The Journal of Dental Anesthesia and Pain Medicine (J Dent Anesth Pain Med; JDAPM) is the official scientific journal of the Korean Dental Society of Anesthesiology (KDSA) and the Federation of Asian Dental Anesthesiology Societies (FADAS), which is affiliated with the Asian Dental Societies of Anesthesiology. This journal is published bimonthly since 2018 (the last day of February, April, June, August, October, and December). The journal publishes definitive articles that can improve clinical care or guide further research in the field of Dental Anesthesiology. Manuscripts for submission to this journal should be written according to the following guidelines. The journal follows the ICMJE Recommendations and the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, available at: http://www.icmje.org/, unless otherwise described below.

**General information**

1. **Publication types**
   This journal focuses on all fields of pain and anxiety management and emergency care in Dentistry, including the basic sciences, clinical practice, and equipment and training. The journal publishes Review Article and other types of articles, including Clinical Trial/Experimental Study, Observational Study, Systematic Review and Meta-Analysis, Meta-Analysis of Observational Studies in Epidemiology, Diagnostic Accuracy Study, Quality Improvement Study, Economic Evaluation Study, Clinical Case Report, Technical Note, Letter to Editor, Opinion, and special articles of general interest.

2. **Language**
   Manuscripts submitted to the journal should be compiled in English using American spellings. Before submitting your manuscript, we strongly recommend that you have it edited for language, particularly if English is not your first language. This is not a mandatory step, but it may help to ensure that the academic content of your paper is fully understood by the journal editors and reviewers. Medical terminology should follow the most recent edition of Dorland's Illustrated Medical Dictionary. Accepted manuscripts should be proofread by professional English editors.

3. **Manuscript submission**
   In addition to the members of the KDSA and the FADAS, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Authors are requested to submit their papers electronically using the online manuscript submission system available at https://www.editorialmanager.com/jdapm. Authors, reviewers, and editors send and receive all correspondences through this system. Final revisions by authors should be submitted within one week of the request.

4. **Peer review process**
   Submitted manuscripts will be independently reviewed with double-blind by 3 or more experts in the corresponding field. The Editorial Board may ask authors to revise their manuscripts according to the reviewers' opinions. Authors should upload revised manuscripts with replies to each of the reviewers' comments. Revisions should be completed within 90 days after they are requested. If a revised manuscript is not received by the due date, the Editorial Board will not consider it for publication. Depending on the circumstances, authors may request an extension of the revision period to the Editorial Board. The manuscript review process should be finished the second review. The Editorial Board may consider further review upon request from the authors. The Editorial Board will make a final decision on the approval for publication of the submitted manuscripts and can request any further corrections, revisions, and deletions in the article text if necessary. Statistical editing is also implemented when data need professional statistical review by a statistician.

5. **Fee for publication**
   The journal does not charge any type of publication fees.

6. **Copyrights**
   Copyrights of all published materials are owned JDAPM by the KDSA and FADAS.

**Research and publication ethics**

For policies on research and publication ethics that are not stated in these instructions, the Good Publication Practice Guidelines for Medical Journals, available at: https://kamje.or.kr/intro.php?body=publishing_ethics, or the Guidelines on Good Publication, available at: http://publicationethics.org, should be consulted.

1. **Conflict of interest statement**
   To avoid any conflicts of interest, it is essential that authors acknowledge all sources of financial assistance and any potential material benefit expected from publication of the work. Also, please describe the role of the study sponsor, if any, in study design, collection, analysis and interpretation of data, writing the report, and the decision to submit the report for publication.

2. **Statement of informed consent**
   Copies of written informed consents and Institutional Review Board (IRB) approval for clinical research should be kept. The editors or reviewers may request copies of these documents to clarify potential ethical issues.

3. **Statement of human and animal rights**
   Clinical research should be conducted in accordance with the Ethical
Principles for Medical Research Involving Human Subjects outlined in the Helsinki Declaration. Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable. Patients’ names, name’s initials, hospital numbers, dates of birth, and any other protected healthcare information should not be disclosed. Animal research should be performed according to the National or Institutional Guide for the Care and Use of Laboratory Animals and ethical treatment of all experimental animals should be maintained.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

4. Registration of clinical trials
The registry must be accessible to the public at no charge, searchable, open to all prospective registrants, and managed by a not-for-profit organization. The registry must include the following information: a unique identifying number, a statement of the intervention(s), study hypothesis, definitions of the primary and secondary outcome measurements, eligibility criteria, a target number of subjects, funding source, contact information for the principal investigator, and key dates (registration date, start date, and completion date). All research that deals with clinical trials should be registered with a primary national clinical trial registration site such as the Korea Clinical Research Information Service (CRIS, http://cris.nih.go.kr), ClinicalTrials.gov (http://www.clinicaltrials.gov/), the ISRCTN Register, the UMIN Clinical Trials Registry, the Australia New Zealand Clinical Trials Registry, the Nederlands Trial Register, or other sites accredited by the World Health Organization (WHO) or the International Committee of Medical Journal Editors.

5. Authorship
Authorship credit should be based on: 1) substantial contributions to the conception and design of the study; or the acquisition, analysis or interpretation of data; and 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published; and 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors should meet all of these four conditions. If there are more than six authors, a list of each author’s role should be provided with the submitted manuscript.

The order of authorship listed should be decided collaboratively among the authors. The meaning of the order may be explained in a footnote if wishes so.

The corresponding author should take primary responsibility for communication with the journal throughout the manuscript submission, peer review, and publication processes. The corresponding author should be available for providing the journal’s administrative requirements and for responding to editorial queries and critiques of the work in a timely manner.

JDAPM considers the final author list to be complete at the time of the first revision submission. Please be sure to check that all authors are properly listed on the revision submission, this includes the spelling of an author’s name, their designated degrees, and order of authors listed. JDAPM has a strict policy on changes to authorship after acceptance of the article and will only consider changes in the most extraordinary situations once the article is accepted.

6. CRediT
JDAPM has integrated CRediT (Contributor Roles Taxonomy) in the editorial manager workflow system. CRediT allows researchers to identify manuscript contributions roles during submission that go beyond just name identification. CRediT enables more transparency to the published work and allows authors to receive credit for individual contributions towards the manuscript.

During submission when a corresponding author adds additional authors to the author list they can select each individual author’s contribution roles from a list of 14 selections. More than one contribution can be selected for each author.

Conceptualization
Ideas; formulation or evolution of overarching research goals and aims.

Data curation
Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.

Formal analysis
Application of statistical, mathematical, computational, or other formal techniques to analyse or synthesize study data.

Funding acquisition
Acquisition of the financial support for the project leading to this publication.

Investigation
Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.

Methodology
Development or design of methodology; creation of models.

Project administration
Management and coordination responsibility for the research activity planning and execution.

Resources
 Provision of study materials, reagents, materials, patients, laboratory
samples, animals, instrumentation, computing resources, or other analysis tools.

Software
Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.

Supervision
Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.

Validation
Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs.

Visualization
Preparation, creation and/or presentation of the published work, specifically visualization/data presentation.

Writing – original draft
Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).

Writing – review & editing
Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages.

7. Originality and duplicate publication
All submitted manuscripts should be original and should not be under consideration for publication by other scientific journals at the time of submission to this journal. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. If duplicate publication is detected, it will be announced in the journal, the authors’ institutes will be informed, and there will be penalties for the authors. It is mandatory for all authors to resolve any copyright issues when citing a figure or a table from a different journal that is not open access.

8. Secondary publication
It is permissible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication from the ICMJE Recommendations, available at: http://www.icmje.org.

9. Plagiarism and misconduct
There is a zero-tolerance policy towards plagiarism (including self-plagiarism) in our journal. Manuscripts are screened for plagiarism before, during, and after publication, and if found they will be rejected at any stage of processing. In case that a paper is already published in our journal and appears in PubMed Central but plagiarism is still detected, it will be retracted from our journal and the authors' institutions and department heads will be notified to take actions.

Before submission, authors should review their manuscripts to ensure that there is no major repetition of language or illustrative content from previously published papers. All reviewed and revised original contributions and review articles will be analyzed by a program called iThenticate (http://www.ithenticate.com/) in ScholarOne, which checks manuscripts against a database of published articles to find duplicated text. This is intended not only as a way to detect plagiarism, but also as a way to provide feedback to authors in order to avoid significant content overlap with their own previously published work.

JDAPM recognize its responsibility to appropriately address concerns allegations of misconduct. Examples of misconduct include: fraud, data fabrication, data falsification, plagiarism, improper designations of authorship, duplicate publication, misappropriation of others' research, failure to disclose conflict(s) of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any rules, policies, or procedures implemented by JDAPM.

Reporting Guidelines and Article Types

1. Reporting Guidelines
JDAPM article types are based upon key reporting guidelines, as defined by the EQUATOR Network. Authors should prepare their manuscripts in accordance with the appropriate guidelines(s) and/or checklist(s) for each type of article. We ask that you use the checklist and flow diagram templates for the guidelines outlined below available at https://www.editorialmanager.com/jdapm in the "Files & Resources" section of the home page.

The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

For further information regarding reporting guidelines, authors should consult the EQUATOR Network web site (http://www.equator-network.org), which maintains a useful, up-to-date list of guidelines as they are published, with links to articles and checklists.

2. Article Types

Review Article
These provide concise and precise updates on the latest progress made in a given area of research.

Clinical Trial/Experimental Study (CONSORT Compliant)
Reports of randomized trials must conform to the revised CONSORT guidelines and should be submitted with their protocols and a completed CONSORT checklist. All reports of clinical trials must include a summary of previous research findings and explain how the submitted trial affects this summary of previous findings. Cluster randomized trials should be reported according to extended CONSORT guidelines. Randomized trials reporting harms must be described according to extended CONSORT guidelines. All reports of randomized trials should include a section entitled “Randomization and masking” within the methods section. For information regarding CONSORT guidelines, please visit http://www.consort-statement.org.

Observational Study (STROBE Compliant)*
Observational research comprises several study designs and many topic areas. The STROBE statement should be used when reporting such
Instructions for Authors

Economic Evaluation Study (CHEERS Compliant)
Developed by the ISPOR Quality Improvement in Cost-Effectiveness Research Task Force, the CHEERS statement supports the quality, consistency, and transparency of health economic and outcomes research reporting in the biomedical literature. The CHEERS statement includes a 24-item checklist. For more information regarding CHEERS guidelines, please visit http://www.ispor.org/taskforces/EconomicPubGuidelines.asp.

Clinical Case Report (CARE Compliant)
The CARE guidelines provide a framework to support the need for completeness, transparency and data analysis in case reports and data from the point of care. The main tools of CARE are the CARE Statement, CARE checklist, and a Case Report Writing Template. These products offer a rationale and a standardized format for authors to prepare more complete and transparent case reports. For more information regarding CARE guidelines, please visit http://www.care-statement.org/.

Manuscript preparation
The standard layout of a manuscript is:
- Title page
- Abstract, including Keywords
- Introduction
- Methods
- Results
- Discussion
- Acknowledgements
- Declaration of interests
- Funding
- List of references
- Tables (including legends)
- Legends to illustrations

Pages should be numbered consecutively, beginning with the first page. Page numbers should be placed at the bottom center of the page.

1. Word processors and manuscript format
Manuscripts should be submitted as Microsoft Word 2003 or higher files. They should be typed in 10-point or larger font, double-spaced, with wide (2 cm) margins at the sides and 3 cm upper and lower margins.

2. Abbreviations
Abbreviations should be avoided as much as possible. When they are used, they should be defined at the point of first usage and then used consistently throughout the remainder of the manuscript.

For example: patient controlled sedation (PCS)
After the first appearance, “PCS” can be used instead of “patient controlled sedation”.

Common abbreviations such as DNA may be used from the outset.
Abbreviations that are listed as MeSH subject headings can also be used (http://www.ncbi.nlm.nih.gov/sites/entrez?db=mesh).

Abbreviations must be defined in the figure or its legend, and a footnote to the table.

For example: PCS, patient controlled sedation;

3. Word spacing
1) Leave 1 space on each side when using arithmetic symbols (+, −, ×, etc.)
   Ex) 12 ± 7.5
   Leave no space for a hyphen between words.
   Ex) post-anesthesia care unit
2) Leave 1 space after commas and semicolons (, and ;). Leave 2 spaces after full stop (period) and colon ( ;). Leave one space on each side of text in parentheses.
3) Leave one space on each side of text in parentheses.
4) Use square brackets in parentheses when necessary.
   Ex) ([ ])

4. Citations in the text
1) If a citation has 2 authors, use “and”, as in “Shin and Masato”.
   If there are more than 3 authors, use the first author’s name followed by et al.
   Ex) Chung et al. [1].
2) Citations should be identified after the last word or the author's surname.
   Ex) Rahman et al. [3] suggested···
   Ex) Lee and Kim [4] developed···
3) Place citations before commas and periods.
   Ex) ···estimated incidence is 2 cases per 1,000 persons [1].
4) Identify the references by several or coupled Arabic numbers enclosed in square brackets in line with the text, as in [1,3,5-7].

5. Organization of the manuscript
The text should be organized in the order of title, abstract, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figure legends.

Each new section should begin on a new page. The conclusion should be included in the discussion section. For survey-based clinical studies, the original survey document does not need to be included in the body of the manuscript but may be supplemented as an appendix.

Recommended size of articles
Original Research: up to 3000 words and 40 references, 4-6 tables or figures.
Review Articles: up to 5000 words and 150 references.
Case Reports: up to 1500 words and 15 references, 4-6 table or figure.
Letters to the Editor: up to 1000 words and 5 references.

6. Manuscript Sections
1) Original research articles
(1) Title page
Title
Titles should be concise and precise. Titles should provide a reasonable indication of the contents of the paper. Generic drug names should be used instead of brand names. Only the first letter of the first word should be capitalized.
Ex) correct: Effect site concentrations of propofol for dental treatment under deep sedation in intellectually disabled patients
incorrect: Effect Site Concentrations of Propofol for Dental Treatment under Deep Sedation in Intellectually Disabled Patients

Provide drug names as generic names, not product names.
Ex)
correct: dexmedetomidine
incorrect: dexmedetomidine (Precedex®)
incorrect: Precedex®

Author Information
On the cover page, the name of the department(s), and institution(s) or organizations where the work should be attributed should be specified. The corresponding authors’ full contact information, including their telephone and fax numbers and e-mail addresses should also be included.
The author(s) should be listed in the order desired. This should be a document separate from the rest of the paper in order to maintain the integrity of the double-blind review.

Running title
A running title of no more than 50 characters, including letters and spaces, should be provided. If it is inappropriate, the editorial board may revise it.

Previous presentation in conferences
The name of the conference, date of the presentation, and the location of the conference may be described.

(2) Abstract
Provide an abstract of no more than 350 words that is written only in English. The abstract should be on a separate sheet. It should be in structured format (Background; Methods; Results; and Conclusion) for all Clinical Investigations and Laboratory Investigations. For Reviews and Case Reports, the abstract should not be structured. References should not be quoted in the abstract.

A list of keywords, with a maximum of 6 items, should be included at the end of the abstract. The list should be in an alphabetical order and must be classified according to MeSH headings. The selection of keywords should be from MeSH (http://www.ncbi.nlm.nih.gov/sites/entrez?db=mesh). Separate each word by a semicolon (;), and place a full stop (.) at the end of the last word.
Ex)
correct: Keywords: Deep Sedation; Mentally Disabled Persons; Propofol.
incorrect: Keywords: Deep sedation; Propofol; Mentally disabled persons
incorrect: Keywords: Deep sedation, Mentally disabled persons, Propofol

(3) Introduction
The introduction can include background information on the subject, what is known/unknown about it, what aspect/hypothesis you are interested in, and the aim of your study. The introduction should address the purpose of the article concisely and include references to other reports that are relevant to the purpose of your paper.

(4) Materials and methods
The materials and methods section should include ethics approval/license, patient population, inclusion/exclusion criteria, conduct of the study, and methods used for data analysis and control of bias. Sufficient detail to allow replication of the experimental study should be provided.

When reporting experiments with human or animal subjects, the authors should indicate whether they have received approval for the study from their institutional review board (IRB) and whether they have registered the clinical trials. When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by the IRB for the Care and Use of Laboratory Animals.

Units
Laboratory data should be reported as International System of Units [SI].

A. Volume: L, dl, ml, µl
Ex) 1 L, 5 ml
B. Pressure: mmHg or cmH2O
C. Temperature: °C
D. Concentration: M, mM, µM
E. Negative exponents should not be used
Ex) correct: mg/kg/min
incorrect: mg · kg⁻¹ · min⁻¹
F. Leave 1 space between numerals and units except % and °C
Ex) correct: 5 mmHg
correct: 5%, 36°C
G. Units of time
Ex) hour: 1 h = 60 min = 3600 s; day: 1 d = 24 h = 86400 s

Machines and equipment
Provide model name and manufacturer's name, city or state, and country. Do not use periods in names of countries.
Ex) correct: USA
incorrect: U.S.A.
If a brand name for a drug must be used, place it in parentheses after the generic name. Provide® or ™ as a superscript and the manufacturer's name and country.

Ions
Ex) correct: Na⁺, Mg²⁺
incorrect: Mg⁺, Mg²++
Ex) correct: Premedicated magnesium
incorrect: Premedicated Mg²⁺

Statistics
Statistical methods must be described with enough detail to enable a knowledgeable reader with access to the original data to verify the results. Where possible, findings should be quantified and presented with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Confidence intervals provide a more informative way to evaluate a significance test than a simple P value. A power analysis should be performed before starting the study to determine the number of subjects that must be studied in each group to detect a given change. Mean and standard deviation should be described as mean ± SD, and mean and standard error as mean ± SEM. P should be capitalized.
Ex) correct: P < 0.05
incorrect: P < 0.05

(5) Results
Description of experimental results should be concise. Results should be presented in a factual manner and related to the aim of the study. They should be presented in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat data in tables or illustrations in the text, instead, use the text to emphasize or summarize only the most important observations. Results can be sectioned by subsection titles but should not be numbered. Tables and figures should be cited as Table and Fig. and numbered with Arabic numerals in the order of their appearance in the text. While figures and tables are often useful to present either complex or extensive data in a more easily understandable form, authors are cautioned against unnecessary use of tables and figures.
Ex) correct: Table 1 and Fig. 1
incorrect: Table 1 and Figure 1

(6) Discussion
The discussion should emphasize the new and important aspects of the study. It should summarize the main findings, examine how they fit in with previous studies, why they are similar to or different from those of previous studies, and what they add to knowledge of the subject. It should include study limitations, areas for future study, and conclusions. Do not repeat the results in detail or include other information that has already been given in the Introduction or Results. Interpret results according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Conclusions may be stated briefly in the last paragraph of the Discussion section.

(7) Acknowledgments
It is essential to acknowledge all sources of financial assistance and any potential material benefit expected from publication of the work. Also, please describe the role of the study sponsor, if any, in study design, collection, analysis and interpretation of data, writing the report,
and the decision to submit the report for publication. Persons or institutes that contributed to the study but do not meet all criteria for coauthors may be introduced. Financial support, including foundations, institutions, pharmaceutical and device manufacturers, private companies, intramural departmental sources, and any other support should be described.

(8) References
References should be obviously related to the content of the manuscript and usually should not exceed 40. References should be numbered consecutively in the order in which they are first mentioned in the text. Provide citations in the body text section. All of the references should be provided in English and include author names, title of the article, journal name, etc.

If necessary, the editorial board may request copies of the materials cited.

Up to 6 authors should be listed. If there are more than 6 authors, list the first 6 authors followed by et al.

Provide the full page range for all articles (i.e. starting and ending page numbers).

Abstracts of conferences are not permitted in the references. The American Society of Anesthesiologists (ASA) refresher course lecture is also not acceptable as a reference.

Reference format
A. Regular journal article
   “Author name”. “Title of article”. “Name of journal (abbreviated)” “published year”; “volume”: “start page-final page”.
   Ex)
   correct: Bonito AJ. Executive summary: Dental care considerations for vulnerable populations. Spec Care Dentist 2002; 22(3 Suppl): 5S-10S.

B. Monographs
   If the reference includes only one page, use ‘p’.
   Mark if it is beyond the 2nd edition.
   Any separate author of a chapter should be provided.
   Ex)

C. Translated documents cannot be used as references. The original document should be provided the reference.

D. Secondary citations that may occur when an author takes and uses information from another source are not allowed as references.

E. Electronic documents
   • Journal articles in electronic format
     Ex)

   • Monograph in electronic format
     Ex)

   • Computer files
     Ex)
     Hemodynamic III: the ups and downs of hemodynamics [computer program]. Version 2.2 Orlando, FL.

F. Thesis
   Author. Title of thesis [degree]. Place, School, Year.
   Ex)

G. In press
   Ex)

(9) Table
All tables should be typed or printed on separate pages and accompanied by legends. Legends should be informative but brief and not contain information that is more appropriate to the methods section.

Number tables consecutively in the order in which they are cited in the text.

Supply a brief title for each table.

Tables should have at least 4 rows but should not extend beyond a single page.
Except for titles and first letters, all text in the tables should be in lowercase letters.

In presenting patient/participant data, sex should be noted as M/F, age in yr. Age, weight, height, and other data should be provided with 1 decimal place.

A ± sign in the upper row of a table should be aligned the lower row.

Footnotes should be provided as needed and marked consecutively as *, †, ‡, ††, ‡‡, §, ¶, †††, ‡‡‡ using superscripts.

Define all abbreviations except those approved by the International System of Units. Define all abbreviations for every table.

(10) Figures and illustrations

The Journal of Dental Anesthesia and Pain Medicine publishes in full color, and encourages authors to use color to increase the clarity of figures. Please note that color figures are published online without charge. However, there is a publication fee for color figures in the print edition of the journal.

Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray). Avoid colors that are difficult to see on the printed page (e.g. yellow) or are visually distracting (e.g. pink). Figure backgrounds and plot areas should be white, not gray. Axis lines and ticks should be black and thick enough to clearly frame the image. Axis labels should be large enough to be easily readable, and printed in black.

Figures and photographs should be submitted as .tiff files. Submit the files separately from the manuscript text. Figure width should be 84 mm (one column). Resolution of photos or graphs should be at least 600 dpi and resolution of line drawings should be at least 1,200 dpi. PowerPoint files (.ppt, .pptx) are also acceptable.

Number figures using Arabic numerals in the order in which they are cited in the text. (ex. Fig. 1)

All photographs should be submitted individually. If a figure is divided into sections (e.g. A, B, C and D), do not combine them in a single image. Authors should submit line drawings in black and white.

In horizontal and vertical legends, the first letter of the English word should be capitalized. Connections between numbers should be denoted by “-”, not “-”. Do not space the numbers. (ex. 2-4)

The format for footnotes in the figures is the same as the table format for footnotes.

No individuals should be recognizable in photographs or X-ray films unless written consent of the subject has been obtained and is provided at the time of submission.

Pathological specimens should be pictured with a ruler.

(11) Legends for figures and photographs

Should be provided separately with the main manuscript, should be presented in the same order as the figures, and should be written as complete sentences.

Define all abbreviations in every legend.

(12) Video (movie) clip(s)

This journal publishes supplemental video clips that will be available with the online edition. Each clip should clearly illustrate the primary findings within a reasonable amount of viewing time and be mentioned in the text. Authors should provide appropriate labeling (e.g., arrows, abbreviations of anatomic structures, etc.) in the video clips. However, all identifying information, including patient name and/or ID number, hospital name, and date of the procedure, should be removed. Video clips should contain succinct teaching points that must be supported by the current literature or standard reference texts, preferably those most accessible to the general reader. The adequacy of the teaching points will be evaluated during the review process and finally confirmed by the editorial board at the end of the review process.

Video clips are uploaded as the last file(s) at the time of manuscript submission and should be marked as supplementary video files.

The video clip(s) should have simple file names (e.g., Video 1, Video 2) and include the appropriate extension (e.g., .mov, .mpg).

The maximum number of video clips is 20.

The video clip(s) should be playable on PC and MAC platforms. The video clip(s) should be tested for playback before submission, preferably on computers that were not used for their creation, to check for any compatibility issues.

Individual video files should be a minimum of 480 × 320 pixels (smaller clips will not be accepted) and a maximum of 2 GB. Files of >15 MB will be rejected outright unless special arrangements have been made with the editorial board prior to submission. Approval of files of >15 MB will be made at the end of the review process.

Supplemental still images that correspond to the respective video clip(s) should be (but are not always required to be) accompanied by legends. The video clip file name(s) should refer to the corresponding figure number(s).

Additional information on still images is available in the Figures and Illustrations section.

2) Case Reports

To be of appropriate value for publication a case report must provide a significant learning point for other physicians. A case report is almost never a suitable means of describing the efficacy of a treatment or a drug, which should be done instead by an adequately powered and well-controlled clinical trial. The only context in which a case report
can be used to describe efficacy is in a clinical scenario or population that is so unusual that a clinical trial is not feasible. Case reports are regarded as research studies when the authors have the intention of publishing the outcome while providing a patient with a certain treatment. In such cases, the authors should obtain approval from the IRB and written informed consent from the patient before administering the treatment. If these steps are impossible, the IRB approval and patient consent for publication should be obtained within a short time after providing the treatment and prior to submission to the journal. Rarity of a disease or condition is itself not an acceptable justification for a case report.

(1) Title page: Same as clinical and experimental research.
(2) Abstract: Unstructured and should not exceed 200 words.
(3) Introduction: Should not have subsections and should briefly describe the case and background without a title.
(4) Case report: Describe only the clinical features that are directly related to diagnosis and anesthesia management.
(5) Discussion: Briefly discuss the case. State conclusions at the end of the discussion and not in a separate conclusions section.
(6) References: Do not exceed 15 references.
(7) Tables and figures: Presented as described above.

3) Reviews
Review articles synthesize previously published material into an integrated presentation of our current understanding of a topic. Review articles should describe aspects of a topic for which scientific consensus exists as well as those aspects that remain controversial and are the subject of ongoing scientific disagreement and research. Review articles should include unstructured abstracts of ≤ 350 words in English. Figures and tables should also use English. The main text should not exceed 30 typewritten pages, and the number of figures and tables is not restricted.

4) Technical note
Describes articles focused on anesthetic technique or technical innovations. With regard to the description of new techniques, non-comparative articles must contain sufficient numbers of patients for the reader to make an educated assessment of the effectiveness and side-effects of the technique.
Technical note typically range in length from 1500 to 2500 words. A structured abstract or unstructured abstract should follow the title page in the manuscript. Text is usually divided into sections with the headings of Introduction, Methods, Results, Discussion, Acknowledgments (see the guidelines under Original Articles). References should be limited to 20.

5) Letters to the Editor
Acceptance of Letters to the Editor is an essential aspect of this journal. Cover pages should be formatted as those of clinical or experimental research. Omit title page. The body text should not exceed 1,000 words and should have no more than 5 references. A figure or a table may be used. A maximum of five authors is allowable. The letter may be edited by the Editorial Board and if necessary responses of the author of the subject paper may be provided.

6) Opinions
Opinions should include brief constructive comments on articles published in the journal and interesting cases. Opinions should be submitted no more than 3 months after the paper has been published. The format should be the same as a Letter to the Editor.

Instructions for Submission of Revised Manuscripts
If there is no specific reason after the submission, authors will receive a reply within one month. Manuscripts that are judged to be of insufficient quality or unlikely to be competitive enough for publication will be rejected during initial screening. The remaining manuscripts go through a review process, and possible decisions are: accept as is, minor revision, major revision, or reject. Authors should submit back their revisions within 1 month in the case of minor revision, or 2 months in the case of major revision. If authors do not resubmit for more than three months and authors are not contacted separately, the paper may be rejected.

When you prepare a revised version of your manuscript, you should carefully follow the instructions given in the editor's letter. Please submit an annotated copy describing the changes you have made. Failure to do so will cause a delay in the decision of your revision. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references and figures are cited in numeric order.
Revised manuscript submissions should include a point by point response to the reviewer comments. Authors should describe how each reviewer comment was addressed or why it was not be addressed, and clearly notice which paragraph in the manuscript was revised according to each comment. The response to reviewers will be shared with all reviewers. If they do not want to include data in the manuscript, authors may include the data supporting their argument in the response to reviewers file.
The annotated copy should have changes highlighted (not by using the Track Changes function in MS Word but by yellow highlighting or color changing) with notes in the text referring to the editor or reviewer query.