

Anaesthesia Correspondence: guide for authors of website submissions

<http://www.anaesthesiacorrespondence.com>

Anaesthesia is the official journal of the Association of Anaesthetists of Great Britain and Ireland and is published monthly. The process of evaluating, selecting and editing scientific articles for *Anaesthesia* is independent of the AAGBI and its publishers. It is international in scope and comprehensive in coverage. It publishes original, peer-reviewed articles on all aspects of general and regional anaesthesia, intensive care and pain therapy, including research on equipment.

This website is designed only for rapid response-style correspondence about material published in the journal. Most submissions will be accepted providing they do not contain libellous or insulting comments, etc. Authors may be asked to supply further information before their response is posted, and their text may be edited slightly to improve clarity and conform to journal style. A selection of website responses will be reproduced (possibly in modified form) in the printed journal each month.

Correspondence about new topics (i.e. not responses to published material) should be sent to the Editor-in-Chief according to the journal's [Guidance for Authors](#).

Failure to comply with the following requirements may result in a delay in publication of submissions to the website.

General guidance

Only one person – the one who is logged into the website – can post a response. If a response has more than one author, please list them at the end of your letter, before the references.

The general style and format are the same as those outlined in the journal's [Guidance for Authors](#). Authors should also read the journal's [Editorial Policies](#).

The usual format is a short letter of 300-500 words, with up to six references. The article being commented upon should be one of the references (usually the first).

Ethical considerations

Prospective written informed consent should be obtained from all participants of clinical trials, including those in manikin studies. You must have the written consent of the patient (or parent/guardian if a child) before describing a case (and include a statement saying so at the end).

A statement should be made at the end of all responses, stating any funding obtained and any potential competing interests or, if there are none, 'No external funding and no competing interests declared'.

Responses must be original text and all authors must have read and approved submissions.

References

Number references as follows: [1, 2] – i.e. not superscript. List references after the authors' names, at the end of the response. Internet sites may be quoted as references by listing them in the normal way. Please include the date accessed in parentheses. List all authors unless there are seven or more, in which case give the first three followed by 'et al.'. Spell out the names of all journals in full, and give the first and last page number in the format shown below. Please note page number format; 123-4 etc.

Examples:

1. Author AB, Author CD. Title of paper. *Journal Title Written out in Full in Italics* 2010; **12**: 123-4.
2. Author AB, Author CD, Author EF, et al. Seven or more authors - what's the point? (chapter title). In: Editor GH, Editor IJ, eds. *Title of Book*. Place: Publisher, 2010: 345-67.
3. Author AB. *Book Title*, 5th edn. Place: Publisher, 2010.
4. Author(s) of website. Title of relevant page. www.URL.co.uk (accessed 01/01/2010).

Tables

One table may be 'cut and pasted' into the text box on the website. In view of the nature of the website and the rapid response format, the table should be kept as simple as possible.

Figures

One figure may be uploaded with each letter by attaching a suitable 'jpeg' or 'tiff' file. Other formats will not be accepted. A suitable Caption should be included at the end of the text of the letter.

Spelling and common words

Use standard UK English spelling – e.g. anaesthesia not anesthesia, centre not center, haemoglobin not hemoglobin, colour not color, randomisation/minimise not randomization/minimize etc.

Drugs and equipment

Use non-proprietary international names of medicines. If special equipment is used, then the manufacturer's details should be given in parentheses, e.g. Swish Tracheal Tube™ (Intub Ltd, Washington, USA). If a device with a registered trademark is mentioned, use ® or ™ as appropriate the first time it appears in the text.

Abbreviations

In general, we do not encourage the use of abbreviations, since their frequent use makes letters difficult to read. However, we will accept universally understood abbreviations e.g. ECG, BP, pH, LMA, etc.

Numbers and units

Numbers should be spelled out in full when they start a sentence, and when they are less than 10 (unless they are followed by units of measurement). Use the format mg.kg⁻¹, µg.kg⁻¹, l (for litres). Time units are s, min, h, days, months, years. Heart rate in beat.min⁻¹, respiratory rate in breaths.min⁻¹. Use pre-operative, peri-operative, postoperative (i.e. hyphenate prefixes where two vowels are juxtaposed). Use SI units, thus arterial blood gas results should be in kPa and NOT mmHg. Exceptions to the use of SI units are vascular pressure measurements (use mmHg or cmH₂O), and haemoglobin concentration (use g.dl⁻¹). The 24-hour clock should be used for times.

Review process

All submissions are reviewed and the content of the website is moderated.

Disclaimer

The Publisher and Editors cannot be held responsible for errors or any consequences arising from the use of information contained in the website; the views and opinions expressed do not necessarily reflect those of the Publisher and Editors.

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