



East and Central African Journal of Surgery

The College of Surgeons of East, Central and Southern Africa (COSECSA) • ECSA-HC • P.O. Box 1009 • Arusha, Tanzania
ecajs@cosecsa.org

Author Guidelines

INTRODUCTION

The *East and Central African Journal of Surgery (ECAJS)* will consider new manuscripts on clinical research, surgical technique, surgical practice, trauma, critical care, as well as clinical reviews, systematic reviews, meta-analyses, editorials, perspectives, and letters of interest to readers in Africa and globally. All submissions are subject to peer review unless otherwise stated in these guidelines or by the editors of the *ECAJS*.

AUTHORSHIP – All submissions must be accompanied by 1 or more [ECAJS Author Statement Forms](#) (signed by all authors) and a cover letter (signed by the corresponding author). The cover letter must include the following:

- Corresponding author(s) contact information
- Statement that the manuscript is original, has not been published, and is not under consideration for publication elsewhere—abstracts, poster presentations, and submissions to preprint servers are not regarded as duplicate publications, but please mention such instances of previous dissemination of the manuscript's findings or data in the cover letter
- Declaration or denial of any potential conflict(s) of interest
 - If no potential conflicts of interest exist, please state, “All authors declare no conflicts of interest.”
 - In addition to this, all authors must complete an [ICMJE Form for Disclosure of Potential Conflicts of Interest](#), and each completed form must accompany the submission.
- Statement that all listed authors fulfil authorship criteria
 - Individuals must fulfil all [ICMJE criteria](#) to qualify for authorship.
 - Individuals who have made contributions (such as acquisition of funding, collection of data, or general supervision of the research group) that do not measure up to the authorship criteria should be credited in the acknowledgements.
- Statement that the manuscript has been read and approved by all authors
- The names and contact information of at least 3 individuals who potentially could serve as unbiased and expert reviewers



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- The journal does not guarantee that any author-suggested reviewers will be selected and invited to review manuscripts for which they have been recommended.

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ARTICLE SHARING AND REPOSITORIES – Authors of manuscripts submitted to the *ECAJS* are permitted to share or post prepublication versions of their manuscripts, related data, conference abstract or poster material, and other related formats using institutional repositories, preprint servers, personal or institutional websites, and other outlets of their choice. Such sharing can proceed before and during the submission, peer review, and publication processes and can involve any prepublication manuscript version. Upon manuscript acceptance and publication, authors are encouraged to update their previously posted work with the most recent versions up to and including the final version of record available from the *ECAJS* website; we also encourage authors to link from any preprints to the formal version of record using its digital object identifier.

SCIENTIFIC MISCONDUCT – All authors and coauthors are responsible for ensuring the originality of their submitted manuscripts and must ensure that their submitted manuscripts (or substantial proportions of their submitted manuscripts) have not been previously published and are not under consideration by any other journal, publisher, or publication entity. Authors should declare the existence of any potentially overlapping publications (e.g., preprints) in their cover letters. The *ECAJS*, guided by the recommendations published by the [International Committee of Medical Journal Editors \(ICMJE\)](#) regarding [scientific misconduct](#) and [overlapping publications](#), handles cases of apparent misconduct on a case-by-case basis. We run every new submission through [Turnitin](#) plagiarism detection software. If we perceive the possibility of plagiarism, duplicate submission, data falsification, or any other forms of research or publication misconduct in a submitted manuscript or published article, we will inform the corresponding author(s) of our concerns with a request for an explanation.

Depending on the author's response, our course of action will be guided by the [flowcharts devised by the Committee on Publication Ethics \(COPE\)](#) and can include informing authorities at the authors' institutions and funding bodies, retracting published articles, and banning authors from future submissions to the *ECAJS*, particularly in cases of severe misconduct or repeat offences.

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Guidelines for manuscript preparation and submission as well as guidelines for images, graphs, and tables are found in the sections that follow.

MANUSCRIPT SUBMISSION PROCEDURE

As of January 2019, all manuscripts must be submitted electronically to the *ECAJS* website, where authors will be required to set up an online account. Questions about manuscript submission or general enquiries can be sent to asst_editor@cosecsa.org.

PEER REVIEW PROCESS – Manuscripts submitted for consideration by the *ECAJS* are subject to a double-blind review peer review process (mandatory for submissions of original research, case reports, case series, brief reports, and review articles). After an initial screening stage involving evaluations by members of our editorial team, manuscripts approved to proceed to the peer review stage must undergo at least 2 independent reviews, followed by at least 1 recommendation from an editorial board member or associate editor, and a decision confirmed or delegated by the editor-in-chief. We may require multiple rounds of review and author revisions before making a final decision to decline a submission or accept it for publication. Throughout the process, authors and reviewers will remain anonymous to each other until the authors' identities are revealed at the time of publication of an accepted manuscript. A reviewer's identity will not be disclosed without his or her written consent.

- **Time from submission to first decision** – The time from submission to our first decision varies and depends on how quickly we are able to secure 2 independent reviews. Generally, we are able to communicate a first decision within 3 to 4 months of submission. Submitting authors can periodically check the status of their submissions by logging into their dashboard at <https://journal.cosecsa.org/>. We may not reply to status update enquiries for submissions that we have received within 90 days of the enquiry.

NOTES:

- If you make an error or notice an omission in your online submission, please **DO NOT** start a new submission for the same manuscript. If you realize an error (or that

you omitted a file) after the submission has been confirmed, please send a notification to asst_editor@cosecsa.org.

- If your submission is incomplete (e.g., you have omitted required component(s) from the *ECAJS* [Submission Preparation Checklist](#)), we will not proceed with peer review. After our initial submission screening process, you may receive a notification to complete your submission within 7 days, after which the submission will be rejected if all submission requirements still have not been met. If your manuscript is rejected because you have not submitted all required components, we may allow resubmission of the manuscript after you are able to fulfil all of the submission requirements.

Step 1

Compile your manuscript files, paying particular attention to the requirements stipulated in these guidelines and the [Submission Preparation Checklist](#). After the (1) cover letter (which should be submitted separately as the first file), the submission documents should include the following components, with each beginning on a separate page: (2) title page; (3) abstract and keywords; (4) main text (without author list, tables, figures, acknowledgements); (5) acknowledgements (if any); (6) references (Vancouver style); (7) tables (all tables, including table numbers/titles + legends/captions, in 1 file); (8) list of table numbers/titles + legends/captions (1 file); (9) figures (each submitted as a separate file with number/title + legend/caption and not embedded in the manuscript); (10) list of figure numbers/titles, legends/captions (1 file); (11) Supplementary files (if any).

Step 2

Create an account or log into your pre-existing account at the *ECAJS* website.

Step 3

Click the “Make a Submission” button on any page of the *ECAJS* site or click the “New Submission” button within your *ECAJS* Author Dashboard.

Step 4

Complete all necessary fields and follow prompts within the “Submit an Article” dialogues.

PEER-REVIEWED MANUSCRIPTS

The *ECAJS* considers and publishes 7 types of peer-reviewed articles:

1. SCIENTIFIC MANUSCRIPTS (ORIGINAL RESEARCH)

1. Original Prospective Studies: These are reports on new investigations or observations, with appropriate experimental designs and statistical analyses, particularly related to the practice of surgery and especially relevant to surgical practice, policy, and discourse in East, Central, and Southern Africa.
2. Original Retrospective Studies: These types of manuscripts provide a critical review of case records, with statistical analyses where appropriate, that will contribute substantial new information to the surgical and public health literature.

Guidelines for Scientific Manuscripts

Components:

1. Cover letter (see instructions above)
2. Title Page

The title page should include:

- (1) the full title;
- (2) short running title of up to 55 characters (including spaces);
- (3) the full name of each author with academic degrees, institutional affiliations, and email addresses;
 - sample institutional listing: Department of Surgery, Kamuzu University of Health Sciences, Blantyre, Malawi (list each individual component of the institutional affiliation in ascending order of scope/size); if divisions or units (e.g., “Division of Neurosurgery” or “Neurosurgery Unit”) are applicable, you may list these first.
- (4) indication of the corresponding author, with his or her full mailing address and phone number (including area and country codes);
- (5) word counts for abstract and main text.

3. Structured Abstract

Must not exceed 300 words and include the following headings:

- **Background** – State the reasons or rationale for conducting the study, as well as its main aims.
- **Methods** – State the study design, setting, patient selection, and laboratory and statistical methods, if applicable.
- **Results** – State the factual findings and estimates, with statistical significance or confidence intervals. Negative findings should include a power calculation.
- **Conclusions** – Conclusions should reflect the study’s objectives and be supported by the findings.

4. Keywords: Include 3 to 10 keywords (applies to all manuscript types)

5. Manuscript Body

Main text should not exceed 3000 words

Should be blinded (no author names) and have the following headings:

- **Introduction** – A limited review of the relevant literature leading to the research question, which should present a clear statement of purpose and rationale for the study; does not review the subject extensively and does not include data or conclusions from the work being reported
- **Methods** – This section should:
 - Describe the study population, setting, materials, and procedures used so that the research could be repeated;
 - Identify equipment and pharmaceuticals with the manufacturer name, city, province/state, and country;
 - Identify precisely all drugs and chemicals used, including generic names, doses, and routes of administration;
 - Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results (i.e., the study design and methods, diagnostic criteria, the population or patient samples, laboratory or statistical methods, and—if there are animal or human subjects—ethical clearance)
 - Present findings with appropriate indicators of measurement error or uncertainty (such as confidence intervals);
 - Include subheadings from the following options, as appropriate:
 - Study design
 - Study design and setting
 - Study site
 - Study population or participants
 - Inclusion and exclusion criteria
 - Definitions and measures
 - Sample size
 - Sampling technique
 - Data collection
 - Data collection tool
 - Sample collection
 - Sample processing
 - Laboratory methods
 - Data quality assurance
 - Data analysis
 - Statistical analysis
 - Ethical considerations: mention ethical approval and participant informed consent or waiver details whenever applicable

- **Results:** Section presents findings in a logical sequence with tables and figures, as necessary; subheadings will depend on what is reported
 - **Discussion:** Section discusses study findings as an overview (do not simply repeat specific results already mentioned), synthesis and differences with the literature reviewed, level of evidence and future clinical or scientific implications, and *Limitations* (under a separate subheading)
 - **Conclusions:** Conclusions based on study findings; a *Recommendations* subheading may be included at the end of this section, if applicable
 - **Acknowledgements**
 - **References:** The references are to be presented in the Vancouver style ([International Committee of Medical Journal Editors](#)) and should include digital object identifiers (DOIs), where applicable. Please refer to our [Reference Format Guide](#). References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in brackets (square or round) or superscript (preferred). The accuracy of references is the responsibility of the authors. References to abstracts and unpublished communications are discouraged.
 - **Images, Graphs, Figures, and Tables, etc.** (if any)—guidelines found below.
- **Observational studies** (cohort, case-control, or cross-sectional designs) must be reported according to the [STROBE statement](#).
 - **Clinical trials** (whether phase 1, 2, 3, or 4) must be registered in a primary register that participates in the World Health Organization's (WHO's) [International Clinical Trial Registry Platform](#) or in [ClinicalTrials.gov](#), as per ICMJE recommendations (see [N Engl J Med 2004;351:1250-1](#)). Also encouraged is full public disclosure of the minimum 20-item trial dataset at the time of registration and before recruitment of the first participant (see [Lancet 2006;367:1631-35](#)).
 - Reports of clinical trials must conform to [CONSORT 2010 guidelines](#).

2. CASE REPORTS

One or more cases (up to 4; if ≥ 5 cases are described in a single manuscript, follow guidelines for *Brief Report* below) that concern a new or rare condition, or a unique combination of features, that either will contribute substantial new information to the surgical literature or will advance a testable hypothesis. Before including more than 1 case in a single report, authors are encouraged to strongly consider if the same take-home message(s) can be just as well (or even better) conveyed using only 1 of the cases.

Guidelines for Case Reports

- Cover letter must be included (see instructions above); [consent form](#) must accompany submission if patient-identifying information is included in the report

- Main text should not exceed 1500 words
- Structure and content should adhere to the [CARE guidelines](#)
- Sections (or subsections if more than 1 case is included in a single report):
 - **Abstract:** Should be unstructured and no more than 150 words
 - **Background:** Should be brief; why is this case important? Why is it worth publishing?
 - **Case presentation(s):** Include presenting complaints or features, as well as medical, social, and family history, as appropriate; multiple cases (up to 4) of the same disease, disorder, or syndrome are permitted
 - **Investigations:** If applicable; if multiple cases described in a single report, tabulated investigation data may be useful
 - **Differential diagnosis:** If applicable; intraoperative images may be included to aid the differential diagnosis discussion; the working diagnosis at the time of management initiation should be mentioned near the end of this section
 - **Management:** Provide treatment options and detail the course of management decided and undertaken by the management team (and reasons for choosing the procedures or alternative nonsurgical treatment options provided to the patient[s])
 - **Outcome(s) and follow-up**
 - **Discussion:** The final diagnosis should be clearly identified at the beginning of this section, followed by a brief review of the literature and similar published cases
 - **Conclusions:** Learning points or take-home messages
 - **Acknowledgements**
 - **References**

3. BRIEF REPORTS

These are expected to focus mainly on clinical notes and other short subjects, including brief reports of small original studies, clinical audits, and case series involving 5 or more patients.

Guidelines for *Brief Reports*

- Cover letter must be included (see instructions above); [consent form](#) must accompany submission if patient-identifying information is included in the report
- Include an unstructured abstract, not exceeding 100 words, that briefly states the purpose, methods, results, and principal conclusion(s) of the reported work or study
- Limit the main text to 1500 words

- Headings and subheadings are not required; however, depending on what is being reported, use the guidelines for *Original Research* and *Case Reports*, above, to guide headings and subheadings
- Include acknowledgements and no more than 20 references
- There should be no more than 3 figures or tables

4. REVIEW ARTICLES

These are usually commissioned, but unsolicited reviews are welcome upon prior consultation with the *ECAJS* editors (ecaajs@cosecsa.org). A review article should be comprehensive and critical or analytical, or tutorial, in nature, to provide practitioners with reliable facts and conclusions without their having to search the literature for themselves. Otherwise, reviews should inform researchers where a field stands and in which directions research should go. Unpublished data should not be included in a review paper. A review article that simply documents the published literature is of limited value. Submissions of systematic reviews, meta-analyses, or narrative reviews may be considered.

Guidelines for *Review Articles*

- Cover letter should be included (see instructions above)
- Main text should not exceed 3000 words
- Abstract, section heading, figure/table, and reference guidelines are the same as those listed under *Original Research* (above), as applicable
- **Systematic Reviews and Meta-analyses** must be reported according to [PRISMA guidelines](#)

5. PERSPECTIVES

These cover important and topical subjects related to surgical practice, policy, and global surgery, especially as relevant to the COSECSA region, written in a style that is concise, scholarly, but accessible even to non-experts.

Guidelines for *Perspective Articles*

- Cover letter should be included (see instructions above)
- **Abstract:** Should be unstructured and no more than 150 words
- Main text should not exceed 1500 words
- There should be no more than 1 figure or table
- Maximum of 10 references
- *Perspectives* may or may not be sent for external peer review but will always be subject to thorough appraisal by *ECAJS* editors

6. LETTERS TO THE EDITOR

These should discuss or comment on novel cases, other topics of current interest to the surgical science and healthcare communities, or (especially encouraged) recently published *ECAJS* articles.

Guidelines for *Letters to the Editor*

- Cover letter should be included (see instructions above)
- No abstract or summary
- Main text should not exceed 500 words
- There should be no more than 1 figure or table
- Maximum of 5 references
- *Letters* may or may not be sent for external peer review but will always be subject to thorough appraisal by *ECAJS* editors

7. LESSONS AND LECTURES IN SURGERY AND RESEARCH

These provide didactic or informative material for surgical practitioners, trainees, and researchers; submissions especially relevant to the COSECSA region will be most strongly considered.

Guidelines for *Lessons & Lectures (L&L) Articles*

- Cover letter should be included (see instructions above)
- Include an unstructured summary, not exceeding 100 words, that briefly states the material covered
- Main text should not exceed 3000 words
- There should be no more than 10 figures or tables
- Final section of the main text (before Acknowledgements, if applicable) should be **Take-home messages** and include 3 to 5 bullet points that summarise the most important points conveyed in the lecture
- Maximum of 20 references
- Rahima Dawood Memorial Lectures are included under this category and are published annually exactly as presented at COSECSA Annual Scientific Meetings
- Presubmission enquiries (to ecajs@cosecsa.org) are strongly recommended for *L&Ls* that have not been commissioned by an *ECAJS* editor.

MINIMUM REQUIREMENTS FOR IMAGES, GRAPHS, FIGURES, AND TABLES

Images/Photos

- Images should be submitted as high-resolution figure files and not be embedded in the manuscript. Images may be in colour or black-and-white. Credit for any previously published illustration must be given in the corresponding legend, and permission from the copyright holder must be obtained by the authors and submitted with the manuscript.
- Each image should have a figure legend, uploaded among the submission files, as summarized above.
- Text and labels should be selectable or editable OR please provide 2 copies of each figure: 1 with text and 1 without text
- Where applicable, the authors should submit graphs and charts with accompanying Microsoft Excel data
- Images should **not** be submitted in Microsoft Word. Acceptable file formats include:
 - TIFF (.TIF), Tag Image File Format;
 - EPS (.EPS), Encapsulated Postscript File;
 - JPEG (.JPG), Joint Photographic Experts Group;
 - PDF (.PDF), Portable Document Format;
 - PNG (.PNG), Portable Network Graphics.
- File requirements and formats include the following:
 - Colour and grayscale images files must be scanned in at least the same size as the size they are intended to be displayed. Example: *Image size is 900 pixels wide by 600 pixels in height, and the resolution is 300 dpi (dots per inch) at 8 bit.*
 - *Pixel dimension / resolution = physical width*
 - *900 pixels / 300 dpi = 3 inches physical width*
 - *600 pixels / 300 dpi = 2 inches physical height*
 - *Intended Display Size = 3 x 2 inches.*
 - Image resolution must be minimum 300 dpi.
 - Save each image as a separate file and do not include any extra text (i.e., image captions), with filenames identifying each component (e.g., fig-1.png, fig-2a.png, fig-2b.png, etc.).
 - Line art (black-and-white) should be scanned at 1200 dpi at 1 bit.
 - All files must be cross-platform compatible.

Tables

- Tables must be submitted in Microsoft Excel or Word table format and not as images. They should appear at the end of the manuscript and not be embedded throughout the text. Each table should have a table number and title, and all symbols and abbreviations should be explained in a table legend. Tables should not duplicate

material in text or illustrations. If a table is copied from a previous publication, permission from the copyright owner must be submitted, and the source must be referenced in the table legend.

- The text must be legible, and the tables should use standard rows and columns, not spaces and tabs.

Graphs

- Solid lines must not be broken up.
- Graphics must not be pixilated.
- Where applicable, Microsoft Excel data should accompany graphs and charts; if a graph or chart was not created in Excel, please provide the file generated by the software application used to create the graph or chart.

HOW TO CHECK THE DPI OF YOUR IMAGE

On a PC

1. Right-click the image file and select "Properties" from the context menu.
2. Click on the "Summary" tab at the top of the pop-up. If "Title," "Subject" or "Author" fields are displayed, click the button "Advanced >>" at the bottom.
3. In the Advanced properties view, the fields "Horizontal Resolution" and "Vertical Resolution" indicate the respective DPIs.

On a Mac

1. Open the image in Preview
2. Press "Command" and "I"