Guide to contributors

1. Aims and Scope

The Acta Anaesthesiologica Belgica (AAB) publishes original papers in the field of anesthesiology, emergency medicine, intensive care medicine, perioperative medicine and algology. Submitted manuscripts are welcome in the form of original studies, narrative or systematic reviews, letters to the Editor or editorials, either spontaneously or by invitation. Short case reports are only published after thorough discussion when they are highly original and have the potential of helping clinicians with unusual cases. The journal is the official link between the Society of Anesthesia and Resuscitation of Belgium (SARB) and practitioners. Therefore, it publishes special articles related to guidelines that are endorsed by the SARB, or letters dealing with professional issues. The AAB may each year publish one supplementary issue containing the master theses of the graduating residents in Anesthesia and Intensive Care.

Each submitted paper, including invited papers, are submitted to a **peer-review process**. Upon submission, and after checking for **compliance with the present guidelines**, the paper is assigned to a **handling editor**. The editor invites **reviewers** that are renowned experts in the domain of the topic of the paper. The reviewers are asked to give an unbiased opinion on the paper regarding its scientific content, accuracy of analyses, originality, importance in the field of anesthesiology, compliance with ethics, and accuracy of conclusions driven from the results. Their comments and suggestions should be clearly justified. Each reviewer is also asked to give an overall appreciation of the manuscript, which can be 'accept as is', 'accept pending minor revision', 'major revision', 'reject'. The handling editor then make a first **decision** on the paper, when at least 2 reviewers have provided their review. Everything is made to provide a first decision within two months after initial submission. Submission of a **revision** of the paper is possible when the editor's decision is 'accept pending minor revision', or 'major revision'. When submitting a revision, the authors should include a **point-by-point reply** to all the points raised by the reviewers. The revision then goes through a second review process. There is no limit on the number of possible reviews. When the decision is **'reject – resubmission possible'**, the authors are allowed to submit a completely revised version of their paper, as a new submission. The review process then restarts from 0. When the decision is **'reject'**, no resubmission is permitted, with no possibility of appeal. However, in case of conflict, the Editor-in-chief of the journal can always be contacted. He is the final authority in making a decision about a submitted manuscript.

2. Papers

   2.1. Papers submitted to the Acta Anaesthesiologica Belgica are subject to **peer review** and, after acceptance, to further editorial revision. After publication, the paper becomes subject to the journals copyright. Permission to republish must then be obtained from the AAB.

2.2. Submitted work must conform to the **EQUATOR** Network guidelines (Enhancing the QUAlity and Transparency Of health Research; http://www.equator-network.org/).

2.2.1. Randomized trials should follow the **CONSORT** (Consolidated Standards of Reporting Trials) guidelines and provide a CONSORT checklist, as well as a CONSORT flow diagram upon submission (http://www.consort-statement.org/downloads).

2.2.2. Observational studies should conform to the STROBE guidelines and provide a **STROBE** checklist upon submission (Strengthening The Reporting of Observational studies in Epidemiology; http://www.strobe-statement.org/index.php?id=available-checklists).

2.2.3. For systematic reviews, **PRISMA** (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines can be found at http://www.prisma-statement.org/PRISMAStatement/Default.aspx, and a PRISMA checklist and flow diagram should accompany each paper.

2.2.4. The **CARE** checklist (Case Report guidelines, http://www.care-statement.org/) is requested for case reports.

Checklists and flow diagrams may be submitted as additional files and do not have to be inserted into the submitted paper. The additional files are made available electronically on a dedicated part of the AAB website once the paper has been published. The file names must be mentioned in the paper and the corresponding links will be inserted at the moment of publishing.

2.3. Papers based on a clinical investigation should conform to the **ethical standards** of the latest version of the Declaration of Helsinki. Internal Review Board approval and achievement of written informed consent should be clearly mentioned in the methods section of the manuscript and in a separate paragraph on the title page. This should contain the name and address of the responsible ethics committee, the internal reference attributed by this ethics committee, the name of the chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics committee. The start and end date of inclusion of subjects into the study, as well as proper registration into a public clinical trial repository and/or National Drug Agency in case of prospective interventional clinical study, with reference number, should be indicated at the aforementioned places. Please note that trial registration must be done prospectively.

2.4. In case of **animal studies**, it is the responsibility of the authors to satisfy the board that no unnecessary suffering has been inflicted. A clear statement indicating animal care must appear in the methods section of the manuscript, and conform to the ARRIVE (Animals in Research: Reporting In Vivo Experiments; https://www.nc3rs.org.uk/arrive-guidelines) guidelines, including approval by an Animal Ethics Committee. Any deviation from these standards and ethics clearance must be clearly justified.

3. Legal considerations/Permissions

   3.1. Authors should avoid the use of names, initials, and hospital numbers which might lead to **recognition of a patient**. A patient must be unrecognizable in photographs unless written consent from the subject has been obtained.

   3.2. The use of tables, figures, and/or illustrations form other publications should be accompanied by a statement of **permission for reproduction.** Depending on the holder of the copyrights, written proof from the author and/or publishers should be provided upon submission of the manuscript.

   3.3. A **cover letter** is required for any submission and must clearly mention that all listed authors significantly contributed and approved the content of the manuscript and that it has not been published or submitted for publication elsewhere, in print or electronically. The Editorial Board or the publisher will not be held legally responsible for any claims for compensation.

   3.4. The manuscript should acknowledge any **source of funding and potential conflicts of interest** in a separate paragraph at the end of the paper before the bibliography. Other acknowledgements such as contributions from non co-authors should be stated here as well. Potential conflicts of interest should also be stated upon submission of the paper on the submission website. Potential conflicts of interest include any financial relationship of the authors or their relatives with commercial entities.

4. Manuscript submission

   4.1. All manuscripts should be submitted online using the **submission website** of the AAB (www.edmgr.com/aab). Printed copies or manuscripts sent by email are no longer accepted. Manuscripts that are not in concordance with **the guidelines** will be returned to the authors until they comply with the submission requirements. In that case, the review process will be delayed.

5. Preparation of manuscripts

   5.1. The manuscript should be submitted to the dedicated website (www.edmgr.com/aab/). All manuscripts should be written in English (**United States orthography and grammar**), double-spaced typing with a wide margin, using a 12 points usual font. The title page should indicate the title of the paper, the last name(s), the initials of first names, degrees and full affiliation(s) of the author(s). A separate paragraph should contain the name, initial of first names, full address, and email address of the author to which correspondence should be directed. The title page should also contain a short running title (see below). Contributors should retain a copy in order to check proofs and in case of loss. The title page should be uploaded separately from the main text of the manuscript to allow blind review. The

main text of the manuscript should not contain any element allowing identification of the authors.

5.2. Cover letter: a **cover letter** is required for any submission and must clearly mention that all listed authors significantly contributed and approved the content of the manuscript and that it has not been published or submitted for publication elsewhere in print or electronically.

5.3. A research manuscript usually contains the following sections:

Title page (to be uploaded separately)
Abstract
Keywords (MeSH terms, https://meshb.nlm.nih.gov/search)
Introduction
Methods
Results
Discussion
Acknowledgements
List of references
Tables, headed by a legend
Illustrations
Legends of the illustrations

The structure of review papers, case reports and master theses may substantially differ from the above. However, the title page, summary, keywords, acknowledgements and list or references are mandatory.

5.3.1. Title page

There should be a separate title page, containing the title of the paper, the last name(s) and initials of first names, degrees and full affiliation(s) of the author(s) correctly identified using superscript symbols. This should be followed by a separate paragraph with name, initial of first names, full address, and email address of the author to which correspondence should be directed. The title page should be referred to as page 1 of the paper. A **short running title** with less than 50 characters (spaces included) should also be on this page. Any presentation of (all or part of) the submitted work elsewhere, or as communication at any kind of meeting should also be mentioned in the title page. Please upload the title page separately from the main text of the manuscript to make blind review possible.

Internal Review Board approval should be clearly mentioned as well as the obtainment of written informed consent in a separate paragraph on the title page and in the methods section. This should contain the name and address of the responsible ethics committee, the internal reference attributed by this ethics committee, the name of the Chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics

committee. Start and end date of inclusion of patients into the study should be mentioned, as well as proper registration into a public Clinical Trial repository and/or National Drug Agency in case of prospective interventional clinical study, with reference number, should be indicated at the same places. Please note that trial registration must be done prospectively.

5.3.2. Abstract

All submitted manuscripts should contain a **summary**, except for letters to the Editor. The summary will be printed at the beginning of the paper. It should be on a separate sheet, in the form of a single paragraph which gives a succinct account of the problem, the methods, results and conclusions in less than 300 words. It may be used by abstracting databases. The abstract should be **structured**, with the following subtitles: **background**, **objectives**, **design** (type of study) **and setting** (type of institution(s) where the study was performed), **methods**, **main outcome measures**, **results**, **conclusions**, and **trial registration**. The abstract of narrative review papers does not need to be structured.

5.3.3. Keywords

A list of 3 to 5 **keywords** should be added immediately after the summary. They should comply with the nomenclature of MeSH (https://meshb.nlm.nih.gov/search).

5.3.4. Introduction

The **introduction** should give a concise account of the background of the problem and the object of the investigation. Previous work should be quoted only if it has a direct bearing on the present problem.

5.3.5. Methods

The **methods** section must be described in sufficient detail to allow the experiments to be fully reproduced. Any modification of previously published methods should be described, including the reference. If the methods are commonly used, only a reference to the original source is sufficient.

When applicable, **statistical methods** should be clearly described in a separate paragraph. Types of tests used to perform comparisons should be clearly identified and appropriately linked to the concerned data. A priori power calculation, chosen alpha threshold and sample size calculation should be detailed. When applicable, the statistical method used for checking normality of distributions should be clearly indicated.

Internal Review Board approval should be clearly mentioned as well as the achievement of written informed consent in a separate paragraph on the title page and in the methods section. This should contain the name and

address of the responsible ethics committee, the internal reference attributed by this ethics committee, the name of the Chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics committee. Start and end date of inclusion of patients into the study should be mentioned, as well as proper registration into a public Clinical Trial repository and/or National Drug Agency in case of prospective interventional clinical study, with reference number, should be indicated at the same places. Please note that trial registration must be done prior to the start of the study.

5.3.6. Results

Description of experimental **results**, while concise, should permit repetition of the experiments by others and be as comprehensive as possible. Data should not be repeated unnecessarily in text, tables and figures. Significance should be given as values of probability. Results of statistical testing should be reported in detail, and not limited to the P value only. Used tests should be clearly identified. Details on statistical testing must not necessarily appear in the text, but may be provided in the tables or figures that illustrate the results. Attention should be paid to not reporting unnecessary decimals. In most of cases, values to two decimals are enough.
The desired positions of tables and figures may be indicated by written instructions enclosed within lines and brackets, for example:

(Table 3 near here)

5.3.7. Discussion

The **discussion** should not merely recapitulate the experimental results, but should present their interpretation against the background of existing knowledge and literature. It should include a statement of any assumptions on which conclusions are based. Those conclusions should be left at the end of the section. Any weakness(es) of the study should also be discussed here. The Discussion section is not the place to make statements about previously published data and background information, which should be placed in the introduction section. References to previously published work should only be made when they are of value to the discussion.

5.3.8. Acknowledgements and potential conflicts of interest

Acknowledgements should be brief, and should include the references to sources of support and/or sources of not commercially freely available drugs. Sources of funding should also be clearly mentioned here as well as individuals who contributed to the manuscript but are not co-authors.
Any **potential conflict of interest** of any author of the manuscript with regard to the content of it should be mentioned, including honoraria, grants, and commercial interest from and into any commercial entity.

5.3.9. References

A list of references should be placed at the end of the paper. The references should be ordered as follows:

Author's name, initials. Year of publication. Title of the paper. Title of Journal. Volume number in Arabic numerals: number of the first and last pages in Arabic numeral and separated by a hyphen.

The title of the journal should be abbreviated in accordance with the Cumulative Index Medicus. If the number of authors exceeds 7, the first 6 should be indicated. The last author of the series should be preceded by "and", and followed by ", et al.". If the number of authors is less than or equals 7, the last author should be preceded by "and".

Example: Hasegawa H., Okubo S., Ikezumi Y., Uchiyama K., Hirokawa T. and Hirano H., et al. 1978. Pulmonary compliance display. Acta Anaesth. Belg. 28: 171-181.

In the case of books, the reference should be as follows:

Name of authors with initials. Year of publication. Title of chapter. "In:" Title of book, number of edition. "p." page number. Town of origin. Name of publisher.

The same rules as those mentioned above for authors listing also apply here.

Example: Hasegawa H., Okubo S., Ikezumi Y., Uchiyama K., Hirokawa T., and Hirano H., et al. 1971. Physics of fluids. In: Physics applied to anesthesia, 2nd ed. p. 212-256. London. Butterworths.

The references should be numbered in the order of their appearance in the text. In the text, the numbers of the references should be placed in between brackets.

Unpublished observations should not be included in the final list of references. Authors are responsible for verifying that references to unpublished work are approved by the persons concerned. Unpublished accepted papers should be included in the list using "(in press)" instead of volume and page number.

It is essential that authors verify the content and details of references which they list, as this responsibility cannot be accepted by either Editors or Publishers. When references are not formatted according to the present guidelines, the paper will be returned to the authors for modification.

5.3.10. Drugs

When a **drug** is first mentioned it should be given the generic or official name followed in parentheses by the chemical formula only if the structure is not well known, and by the capitalized proprietary name.

5.3.11. Tables

All **tables** should be on separate sheets and be capable, with their captions, of interpretation without reference to the text. They should be numbered consecutively with Arabic numerals. Units in which results are expressed should be given in brackets at the top of each column, and not repeated on each line of the table. Each table should be accompanied by a concise legend.

5.3.12. Illustrations

To ensure quality, **pictures and graphs** should be submitted as high resolution image files. They should be clearly numbered in the order of their appearance in the text. Figures should not be inserted in the text, but appear on separate pages (one for each figure) at the end of the manuscript. A section assembling legends of those illustrations should be placed at the end of the manuscript.

5.4. General information

The submitted text has to be presented by the author in correct **scientific English** (United States orthography and grammar).

Authors should pay attention to not using unnecessary or unusual **abbreviations**. Each abbreviation should be defined when first appearing in the text [e.g. $ETCO_2$ (end-tidal carbon dioxide partial pressure)], and full spelling should be avoided thereafter. The use of abbreviations should remain consistent throughout the paper.

Units should be those of the International Metric System. When other types of units are used, conversion into the International Metric System should be provided. Composed units should use exponent notation, without any sign between the different units (e.g. mg Kg^{-1} h^{-1}).

5.5. Proofs

After acceptation of a paper for publication, pdf **proofs** of the manuscript are sent to the corresponding author within a few weeks. These proofs should be carefully read, and any requested corrections should be returned to the Editorial Office within 5 days of receipt.