatory Surgery* 2006;12: 177–180.
2. Hunt SM, McEwan J, McKenna SP. *Measuring Health Status*. London: Croom Helm, 1986.

3. Reich H. New techniques in advanced laparoscopic surgery. In: Sutton C. ed. Bailliere's Clinical Obstetrics and Gynecology. New York: Harcourt Brace Jovanovich, Vol 3, 1989:655-681.

Please ensure that references are complete i.e. that they include, where relevant, author's name, article or book title, volume and issue number, publisher, year and page reference.

**Check List.** \* Have you told readers, at the outset, what they might gain by reading your paper? \* Have you made the aim of your work clear? \* Have you explained the significance of your contribution? \* Have you set your work in the appropriate context by giving sufficient background (including a complete set of relevant references) to your work? \* Have you addressed the question of practicality and usefulness? \* Have you identified future developments that may result from your work? \* Have you structured your paper in a clear and logical fashion?

## Sample Title Page

FONT is Times New Roman

### **True day surgery or 23-hour admission for unselected elective laparoscopic cholecystectomy? (size 16 )** (space 2 lines size 16)

H.M. Paterson<sup>a</sup>, R. McMillan<sup>a,b</sup>, S.J. Nixon<sup>a,\*</sup>(size 14)  
(space 2 lines size 14)

<sup>a</sup> Dept. Surgery, Royal Infirmary of Edinburgh, Little France Crescent, Edinburgh EH16 4SA, U.K. <sup>b</sup> Ambulatory Surgery Unit, Royal Infirmary of Edinburgh, Little France Crescent, Edinburgh, EH16 4SA, U.K. ( size 12 )  
(space 3 lines size 12)

#### **Abstract**

*Aim:* To examine the use of the ambulatory surgery unit (ASU) for unselected elective laparoscopic cholecystectomy.

*Methods:* Data were collected for 1 year. High risk patients were excluded. Standard surgical, anaesthetic and discharge protocols were used.

*Results:* In 1 year, 258 of 275 patients (94%) admitted for elective laparoscopic cholecystectomy via the ASU weredischarged within 23h of admission including 62 patients (23%) discharged on the day of surgery.

*Conclusion:* The ASU is the optimal location for elective laparoscopic cholecystectomy to maximise day case throughput. ( size 12 )

This study was in part supported by a grant from XX ( size 12 )

**Keywords :** *Laparoscopic cholecystectomy; Day case; Ambulatory surgery.( size 10 it.)*

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