

---

## Guide to Contributors

---

The purpose of the *British Journal of Anaesthesia* is the publication of original work in all branches of anaesthesia, including the application of basic sciences. One issue each year deals mainly with material of postgraduate educational value.

Papers for publication should be submitted electronically to the journal website (at: <http://bj.manuscriptcentral.com>). Full instructions are available on this site. If a manuscript is accepted for publication in the *BJA*, the editor responsible for it may request a hard copy of the final revision including the figures and tables. Editorial communications should be addressed to: Professor C. S. Reilly, Editor-in-Chief, *British Journal of Anaesthesia*, Academic Unit of Anaesthesia, Floor K, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF, UK. Tel: +44 (0) 114 226 1087; Fax: +44 (0) 114 226 1462; E-mail: [bj@sheffield.ac.uk](mailto:bj@sheffield.ac.uk)

### Papers

Papers submitted must not have been published in whole or in part in any other journal, and are subject to editorial revision. It is a condition of acceptance for publication that copyright becomes vested in the journal and permission to republish must be obtained from the publisher.

Papers based on clinical investigation should conform to ethical standards as set out in the Declaration of Helsinki and should normally include a statement of approval from an appropriate Ethics Committee. In the case of animal studies it is the responsibility of the author to satisfy the Board that no unnecessary suffering has been inflicted. Studies from the UK should specify the Home Office Licence number; from elsewhere, a statement of approval from an appropriate licensing authority should be provided.

### Legal considerations

Authors should avoid the use of names, initials and hospital numbers which might lead to recognition of a patient. A patient must not be recognizable in photographs unless written consent of the subject has been obtained. A table or illustration that has been published elsewhere should be accompanied by a statement that permission for reproduction has been obtained from the authors and publishers.

### Preparation of manuscript

Each manuscript (including revised texts) should indicate the title of the paper, and the name(s), and full address(es) of the author(s). Contributors should retain a copy in order to check proofs and in case of loss. On submitting a manuscript electronically, authors will also need to

complete the Conflict of Interest declaration. There should be a clear declaration of any financial or commercial interest which any author may have in the manuscript. The Editor may wish to see raw data if necessary.

Papers in recent issues of *British Journal of Anaesthesia* should be consulted for general and detailed presentation. They are most often subdivided into:

- Title page
- Summary, including Keywords
- Introduction (not headed)
- Methods
- Results
- Discussion
- Acknowledgements
- List of references
- Tables (including legends to tables)
- Figures (including captions)

### Title page

There should be a title page, including the name(s) and address(es) of all author(s). The corresponding author's email address and fax number should also be provided. It should be made clear which address relates to which author. Authors' present addresses differing from those at which the work was carried out, or special instructions concerning the address for correspondence, should be given and referenced at the appropriate place in the author list by superscript numbers. If the address to which proofs should be sent is not that of the first-mentioned author, clear instructions should be given in a covering note and not on the title page. The title page should be paginated as page 1 of the paper.

A short running title containing not more than 50 characters and spacing should be included.

### Summary

The summary will be printed at the beginning of the paper. It should be in structured format (Background; Methods; Results; and Conclusions) for all original articles (Clinical Investigations and Laboratory Investigations), but not for Reviews, Case Reports, or Commentaries. It should give a succinct account of the problem, in up to 250 words. It may be used as it stands by abstracting journals. References are not used in this section, except in exceptional circumstances.

Three to five key words or phrases (for indexing) should be included below the Summary.

### Introduction

The introduction should give a concise account of the background of the problem and the object of the investigation. Previous work should be quoted only if it has a direct bearing on the present problem.

### Methods

Methods must be described in sufficient detail to allow the investigation to be interpreted and repeated by the reader. Any modification of previously published methods should be described and the reference given. If the methods are commonly used, only a reference to the original source is required.

### Drugs

When a drug is first mentioned it should be given the international non-proprietary name, followed in parentheses by the chemical formula only if the structure is not well known, and by the capitalized proprietary name.

### Results

Description of results, while concise, should permit repetition of the investigation by others. Data should not be repeated unnecessarily in text, tables and figures, and unwarranted numbers of digits should be avoided. Significance should be given as values of probability.

### Discussion

The discussion should not merely recapitulate the results, but should present their interpretation against the background of existing knowledge. It should include a statement of any assumptions on which conclusions are based.

### Acknowledgements

Acknowledgements will be printed in small type. They should be brief, and should include reference to sources of support and sources of drugs not freely available commercially. Individuals named must be given the opportunity to read the paper and approve their inclusion in the acknowledgements, before the paper is submitted.

### References

There should be a list of references at the conclusion of the paper.

References must be numbered consecutively in the order in which they are first mentioned in the text, with the exception of review articles, when references should be arranged alphabetically.

References in text, tables and legend should be identified by arabic numbers appearing in the text in superscript, for example 5 or 5<sup>–7</sup> or 5<sup>16</sup> for unrelated references. When a table or figure is first mentioned, its reference must continue the sequence.

Use the style of references adopted by the US National Library of Medicine and used in *Index Medicus*. The titles of journals should be abbreviated.

The names and initials of more than six authors should be abbreviated to three authors followed by *et al.*

Text references to ‘unpublished observations’ or ‘personal communications’ should not be included in the final list of references. Authors are responsible for verifying that the wording of references to unpublished work is approved by the persons concerned. Before publication the editor will require written, signed confirmation of any personal communication. Papers which have been submitted and accepted for publication should be included in the list, the phrase ‘in press’ replacing volume and page number. Information from manuscripts submitted but not yet accepted should be cited in the text as unpublished observations. Please do not use endnotes, footnotes etc for references.

Examples of correct forms of references:

#### Journals

1. Brown BR jr, Gandolphi AJ. Adverse effects of volatile anaesthetics. *Br J Anaesth* 1987; 59: 14–23

#### Chapter in a book

2. Hull CJ. Opioid infusions for the management of postoperative pain. In: Smith G, Covino BG, eds. *Acute Pain*. London: Butterworths, 1985; 155–79

#### Monographs

3. Moore, DC. *Regional Block*, 4th Edn. Springfield, Illinois: Charles C. Thomas, 1979

Restrict references to those that have direct bearing on the work described and cite only references to books and articles published in *Index Medicus* journals.

It is essential that authors verify the content and detail of references which they list against the original articles, as this responsibility cannot be accepted by either Editors or publishers.

#### Tables

All tables should be capable, with their captions, of interpretation without reference to the text. They should be numbered consecutively with Arabic numerals. Units in which results are expressed should be given in brackets at the top of each column, and not repeated on each line of the table. Ditto signs are not used.

#### Figures

Full instructions for the preparation of figures are available on the website at <http://bj.manuscriptcentral.com>

### General information

*Headings in the text.* Four possible grades are available, and may be indicated by the following letters of identification.

**A Results (bold)**

*B Lung function studies* (italics, ranged left)

*C Function.* (smaller italics, ranged left)

*D Function.* Large volumes ... (italics, ranged left, text run on)

*Symbols and abbreviations.* In accordance with Editorial adoption of SI units, abbreviations and symbols should follow the conventions described in the booklet *Units, Symbols and Abbreviations. A Guide for Biological and Medical Editors and Authors* (D. N. Baron, ed.) (1988), published by and available from The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Words for which abbreviations are not included should be written in full at first mention in the summary and again in the text and followed by the abbreviation in brackets. This will usually be in the form of large capitals without separating points.

*Spelling, etc.* British spelling should be used with 'z' rather than 's' spelling in, e.g. organize, organization.

### **Correspondence**

Each issue of the journal will contain correspondence. Correspondence arising from papers in a recent issue is published without delay, and for this reason, will be given priority over that pertaining to original research. The Editor may change, delete or modify in any way all items of correspondence.

All communications designed for publication should be submitted on a separate page in letter quality heavy type (not dot matrix), double-spaced, on one side only of the paper, with a wide margin. Contributors should send three copies of all correspondence to the editor and retain a copy in case of loss. Correspondence must also be submitted on disk. All authors must sign the accompanying submission letter. A fax number and an E-mail address should be supplied. **DO NOT** attempt to submit Letters to the Editor to the Manuscript Central Website.

### **Proofs**

These should be corrected and returned to the publisher by post or fax within 48 h of receipt. Overseas contributors may fax a copy of the proofs to the publisher but should return their proofs by air mail also.

### **Reprints**

Corresponding authors will receive free online access to their article. Offprints can be supplied if application is made on the order form attached to the proofs. The order form should be returned with the proofs.

## EDITORIALS

- 1 I. Patient-centred outcomes in clinical research: does it really matter?  
*T. Heidegger, M. Nuebling, D. Saal and G. Kreienbühl*
- 3 II. Thoracic epidural anaesthesia for cardiac surgery: are we missing the point?  
*T. M. Hemmerling, F. Carli and N. Noiseux*
- 5 III. Volume 100  
*C. S. Reilly*



## REVIEW ARTICLE

- 8 Sedation and regional anaesthesia in the adult patient  
*D. Höhener, S. Blumenthal and A. Borgeat*

## SPECIAL ARTICLE

- 17 Anaesthesia chapter from *Saving Mothers' Lives; reviewing maternal deaths to make pregnancy safer*  
*G. M. Cooper and J. H. McClure*



## CARDIOVASCULAR

- 23 Meta-analysis of the effect of heart rate achieved by perioperative beta-adrenergic blockade on cardiovascular outcomes  
*B. M. Biccard, J. W. Sear and P. Foëx*
- 29 Sevoflurane but not propofol increases interstitial glycolysis metabolites availability during tourniquet-induced ischaemia-reperfusion  
*M. Carles, J. Dellamonica, J. Roux, D. Lena, J. Levraut, J. F. Pittet, P. Boileau and M. Raucoules-Aime*

## CLINICAL PRACTICE

- 36 Pre-incisional epidural ropivacaine, sufentanil, clonidine, and (S)+-ketamine does not provide pre-emptive analgesia in patients undergoing major pancreatic surgery  
*A. Gottschalk, M. Freitag, E. Steinacker, S. Kreißl, C. Rempf, H.-J. Staude, T. Strate and T. Standl*
- 42 National survey of College Tutors in the UK regarding training in medical education  
*A. Rashid, A. Doger and G. Gould*
- 45 Circadian distribution of sleep phases after major abdominal surgery  
*I. Gögenur, G. Wildschütz and J. Rosenberg*
- 50 Comparison of surgical conditions during propofol or sevoflurane anaesthesia for endoscopic sinus surgery  
*H. J. Ahn, S.-K. Chung, H.-J. Dhong, H. Y. Kim, J. H. Ahn, S. M. Lee, T. S. Hahm and J. K. Kim*

## CRITICAL CARE

- 55 Effects of sodium nitroprusside on splanchnic microcirculation in a resuscitated porcine model of septic shock  
*A. Assadi, O. Desebbe, C. Kaminski, T. Rimmelé, F. Bénatir, J. Goudable, D. Chassard and B. Allaouchiche*

## NEUROSCIENCES AND NEUROANAESTHESIA

- 66 Regional cerebral metabolic rate (positron emission tomography) during inhalation of nitrous oxide 50% in humans  
*P. Reinstrup, E. Ryding, T. Ohlsson, A. Sandell, K. Erlandsson, K. Ljunggren, L. G. Salford, S. Strand and T. Uski*
- 72 Effect-site half-time for burst suppression is longer than for hypnosis during anaesthesia with sevoflurane  
*R. R. Kennedy, C. Minto and A. Seethepalli*

## OBSTETRICS

- 78 Transcutaneous electrical nerve stimulation at the PC-5 and PC-6 acupoints reduced the severity of hypotension after spinal anaesthesia in patients undergoing Caesarean section  
*Y. C. P. Arai, N. Kato, M. Matsura, H. Ito, N. Kandatsu, S. Kurokawa, M. Mizutani, Y. Shibata and T. Komatsu*

## PAEDIATRICS

- 82 Variation of bispectral index under TIVA with propofol in a paediatric population  
*O. Tirel, E. Wodey, R. Harris, J. Y. Bansard, C. Ecoffey and L. Senhadji*
- 88 Electrical velocimetry for measuring cardiac output in children with congenital heart disease  
*K. Norozi, C. Beck, W. A. Osthaus, I. Wille, A. Wessel and H. Bertram*

## PAIN

- 95 Efficacy of intravenous acetaminophen and lidocaine on propofol injection pain  
*O. Canbay, N. Celebi, O. Arun, A. H. Karagöz, F. Sarıcaoğlu and S. Özgen*

## REGIONAL ANAESTHESIA

- 99 Randomized controlled trial of patient-controlled epidural analgesia after orthopaedic surgery with sufentanil and ropivacaine 0.165% or levobupivacaine 0.125%  
*I. Smet, E. Vlaminck and M. Vercauteren*
- 104 Spinal anaesthesia with articaine 5% vs bupivacaine 0.5% for day-case lower limb surgery: a double-blind randomized clinical trial  
*T. Dijkstra, J. A. Reesink, B. C. Verdouw, W. S. C. J. M. Van der Pol, T. Feberwee and A. G. Vulto*
- 109 Epidural anaesthetic effect of the 8% emulsified isoflurane: a study in rabbits  
*Y.-F. Chai, J. Yang, J. Liu, H.-B. Song, J.-W. Yang, S.-L. Liu, W.-S. Zhang and Q.-W. Wang*

## RESPIRATION AND THE AIRWAY

- 116 Use of the McGrath® videolaryngoscope in the management of difficult and failed tracheal intubation  
*B. Shippey, D. Ray and D. McKeown*
- 120 Upper cervical spine movement during intubation: fluoroscopic comparison of the AirWay Scope, McCoy laryngoscope, and Macintosh laryngoscope  
*K. Maruyama, T. Yamada, R. Kawakami, T. Kamata, M. Yokochi and K. Hara*
- 125 Remifentanyl target-controlled infusion vs propofol target-controlled infusion for conscious sedation for awake fiberoptic intubation: a double-blinded randomized controlled trial  
*M. R. Rai, T. M. Parry, A. Dombrowskis and O. J. Warner*
- 131 Effects of carbon dioxide absorbent cooling and temperature gradient reduction on water condensation in the anaesthesia circuit  
*G. Hirabayashi, H. Uchino, T. Joko, H. Kaneko and N. Ishii*
- 137 CORRESPONDENCE
- 144 BOOK REVIEWS
- 146 ERRATUM
- 147 ACKNOWLEDGEMENT OF ASSESSORS