

Instructions to the Authors

[About the Journal](#) | [Scope of the journal](#) | [The Editorial Process](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Conflicts of Int...](#) | [S of Man...](#) | [Copies of any per...](#) | [Types of Manuscripts](#) | [References](#) | [Tables](#) | [Illustrations \(Figures\)](#) | [Protection of Patients'...](#) | [proofs](#) | [Manuscript submission,...](#) | [Copyrights](#) | [Checklist](#) | [Contributors' Form](#) | [Download Instructoins](#)

✓ About the Journal

African Journal of Paediatric Surgery (ISSN - 0189-6725) is the premier periodical on Paediatric Surgery in Africa. Its international readership is Editorial Board and worldwide reviewers. AJPS is indexed PubMed/MEDLINE, African Journal Online and the African Index Medicus (AIM). The <http://www.afjrpaedsurg.org>.

The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OA repository.

✓ Scope of the journal

The Journal publishes peer-reviewed original research papers, case reports, systematic reviews, meta-analysis, and debates, covering technical to paediatric surgery well being including ethical and social issues. The journal gives preference to clinically oriented studies over experimental a

✓ The Editorial Process

All submitted manuscripts received are duly acknowledged. During submission, the contributor is requested to provide names of two or three qu the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contribu reviewers is at the sole discretion of the editor.

Internal Editorial Review Process: On submission, editors review all manuscripts initially for suitability for formal review. Manuscripts with insu technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of inte be rejected at this stage itself.

External Editorial Review Process: Manuscripts that are found suitable for publication in AJPS are sent to two or more expert reviewers. The j process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) rece corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised ver repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format.

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The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

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Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript only on substantial contributions to each of the three components mentioned below:

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2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

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Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, editing and manuscript review.

Authors' contributions will be printed along with the article. One or more author should take responsibility for the integrity of the work as a whole should be designated as 'guarantor'.

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All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned.

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The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, table + discussion in case of an original article

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If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read should be so indicated.

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Editors (October 2006). The uniform requirements and specific requirement of AJPS are summarized below. Before submitting a manuscript, consult the latest instructions available.

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Original articles:

Original articles are preferred and are accepted for publication on the condition that they are contributed solely to AJPS. These include randomized controlled studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Manuscripts should be 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Materials and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

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Study design: Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals) including eligibility and exclusion criteria and a description of the source population.

Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow the results to be reproduced. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drug names, dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative Type of Study Source

CONSORT Randomized controlled trials <http://www.consort-statement.org>

STARD Studies of diagnostic accuracy <http://www.consortstatement.org/stardstatement.htm>

QUOROM Systematic reviews and meta-analyses <http://www.consortstatement.org/Initiatives/MOOSE/moose.pdf>

[statement.org/Initiatives/MOOSE/moose.pdf](http://www.consortstatement.org/Initiatives/MOOSE/moose.pdf)

STROBE Observational studies in epidemiology <http://www.strobe-statement.org>

MOOSE Meta-analyses of observational studies in epidemiology <http://www.consortstatement.org/Initiatives/MOOSE/moose.pdf>

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals) and losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used and the uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 confidence intervals. For variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat results in illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix but do not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute values calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the text. Use figures as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by sex, race, and age should be included.

Discussion: Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis), interpretation (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence; what not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible limitations of this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements about the future unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review articles (including for Ethics forum, Education forum, E-Medicine, etc.):

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. The contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 4000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should include an Abstract (150 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submit a manuscript describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advance article and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports: Case reports are accepted, provided that they are new, interesting and rare and do not exceed 2 full pages in the journal (approximately 2 pages), including title, authors, unstructured abstract, illustrations, and maximum of 10 references. They should be unique, describing a great discovery or providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be 1000 words (excluding references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Table.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports should be 1000 words (excluding references and abstract) and could be supported with up to 10 references.

Images: The purpose of these sections is to provide vivid images of clinically significant material. The manuscript could include a short history, pathophysiology, diagnosis, and a short discussion of a classic and/or rare case. The manuscript may be authored by not more than four authors and should not be more than 1000 words (excluding references) and should have up to six references.

Letter to the Editor: These should be short and decisive observations. They should preferably be related to articles previously published in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could have up to four authors.

Announcements: Announcements of conferences, meetings, courses, and other items likely to be of interest to the readers should be submitted to the journal from whom additional information can be obtained.

Other: Editorial, Guest Editorial, Commentary, Expert's Comments and Symposia articles are solicited by the editorial board.

✓ References

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references by numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in the text by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by journals. Abbreviations should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using "in preparation" for manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Do not cite a source unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be given.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Download a PowerPoint presentation on common reference styles and using the reference checking facility on the manuscript submission site.

Articles in Journals

- a. Standard journal article (for up to six authors): Ameh EA, Dauda MM, Nmadu PT. Paediatric surgical research and publications in a developing country. *Ann Surg* 2008;5:3- 7.
- b. Standard journal article (for more than six authors): List the first six contributors followed by et al. Agrawal A, Agrawal CS, Kumar A, Lewinsohn P. Epidemiology and management of paediatric head injury in eastern Nepal. *Afr J Paediatr Surg* 2008;5:15-8.
- c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 2008;116:1033-7.
- d. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1):1-10.

Books and Other Monographs

- a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1995.
- c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis and management. New York: Raven Press; 1995. pp. 465-78.

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Jun 10]; 102(6):30-3. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jun 10]. Available from: <http://www.nap.edu/books/0309074029/html/> .

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jun 10]. Available from: <http://www.cancer-pain.org/>

<http://www.cancer-pain.org/> .

Part of a homepage/Web site

British Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

✓ Tables

- Tables should be self-explanatory and should not duplicate textual material. Tables with more than 10 columns and 25 rows are not accepted.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
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- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited.

✓ Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading. Figures should be numbered consecutively as they appear in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type.
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The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. The "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include a point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the manuscript.

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Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

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- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
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