

Instructions to the Authors

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The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to the *World Journal of Colorectal Surgery* (WJCS) alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the the *World Journal of Colorectal Surgery* readers are also rejected at this stage itself.

Manuscripts that are found suitable for publication in the *World Journal of Colorectal Surgery* are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ major revisions) received from reviewers are conveyed to the corresponding author. To submit revisions, the author is requested to itemize his/her reply to each comment made by each reviewer and color code the comments in the manuscript through assigning a specific highlight color to each reviewer's comments. Then, please submit the revised version of your manuscript to <https://review.jow.medknow.com/wjcs>. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within **seven days**. It may not be possible to incorporate corrections received after that period, and the journal is legally absolved of all consequences without limitations or restrictions. The whole process from submission of the manuscript to final decision, sending, and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles 'Ahead of Print' immediately on acceptance.

Clinical trial registry



World Journal of Colorectal Surgery would publish clinical trials that have been registered with a clinical trial registry that allows free online access to the public. Registration in a public trial registry is mandatory. <http://www.clinicaltrials.gov> is an example of such public registries. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in the *World Journal of Colorectal Surgery* only if they have been registered retrospectively with clinical trial registry that allows unhindered access to public without charging any fees.

Authorship Criteria



Authorship credit should be based only on substantial contributions to each of the two components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have made a substantial contribution sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript (please see the International Committee of Medical Journal Editors' (ICMJE) definition of authorship and contributorship: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (please see below). The authors should provide a justification, if the number of authors exceeds the limits.

Contribution Details



Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition, content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. One or more authors should be designated as 'guarantor' for responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests



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 mentioned in the manuscript and/or is important to the outcome presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. All authors should fill out and submit ICMJE Form for Disclosure of Potential Conflicts of Interest and WJCS standard Contributors' Form that can be downloaded from WJCS online submissions system: <https://review.jow.medknow.com/wjcs>.

Submission of Manuscripts



All manuscripts must be submitted online through the website <https://review.jow.medknow.com/wjcs>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing, or publication of articles. If you experience any problems, please contact the editorial office by e-mail at [\[email protected\]](mailto:)

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If you experience any problems, please contact the editorial office by e-mail at [editor \[AT\] wjcs . us . com](mailto:editor[at]wjcs.us.com)

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscripts should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

1. The type of manuscript (**original article, case report, review article, letter to editor, editorial, images, expert opinion, and controversy**), title of the manuscript, running title, names of all authors/contributors (with their highest academic degrees, designation, and affiliations), and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information regarding your identity should be here. Please use doc/docx files, do not zip the files.
2. The total number of pages, total number of photographs, and word counts separately for abstract and for the text (excluding the references, tables, and abstract).
3. Source(s) of support in the form of grants, equipment, drugs, or all of these.
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgment of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in a separate file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in a separate form
8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References should be in this file. The file must not contain any mention of the authors' names, initials, or the institution at

was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corre Please limit the file size to **1 MB** and use doc or docx files. Do not zip the files and do not incorporate images in the file.

[3] **Images:** Submit good quality color images. **Each image should be less than 4 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1 pixels or 5-6 inches). Images should be submitted as jpeg files. Legends/captions for the figures/images should be included at the end of the article file. Do not zip the files.

[4] **Tables:** Each table has to be in a separate Word document with its caption (use doc/docx files). Tables should be prepared with the table tool in Microsoft Word or another word processing program each data has to be in a single cell. Vertical and horizontal lines should be visible.

[5] **The contributors' / copyright transfer form:** Forms have to be submitted in original with the signatures of all the contributors via the WJCS online submission system as a scanned image or added signatures. Contributors' form/copyright transfer form can be downloaded online from the authors' area on <https://review.jow.medknow.com/wjcs>

Preparation of Manuscripts



Manuscripts must be prepared in accordance with "ICMJE Recommendations ("The Uniform Requirements")" developed by the International Committee of Medical Journal Editors (December 2017) (<http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>). The uniform requirements and specific requirement of the *World Journal of Colorectal Surgery* are summarized below. Before submitting contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.gynecendoscopy.org/>) and from the manuscript submission site <https://review.jow.medknow.com/wjcs>).

The *World Journal of Colorectal Surgery* accepts manuscripts written in **American English**.

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Types of Manuscripts



Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high resp text of original articles amounting to up to **3000 words** (excluding Abstract, References, and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Materials (Patient Methods, Results, Discussion, Conclusion, Limitations, Conflict of Interest Statement, References, and Tables and Figure legends.

Abstract: All Original Articles must contain a structured abstract of not more than 350 words. Usually, the abstract should be divided into: **Background, Objectives, Design, Setting, Materials (Patient Methods, Sample Size, Main Outcome Measures, Results, Conclusion, Limitations, and Conflict of Interest.** The subheadings should not be combined.

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

Materials (Patients) and Methods: It should include and describe the following aspects:

Ethics:

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional with the Helsinki Declaration of 1975, as revised in 2013 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent research participants and obtaining assent for children aged over 7 years participating in the trial). The age beyond which assent would be required could vary as per regional and/ or national guidelines confidentiality of subjects by desisting from mentioning participants' names, initials, or hospital numbers, especially in illustrative material. With the confidentiality of the individual preserved in the image experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Assoc

Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively. The journal will not consider any paper unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials (Patients) and Methods' section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, 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 others to reproduce the results. Give references to established methods, including statistical methods (see below), provide references and brief descriptions for methods that have been published but are not well known. Describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of 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.equator-network.org/reporting-guidelines/consort/
STROBE	Observational studies	http://www.equator-network.org/reporting-guidelines/strobe/
PRISMA	Systematic reviews	http://www.equator-network.org/reporting-guidelines/prisma/
CARE	Case reports	http://www.equator-network.org/reporting-guidelines/care/
SRQR/COREQ	Qualitative research	SRQR: http://www.equator-network.org/reporting-guidelines/srqr/ COREQ: http://www.equator-network.org/reporting-guidelines/coreq/
STARD/TRIPOD	Diagnostic/prognostic studies	STARD: http://www.equator-network.org/reporting-guidelines/stard/ TRIPOD: http://www.equator-network.org/reporting-guidelines/tripod-statement/
SQUIRE	Quality improvement studies	http://www.equator-network.org/reporting-guidelines/squire/
CHEERS	Economic evaluations	http://www.equator-network.org/reporting-guidelines/cheers/
ARRIVE	Animal pre-clinical studies	http://www.equator-network.org/reporting-guidelines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-research/
SPIRIT/PRISMA-P	Study protocols	SPIRIT: http://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/ PRISMA-P: http://www.equator-network.org/reporting-guidelines/prisma-protocols/
AGREE/RIGHT	Clinical practice guidelines	AGREE: http://www.equator-network.org/reporting-guidelines/the-agree-reporting-checklist-a-tool-to-improve-reporting-of-clinical-practice-guidelines/ RIGHT: http://www.equator-network.org/reporting-guidelines/right-statement/

Statistics:

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (without a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* .048). For all *P* values, report the exact value and not less than .05 or .001; *P* values should be reported without the use of "0" before the decimal marker. Mean differences in continuous variables, proportions in categorical variables, and 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 in the text all the data in the tables or illustrations; emphasize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be placed 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 numbers from which the derivatives were calculated, and the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries. Do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done? what does this study add to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research, for further 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 on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however, they should be clearly labeled as such. Conflicts of interest. Limitations should be included at the end of the Discussion.

Conflict of Interest Statement: Please state any possible conflict of interest.

Review articles:

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. A short summary of the work done by the contributors and a letter of review should accompany the manuscript.

The prescribed word count is up to **3000 words** excluding tables, references, and abstract. The manuscript should have an unstructured Abstract (**150 words**) representing an accurate summary of the article. Section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. The abstract should also be summarized in the abstract.

Case reports:

New, interesting, and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance and implications will be given priority. These communications could be of up to **1000 words** (excluding Abstract and References) and should have the following headings: **Abstract (unstructured: 150 words), Introduction, Case report, Discussion, Conclusion, Conflict of Interest Statement, References, Acknowledgment, Tables and Legends in that order.** Case Reports could be authored by up to four authors.

Letter to the editor/expert opinion:

These should be short and decisive observations. They should preferably be related to articles previously published in the WJCS or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter to the editor or expert opinion could have up to **500 words** and 5 references. It could be generally authored by not more than four authors. Letter to the Editor or Expert Opinion do not require an Abstract.

Images:

New, interesting, and rare cases can be reported. Images do not require a structured abstract, and it should not exceed **1000 words**. No more than two authors may be listed, and the manuscript should include a high-resolution image/s with their captions.

Controversy:

The aim of this type of article is to present two opposing point of views regarding a medical/scientific hypothesis, theory, etc. The article is presented in two sections:

With: Authors should present evidence or examples to support their point of view. This section should have up to **750 words** and 5 references. In addition, it should be authored by not more than four authors.

Against: Authors should present evidence or examples to oppose the other party's point of view. This section should have up to **750 words** and 5 references. In addition, it should be authored by not more than 5 authors.

References:

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references *in text*, tables, and legends by Arabic numerals in such as 1, 2, 3, etc. Do not use the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Abbreviations for journal titles should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts that have been accepted for publication but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from any other public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For samples of formatted references for authors of journal articles, please check the following link: http://www.nlm.nih.gov/bsd/uniform_requirements.html. All papers with incorrectly written references will be unsubmitted in pre-editorial check.

Tables

- Tables should be self-explanatory and should not duplicate textual material
- Tables with more than 10 columns and 25 rows are not acceptable
- 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
- Explain in footnotes all non-standard abbreviations that are used in each table
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote and state it in the title page
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Each table has to be in a separate Word document with its caption (use doc/docx files)
- The tables along with their number should be cited at the relevant place in the manuscript.

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 according to the order in which they have been first cited 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 to fit the width of a printed column
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves
- When graphs, scatter-grams, or histograms are submitted, the numerical data (dataset) on which they are based should also be supplied
- The photographs and figures should be trimmed to remove all the unwanted areas
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph. With the confidentiality of the individual preserved in the image.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legends for figures and the title page.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the footnote. Explain the internal scale (magnification) and identify the method of staining for photomicrographs.
- If the uploaded images are not in high-quality, the publisher office may request for higher resolution images. Please send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format.
- The journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Datasets for Original Articles



In the interest of reader confidence in data presented in the WJCS, we now require that datasets used in the study be submitted with the manuscript on initial submission. Any of the common file formats (csv, xls, xlsx, sav (SPSS), dta (SAS), but not GraphPad prism, which should be converted to a common file format). If necessary, please include an English translation for variable names in the dataset.

We like to check the summary statistics and other values for all papers we publish, and might recommend changes to figures and tables. It is for our internal use only and will not be available to others, including reviewers. If you are concerned about data anonymization, you can take measures to anonymize the data (see: <http://goo.gl/JbWuGC>). WJCS must review the dataset and scrutinize the statistical aspects of the submitted work prior to publication. Refusal to comply with this policy will lead to withdrawal of acceptance for publication.

Video Submission



WJCS welcomes submissions of videos via our online submission system (<https://review.jow.medknow.com/wjcs>) in one of two formats. All videos are subject to peer review by the editorial board and appropriate specialties. The first type is **Video Manuscript Submission**: the WJCS accepts video manuscript submission to accompany submitted original article, case report, review article, letter to editor, images, expert opinion, and controversy. For instance, authors can describe the technical procedure/innovative technique that was used in the article or give more description about their unique work in an understandable presentation. The second type is **Technical Notes**: authors should submit a manuscript along with the video; the text of the manuscript should not exceed 1,500 words with references. The manuscript should be sub-divided to: Introduction, Technical Method, Discussion, Results, and Conclusion. For example, the submission of videos of innovative laparoscopic procedures or endoscopies that include demanding and skillful techniques. For more details, please find the below information:

1. Language: Videos should be narrated in English
2. Video Format: Only MP4
3. Upload Limit: No longer than 10 minutes
4. Quality: The WJCS allows 4K submission, but it is not a compulsory requirement. All submissions must be HD though, maximum to 1080p (Full HD)
5. Keywords: More than five keywords should be provided to attain search engine optimization
6. Written Consent: Authors should sign a consent form which indicates that they obtained approval from their institution, university, patients, etc
7. Other Information: Authors should include:
 - 7.1. Names of the speakers in the video
 - 7.2. Date and place of recording
 - 7.3. Short captions.
8. Other Technical Information (if applicable):
 - 8.1. Video codec: H.264
 - 8.2. Video frame rate: 24, 25, 30
 - 8.3. Video bit rate: 1080p (8 Mbps), 720p (5 Mbps), 480p (2.5 Mbps)
 - 8.4. Aspect Ratio: 16:9
 - 8.5. Audio codec: AAC-LC
 - 8.6. Audio channels: Stereo (2.1), 5.1
 - 8.7. Audio sample rate: 48khz, 96khz
 - 8.8. Audio bit rate: Stereo (384 kbps), 5.1 (512 kbps).

Protection of Patients' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc; please note that the confidentiality of the individual should be preserved in the image (obtain informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial). When informed consent has been obtained from the patient or his/her guardian, it should be clearly indicated in the article and copy of the consent should be attached with the covering letter.

Sending a revised manuscript



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. However, there is no need to submit the “First Page Letter” file while submitting a revised version. When submitting a revised manuscript, the author is requested to itemize his/her reply to each comment made by each reviewer and color code your changes in the manuscript through assigning a specific highlight color to each reviewer’s comments. Then, please submit the revised version of your manuscript to <https://review.jow.medknow.com/wjcs>. This process continues until reviewers and editors are satisfied with the manuscript. The “Response to Reviewers’ Comments” table can be downloaded from https://review.jow.medknow.com/wjcs_

Reprints and proofs



The WJCS is only available online, and it does not provide printed prints.

Publication schedule

The journal publishes articles on its website immediately on acceptance and follows a ‘continuous publication’ schedule.

Manuscript Submission, Processing, and Publication Charges

The journal does not charge for submission and processing of the manuscripts.

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Checklist



Covering letter

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

Authors

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.).

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Font type: Century Gothic
- Font size: 12
- Title page contains all the desired information

- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 350 words for original articles, unstructured abstracts of about 150 words for case report and review article, excluding letter to the editor, editorial, image opinion, and controversy)
- Key words provided (three or more)
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript
- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes.'

Language and Grammar

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords, and text separately unless it is a standard unit of measure. Numerals from 1 to 10 should be spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar, and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country)
- Species names should be in italics.

Tables and Figures

- No repetition of data in tables, graphs, and in text
- Actual numbers (datasets) from which graphs drawn, provided
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained
- Credit note for borrowed figures/tables provided
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