

General instructions to authors

Authorship

Authorship credit should be based only on substantial (a) conception and design, or analysis and interpretation of data; (b) drafting the article or revising it critically for important intellectual content; and (c) final approval of the version to be published. Conditions (a), (b), and (c) must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is also not sufficient for authorship. The first named author is responsible for ensuring that all authors have seen, approved and are fully conversant with its contents. The Journal accepts the criteria for authorship proposed in the *JAMA* (Uniform requirements for manuscripts submitted to biomedical journals, International Committee of Medical Journal Editors 1994; 277 (11): 927) and the COPE guidelines on good publication practice (www.publicationethics.org.uk). Results of multicentre studies have to be reported under the name of the organizing study group. Methods of recognizing contributors have been proposed (Lancet 1995; 345: 668). The editors are of the view that those with a peripheral association with the work should simply be acknowledged (BJS 2000; 87: 1284-6).

General rules of manuscript evaluation process

All manuscripts are subject to editorial review. *Lithuanian Surgery* publishes reviews, original articles, and leading articles all of which are submitted to peer-review. Selection of all scientific articles for publication in *Lithuanian Surgery* is based on the opinion of reviewers (two for each paper) having a Ph. D. or Dr. Habil. degree. The standardized referee report form is essential. Other comments of reviewers will not be transmitted directly to the author(s), but may be used to aid revision of the manuscript. Names of reviewers will not be disclosed to the authors. Names of the authors will not be disclosed to the reviewers. Invited comments (i.e. opinion of professional) of the paper is a specific point of the editorial policy. The selection of the commentator depends on the opinion of the editor-in-chief and the executive editor.

Requirements

The manuscript should be clearly typewritten, in Lithuanian and English, on one side of the paper only, with double spacing throughout and with margins of at least 2.5 cm. Begin each of the following sections on separate pages: title

page, abstract and key words, text, acknowledgements, references, individual tables, and figure legends. Number the pages consecutively, beginning with the title page. The text should be divided into introduction, methods (patients and methods), results, discussion, and conclusions. Authors are responsible for the accuracy of their report, including all statistical calculations and drug doses. When quoting specific materials, equipment and proprietary drugs, you must state in parentheses the brief name and address of the manufacturer. Generic names should normally be used. Manuscripts have to be submitted in fully corrected form. The original manuscript, together with the disk, should be submitted with two additional copies, on the express condition that it has not been published, simultaneously submitted, or already accepted for publication elsewhere. The manuscript should match the file on disk exactly. Acceptance of an article for publication in the Journal implies transfer of exclusive copyright for the article to the publisher. Accepted papers become the permanent property of *Lithuanian Surgery*. They may not be reproduced, stored in a retrieval system or transmitted, in any form or by any means without permission of the publisher. When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the committee on human experimentation of the institution in which they were done (authors are required to submit a signed statement as to the data and details of the appropriate review) and in accordance with the Declaration of Helsinki. Randomized clinical trials should be clearly identified as such in the title and the abstract. Written consent must be obtained from the patient, legal guardian or executor for publication of any details or photographs that might identify an individual. Submit evidence of such consent with the manuscript. When appropriate, include a statement verifying that the care of laboratory animals followed accepted standards.

Editors of the *Lithuanian Surgery* reserve the right to reject a paper on the grounds that appropriate ethical or experimental standards have not been reached.

Sections of the journal

Editorial, review articles, original papers, case reports, historical reviews, clinical practice, how I do it, recommendations, clinical images, lectures, book reviews, letters to editor, chronicle, announcements. Original research paper is the one that presents results of an empiric investigation (clinical or laboratory), which is divided into the following sections: background, material and methods, results, discussion, conclusions, references.

Arrangement of article

Editorial style: Arabic numerals should be used for weight, measures, percentages and degree of temperature. For quantitative data, the International System of Units (SI) should be used (except for blood pressure which could be expressed in mm Hg): kg, g, mg, mol, mmol, m, cm, etc. Instead of the abbreviation “percent”, use the sign %. Give generic names of all pharmaceutical preparations, but trade names and manufacturer’s name and address should be indicated in brackets the first time a drug is mentioned in the main text.

1. Title page. The title page should contain the title of the article, which should be concise but informative (subtitles may be used if necessary, but must be short), the authors’ names, and departmental as well as institutional affiliations of each author and their full addresses. Please also supply phone and fax numbers, as well as e-mail address. Below type a list of 3–10 key words. It is essential. Key words should not repeat the title of the manuscript. Most desirable is to use key words from the MeSH catalogue (<http://www.nlm.nih.gov>).
2. An abstract not exceeding 250 words (at least 600 signs) should be presented on the second page. The abstract must be structured, using the following sections: Background/objective, Methods, Results, and Conclusions. Only standard abbreviations should be used. Above the abstract type the article title, key words, and a single or several short sentences (limited to a maximum of 25 words) delineating the essential point(s) of the manuscript. Non-structural summaries counting less than 200 words lower the score. While writing an abstract please follow Hayness RB (1990).
3. Page 3 of the manuscript should carry the beginning of the full text. It should be organized as follows:

Introduction. What is the major problem that prompted the study? What is the aim (objective, goal, endpoints) of the study? The hypothesis that is being tested has to be reflected in this section.

Patients and methods. First of all, the design of the study should be indicated. This section should include the setting for the study, the subjects (number and type), the treatment or intervention, the type of statistical analysis. Briefly, how was the study done?

Results. They include the findings of the study. The statistical significance, if appropriate, should be pointed out. This section should be most informative.

Discussion. Do this section most interesting.

Conclusions. They emphasize the significance of the results and should correspond with the aims.

Acknowledgments. Acknowledge persons who have made intellectual contributions to the study but whose contributions do not justify authorship. Such persons must give their permission to be named. Acknowledge all sources of financial support.

Clinical images. Images must be original, unique, high-quality black-and-white photographs. Do not mention the patient’s name. The description which, in fact, should be a very concise case history, must be short and not exceed 300 words. This text must explain the peculiarities and uniqueness of clinical images as well as the patient’s history, objective data, clinical course and response to treatment (if any).

References. Identify references in the text, tables, and legends by Arabic numerals in square brackets. The list of references should include only the publications that are cited in the text. The list of references should be typed, double-spaced, on a separate sheet(s). The references should be numbered consecutively in the order in which they are first mentioned in the text. Do not alphabetise. Cite all authors. The abbreviation “et al” is not sufficient. The reference list should follow the “Vancouver style” set (Uniform requirements for manuscripts submitted to biomedical journals, JAMA 1997; 277: 927–934; N Engl J Med 1997; 336: 309–315).

Examples:

Papers published in periodicals:

Yasui K, Hirai T, Kato T, Torii A, Uesaka K, Morimoto T, Kodera Y, Yamamura Y, Kito T, Hamajima N. A new macroscopic classification predicts prognosis for patient with liver metastases from colorectal cancer. *Ann Surg* 1997; 226: 582–586.

In addition, when papers published in electronic format are cited, indicate the exact electronic address.

Also, when papers published only with DOI (*Digital Object Identifier*) numbers are cited, indicate the exact number (www.doi.org):

1. Fusai G, Davidson BR. Strategies to increase the resectability of liver metastases from colorectal cancer. *Dig Surg* DOI: 10.1159/000073535.

Monographs:

Stark KD. *Childhood Depression: School based Intervention*. New York: The Guilford Press, 1990.

Edited books:

Bouchier IA, Morris JS, editors. *Clinical Skills*. 6th ed. London: W. B. Saunders Company LTD, 1992.

Mendelson EB, Tobin CE. The breast. In: Goldberg BB, Pettersson H, editors. *Ultrasonography*. Lund: Lund University, 1995, p. 377–399.

Tables and figures. Tables and figures should be numbered in Arabic numerals (Table 1, Figure 1, etc.). They should be prepared on separate sheets. Tables require a short descriptive heading. Give each column a short or abbreviated heading. Only standard, universally understood abbreviations should be used. Place explanatory matter in footnotes to the table, not in the heading. On the back of each figure, indicate its number,

the author's name, and "top" with a soft pencil. Colour figures are reproduced at the author's expense.

Review articles, case reports, historical reviews, descriptions of clinical practice (how I do it, guidelines), book reviews. Follow classical rules with accordance to style and specific instructions of the journal. The objective as well as conclusions should be emphasized in a review article. Case reports should be structured as follows: introduction, case report, discussion. The uniqueness of the case should be clarified in discussion. Include conclusion. Describing modern operative techniques (section "How I do it") please be short and precise. A manuscript of this type should contain figures to explain details of the operation. Guidelines (recommendations) for the management of the disease should be clearly designed.

Submission

Only original papers in Lithuanian and English are considered and should be sent to:

Editorial Office of "Lithuanian Surgery",
Institute of Oncology Vilnius University,
Santariškių str. 1 / Baublio str. 3b,
LT-08660 Vilnius, Lithuania
e-mail: Aloyza.luksiene@vuo.lt, tel. +370 219 09 24

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For detailed information on how to submit figure data on disk, please consult info@leidykla.vu.lt

Disks will not be returned to authors. Rejected manuscripts and illustrations will not normally be returned.

Homepage address of the journal: <http://www.chirurgija.lt>

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The responsible author

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