

# Journal of Refractive Surgery Information for Authors

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## Original Articles

Each submission is evaluated by two or more scientific referees who recommend that the paper be: 1) accepted as submitted; 2) accepted with minor revision; 3) returned for major revision; or 4) rejected. Acceptance is determined by originality, significance, validity of the contribution, and suitability of the subject matter to readers. Following unbiased review by the Reviewers, Associate Editors, and Editor, authors will be notified by e-mail of the manuscript decision. Upon publication, the Journal reserves the right to edit manuscripts, delete extraneous or excess material, and change or add titles and headings.

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**Abstract:** Each article must have an abstract that specifically summarizes the content of the paper in **no more than 250 words**. The abstract should include four paragraphs, each one designated

to the following: Purpose, Methods, Results, and Conclusions (**the Conclusions section should be no more than 50 words**). These sections must briefly describe, respectively, the problem being addressed, how the study was performed, the salient results, and the conclusions from the results. The purpose of the abstract is to allow the content of the paper to be understood independently.

**Text:** A brief introductory statement should state the subject of the study and the problem. This should not include an extensive review of the literature, but only that portion which is pertinent to the purpose of the study. Materials and Methods should accurately and clearly describe methods and materials used and/or the patient population studied so that the study may be replicated. Case reports should provide concise chronological observations, but not speculation. Results should be given in written format, but tables and graphs may be used to supplement the data. Visual acuity should be reported at the 20/20 level. Material in the text should not be repeated in the tables and graphs. The discussion should elucidate the results, relate them to the work of others, and describe their significance. Histopathology and electromicrographs should be annotated with letters, arrows, and where appropriate, calibration bars.

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**Articles:** Iber FL, McGonagle T, Serebro HA. Unidirectional sodium flux in small intestine in experimental canine cholera. *Am J Med Sci*. 1969;258:340-350.

**Books:** Clayman HM. *The Surgeon's Guide to Intraocular Lens Implantation*. 2nd ed. Thorofare, NJ: SLACK Inc; 1985:77-78.

**Chapters in books:** Thornton SP. Surgical armamentarium. In: Sanders DR, Hofmann RF, eds. *Refractive Surgery: A Text of Radial Keratotomy*. 2nd ed. Thorofare, NJ: SLACK Inc; 1985:87-95.

**Tables:** Double-space all column and row heads, as well as data within the table. Each table should have a number and a concise but fully descriptive title (eg, Table 4, "Change in spectacle-corrected visual acuity at one year after LASIK in 152 eyes"). Each table must be cited consecutively in the text. Tables must not duplicate material in the text, although a one or two number summary may appear in the text (eg, "Thirty-seven eyes (54%) saw 20/20 or better without correction one year after surgery."). Do not make a table for data that can be given in the text in one or two sentences (eg, "Table 2. Age of patients"). Vertical lines should not be used anywhere in the table. Label all columns and rows with complete words, if possible; use abbreviations only if commonly accepted and defined in a footnote. Use the following symbols for footnotes in the order indicated: \* (asterisk), † (dagger), †† (double dagger), § (section mark), || (parallel mark), etc. Units of measure should be cited in column and row headings, not within the table. Use parentheses (eg, mean [SD] or no. of eyes [%]) to consolidate information in a row or column. Include a line for totals, means, etc at the bottom of columns.

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**Reporting Outcomes:** Outcomes for any clinical series of refractive surgery cases should include a graphic presentation of outcomes as set out in the *Journal of Refractive Surgery* article "Standard Graphs for Reporting Refractive Surgery Outcomes," which can be downloaded from <http://www.journalofrefractive-surgery.com/PDFs/graphs.pdf>. In addition, the Standard Graphs are reprinted in most issues of the *Journal* as a reference for authors. Authors are encouraged to include linear regression analysis with the regression equation, trend line, and coefficient of determination ( $r^2$ ), which should be shown on the attempted vs achieved spherical equivalent refraction scatter plot.

The Standard Graphs can be plotted using standard spreadsheet software, such as Microsoft Excel, or dedicated software packages available for analyzing refractive surgery outcomes, such as Datagraph-med ([www.datagraph-med.de](http://www.datagraph-med.de)), Outcomes Analysis Software ([www.refractiveoutcomes.com](http://www.refractiveoutcomes.com)), SCORE ([www.sanan.net/SCORE](http://www.sanan.net/SCORE)), and SurgiVision® DataLink ([www.svc.surgivision.net/home/SVChome.html](http://www.svc.surgivision.net/home/SVChome.html)). (The *Journal of Refractive Surgery* provides no specific endorsement of the above listed software packages.)

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  - Format of manuscript is consistent with style of the *Journal* (structured abstract, introductory paragraph, materials and methods, results, discussion, references) and with the *AMA Manual for Authors and Editors*.
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**Review Articles:** Major reviews that thoroughly cover a subject.

**Special Articles:** Discussions of subjects relevant to refractive surgery that do not meet the criteria for original articles or reviews.

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