Instructions for Authors

Journal of Acute Care Surgery (*J Acute Care Surg*) is the official journal of the Korean Society of Acute Care Surgery, published on the 30th April and October. Our mission has been to bring physicians the best research at the intersection of biomedical science and clinical practice in general surgery. We are interested in original research that will change clinical practice or teach us something new about the general surgery. We also publish reviews, cases, commentary, and other content of interest to the medical community. Manuscripts to the *Journal of Acute Care Surgery* should be written in English or Korean according to the instructions for authors. If the details are not described below, the style should follow the Recommendation available at International Committee of Medical Journal Editors (ICMJE) website (http://www.icmje.org).

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RESEARCH AND PUBLICATION ETHICS

For the policies on research and publication ethics, follow the policies established by the 'Good Publication Practice Guidelines for Medical Journals 2nd (http://kamje.or.kr/intro.php?body=publishing_ethics)' or the 'Ethical Guidelines on Good Publication (http://publicationethics.org/resources/guidelines)' or Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (http://www.icmje.org/recommendations/)', especially those on the disclosure of conflicts of interest, statement of informed consent, statement of human and animal rights, institutional review board, authorship, originality, duplicate publication, and clinical trials registry. Also, the Journal follows the COPE Flowcharts (http://publicationethics.org/resources/flow-charts) for resolving cases of suspected misconduct. Any attempt to duplicate publication or any plagiarism will lead to automatic rejection, may prejudice the acceptance of future submissions, and may be highlighted within the pages of the journal.

For the policies on the research and publication ethics not stated in this instruction, 'Ethical Policies' section of this journal can be applied.

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PUBLICATION TYPES

Topics include original articles, case reports, review articles, technical advances, interest images and letters to the editor.

1. Original Articles: These include basic or clinical studies that are scientifically sound and original. The content should be helpful for the diagnosis and treatment of emergency, trauma surgery or surgical critical care.

2. Case Reports: These are clinical cases that are rarely reported or make a significant contribution to diagnosis and treatment.

3. Review Articles: Review articles are usually invited. However, a review can be submitted if the content is well organized and well written.

4. Technical Advances: These articles deal with a new experimental or computational method, test or procedure that are helpful regarding procedure or technique related to emergency, trauma surgery or surgical critical care. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

5. Interest Images: Images are an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Interest Images not intended as a vehicle for case reports.

6. Letters to the Editor: These submissions include comments on published articles or opinions on hot issues in acute care surgery.

MANUSCRIPT SUBMISSION

All manuscripts are submitted on-line to the *Journal of Acute Care Surgery* via the homepage (http://www.jacs.or.kr/submission/Login.html). You must upload your manuscript files, copyright transfer form and checklist. The main document with manuscript text and tables should be prepared with an MS-Word program. Contact the Editorial Office if you are unable to submit through the on-line system.

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PAGE CHARGE

There is no page charge; however, reprints is charged to the corresponding author. If the authors do not agree with amount for page charge, the Editorial Office can cancel the acceptance of the manuscript.

REVIEW PROCESS

The decision on the acceptance of unsolicited manuscripts is based on the results of a peer review by at least two anonymous referees. To ensure unbiased review, reviewers receive manuscripts without the authors' names. When the editorial board requests revisions, authors should complete the revision within 4 weeks or else it will be considered as withdrawn by the author.

MANUSCRIPT PREPARATION

1. Original Articles

The manuscripts for original articles should be organized in the following order: title page, abstract, main text, conflict of interest, acknowledgement, references, tables, figure legends, and figures. Pages are numbered consecutively, beginning with the abstract as page 1.

A. Preferred file formats

Preferred file formats for the main text and tables are .hwp or .doc, .docx. The file format of figures should be ppt, jpg, gif, TIF or pdf. The manuscript should be double spaced on 21.0×29.7 cm (A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 12 pt.

B. Title page

Please state the title of the article, full name of each author, and authors' affiliations in English and Korean. Also include the name, postal address, telephone, fax, and e-mail of the corresponding author, and the place and date of any scientific meetings where the material may have been presented. The title should be succinct and accurate. If needed, subtitle within 10 words could be used.

C. Abstract

The word count should not exceed 250 words in English and a structured format (see below). Neither the authors' names nor their affiliations should appear on the Abstract page.

- **Purpose:** State why the study was done, the main aim.
- **Methods:** Describe patients, laboratory materials, and other methods used and the nature of the study (randomized clinical trial, retrospective review, experimental

study, etc.).

- **Results:** State the main findings, including important numerical values.
- **Conclusion:** State the main conclusion, highlighting controversial or unexpected observations.
- **Keywords:** These should be listed at the bottom of the abstract to be used as index terms, less than 5 words. Medical Subject Heading (MeSH; http://www.nlm.nih.gov/mesh) terms are highly recommended for selection of keywords.

D. Main text

The main text of the manuscripts should have pages for the Introduction, Methods, Results, and Discussion sections. Conflicts of interest and Acknowledgments paragraphs may be included following discussion.

- **Introduction:** Briefly describe the purpose(s) of the investigation, including relevant background information.
- **Methods:** Describe the research plan, materials or subjects, and methods used. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as precisely as possible. When quoting specific materials, equipment, or proprietary drugs, the name and address of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names.
- **Results:** Results should be presented in logical sequence in the text, tables, and illustrations and repetitive presentation of the same data in different forms should be avoided. Any data mentioned in the Methods must be presented in the Results section.
- **Discussion:** Results should be interpreted for readers. Emphasize new and important observations. Do not merely repeat the contents of the Results. Explain the meaning of the observations with its limitations. The answer to the purpose of the research should be connected to the results.
- **Conflicts of Interest:** Any conflicts of interest should be disclosed.

E. Acknowledgments

Include the names of those who contributed substantially to the work described in the manuscript, but who have not fulfilled the requirement for authorship. Also sources of mention funding for research or publication.

F. References

The journal reference follows the description below. Otherwise, it follows Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine). The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI Databases (http://www.ncbi.nlm.nih.gov/journals). The reference number should be cited in the main text in square brackets, e.g., [1]. All authors' names are listed when there are six or fewer authors. When there are more than six authors, only the first six authors' names are given, followed by 'et al.' Limit the number of references to 30 for original articles.

- **Journal article**

1. Kim YH, Cho HR, Ko BK, Nah YW, Nam CW, Park SJ, et al. Prevalence of infection and appropriate antibiotic treatment in brain-dead organ donors. J Acute Care Surg 2015;5:15-8.
2. Nilsson H, Stranne J, Stattin P, Nordin P. Incidence of groin hernia repair after radical prostatectomy: a population-based nationwide study. Ann Surg 2013 Jun 6 [Epub]. http://dx.doi.org/10.1097/SLA.0b013e3182975c88.

- **Book**

3. Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Philadelphia: Elsevier Saunders; 2012.

- **Chapter in a book**

4. Neumayer L, Vargo D. Principles of preoperative and operative surgery. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Philadelphia: Elsevier Saunders; 2012. p.211-39.

- **Dissertation**

5. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul (KR): Seoul National University; 2009.

- **Conference paper**

6. Rice AS, Brooks JW. Canabinoids and pain. In: Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-46.

- **Online sources**

7. American Cancer Society. Cancer reference information [Internet]. Atlanta (GA): American Cancer Society; c2009 [cited 2011 Mar 10]. Available from: http://www.cancer.org/docroot/CRI/CRI_0.asp.

G. Tables

Tables are to be numbered in the order in which they are cited in the text. A table title should concisely des-

cribe the content of the table so that the reader can understand the table without referring to the text. Each table must be simple and typed on a separate page with its heading above it. Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All nonstandard abbreviations are explained in the footnotes. Footnotes should be indicated by [a], [b], [c] as superscripts. Statistical measures, such as the standard deviation (SD) or standard error of the mean (SEM), should be identified. Vertical and horizontal rules between entries should be omitted.

H. Figures

Figures contain graphs, line drawings, photographs or video files etc. Each figure should be supplied as a single file. For figures with multiple panels, use a uppercase letter after the numeral to indicate the order of the panels, e.g., Fig. 1A, Fig. 1B. Illustrations in color are encouraged and will be printed charge free. Label each illustration with the figure number. Indicate the scale of size for photomicrographs. Include brief, but comprehensive, footnotes. The contrast of figure files should be at least 300 dpi (dots per inch) or 3 million pixels. Refer to the Guidelines for Digital Art (http://art.cadmus.com/da/guidelines.jsp). Written permission should be obtained for the use of all published illustrations and copies of permission letters should be included.

2. Case Reports

These should be organized in the following order: title page, unstructured abstract less than 150 words in English, main text, references, tables, figure legends, and figures. The main text consists of the introduction, case report, discussion, conflicts of interest, and acknowledgments. Limit the number of references to 10. Otherwise, it follows the style and format of original articles.

3. Review Articles

These are organized as follows: title page, unstructured abstract less than 300 words, main text, references, tables, figure legends, and figures. The main text consists of the introduction, main body, conclusion, conflict of interest, and acknowledgments. The number of references should be limited to 80. Otherwise, it keeps the style and format of original articles.

4. Technical Advance

It should be organized as follows: title page, unstructured abstract, main text, references, tables, figure legends, and figures. The main text consists of the introduction, main body, conclusion, conflict of interest, and acknowledgments. The number of references should be limited to 10. Otherwise, it follows the style and format of case reports. When dealing with surgical techniques, the procedure should be described as detailed as possible and figures added to ease understanding so that the readers may duplicate the techniques described.

5. Interest Images

It should be organized as follows: Please include a title for your submission. The legend should contain no more than 150 words. The legend to the image should succinctly present relevant clinical information, including a short description of the patient's history, relevant physical and laboratory findings, clinical course, response to treatment (if any), and condition at last follow-up. All labeled structures in the image should be described and explained in the legend. If a photograph of an identifiable patient is used, the patient should complete and sign our Release Form for Photographs of Identifiable Patients. Any information that might identify the patient or hospital, including the date, should be removed from the image.

6. Letters to the Editor

It is organized as follows: title page, main text, and references. The word count should not exceed 1,000.

GENERAL TEXT STYLE

1. **Verb Tense:** Authors should use the past tense to describe past events and data. Use the present tense for authors' opinion and generally accepted facts.
2. **Description of Localities:** The names and locations (city, [state], nation) of manufacturers of equipment and non-generic drugs should be given. For Korean localities, refer to the Guidelines for the Romanization of Korean localities available at http://www.korean.go.kr/front/roman/romanList.do?mn_id=98.
3. **Units:** SI units should be used for measurements. The unit of temperature is degrees Celsius ($^\circ$C).
4. **Abbreviations:** Any abbreviation must be used consistently and must be defined at the first use. Commonly used abbreviations would be described in article without explanation. Refer to 'Abbreviation. Acnonym and Unit'.
5. **Numbers:** In the text, numbers equal to or less than nine should be written as text. Numbers larger than nine should be Arabic numerals, except when beginning a

sentence.

6. **Terminology:** Korean terminology should follow the most recent edition of Korean Medical Terminology by the Korean Medical Association.

SIMILARITY CHECK

Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about Similarity Check, visit http://www.crossref.org/crosscheck.html. All manuscripts submitted to *Journal of Acute Care Surgery* may be screened, using the iThenticate tool, for textual similarity to other previously published works.