

## Ophthalmic Surgery, Lasers & Imaging

*Ophthalmic Surgery, Lasers & Imaging* (OSLI) publishes original articles describing new findings and techniques in any area of ophthalmic incisional and laser surgery and ophthalmic imaging. Full-length articles, as well as expedited communications, brief reports, book reviews, and editorials, will be included. Articles in the following categories will be considered and published on a regular basis:

- Clinical Science
- Experimental Science
- Laser Surgical Reviews
- Surgical Reviews
- Imaging Reviews
- Techniques
- Instruments/Devices/Technology
- Case Reports
- Brief Reports
- Images in Ophthalmology

Accepted articles in the categories of “Clinical Science,” “Experimental Science,” “Reviews,” “Techniques,” and “Instruments/Devices/Technology,” will be published online advanced release (posted directly to the web site prior to print publication) and subsequently in print. “Case Reports,” “Brief Reports,” and “Images in Ophthalmology” will be considered with the understanding that, if accepted, they will be published online only. Solely at the discretion of the Editor-in-Chief, certain of the latter reports may be selected for print publication.

For all articles, the electronic journal (web site) will be the publication of record rather than the print journal. All articles published online will be listed in the print journal with a URL.

The Journal adheres to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (2008) of the International Committee of Medical Journal Editors. Original submissions are welcome and will be extended the consideration of expert unblinded peer review, conducted by the editors, editorial board, and members of the Review Panel. Submissions are received with the understanding that they have not been published previously in any form or language, and are not simultaneously under consideration by another publisher. Accepted manuscripts become the permanent

property of SLACK Incorporated and may not be published elsewhere without permission. All accepted manuscripts are subject to copy editing.

### EDITORIAL OFFICE

The editorial office is available to answer authors’ questions regarding the preparation and submission of manuscripts.

Phone: 617-636-9033

E-mail: OSLI-PRS@slackinc.com

### SUBMITTING MANUSCRIPTS

Manuscripts should be submitted online at: **www.rapidreview.com**. Additional instructions for submitting via Rapid Review can be obtained from the editorial office.

### MANUSCRIPT PREPARATION

#### AUTHOR RESPONSIBILITY

One author should be designated as corresponding author, and his or her address, e-mail address, and telephone and fax numbers should be provided. The corresponding author will receive proofs for approval. Authors are responsible for the accuracy of all statements in their work, including changes made by the editors.

#### COPYRIGHTS AND PERMISSIONS

The Author Statement form, which may be reproduced, is designed to simplify and consolidate the authors’ statements. A PDF version of the form is available on the Journal’s web site ([www.osli.com](http://www.osli.com)). It should be read, signed, and dated in all sections by **all** authors, and be included at the time of submission of the manuscript. Signing and submitting this form is required before the manuscript can be reviewed, and indicates that the authors are aware of and agree to the details regarding assignment of copyright, financial disclosure, and authorship responsibility described in the form.

Authors must inform SLACK Incorporated if tables, photos, or illustrations have been previously published. Material reprinted from other publications (including electronic

media) must be accompanied by a letter of permission from the publisher, which extends non-exclusive worldwide rights to reprint the material for all forms of media now or hereafter developed to SLACK Incorporated. A letter of consent to use photographs of patients in which a likelihood of identification exists must be obtained. Letters of permission or consent must be scanned and submitted with the manuscript.

## FORMATTING OF THE MANUSCRIPT

The Journal follows the style guidelines delineated in the American Medical Association's *Manual of Style*, 10th ed. (2007). It is recommended that authors print out and examine the manuscript text and all tables and figures from the electronic files to be submitted, and keep that printed copy as an original in the author's possession. The specific instructions for the various categories of manuscripts should be followed just as if the author were preparing hard copy.

Manuscripts should be double spaced with one-inch margins, and pages should be numbered consecutively, beginning with the title page. One e-file should include the entire text of the manuscript, including the following components, each of which should begin on a new page.

### Title Page

The title page should include

- complete article title;
- first name, middle initial, and last name of all authors, with their highest academic degrees, the institution(s) at which the work was done, as well as the affiliations of all authors clearly indicated, using authors' initials, and including the city and state of all institutions;
- name, complete mailing address, e-mail address, telephone number, and fax number for reprint requests and any other correspondence;
- statement indicating whether the authors have or have not received grant support or research funding and whether they have or do not have any proprietary interests in the materials described in the article;
- statement indicating whether the manuscript was presented at a meeting and, if so, the name of the organization, meeting location, and date on which it was read.

If applicable, authors should 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. If the supporting source had no such involvement, the authors should so state. If applicable, authors must declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If the manuscript reports on a registered clinical trial and has been assigned a trial registration number from a public trials registry, authors should provide this information.

## For Clinical Science and Experimental Science

**Abstract.** Provide a structured abstract (150 words maximum) in which the following sections are delineated:

**Background and Objective:** Gives brief overview of the topic and in this context states the main objective of the study.

**Study Design/Materials and Methods:** Describes the basic design, subjects, and scientific methods (for clinical science, section title is Study Design/Patients and Methods). Reports of studies involving human or animal subjects must indicate procedures for the protection of their rights, as well as IRB approval.

**Results:** Gives main results of the study including confidence intervals and exact level of statistical significance.

**Conclusion:** States only those conclusions supported by the data obtained, and, whenever appropriate, the direct clinical implication of the findings (avoid speculation).

Include the headings "Background and Objective," "Patients/Materials and Methods," "Results," and "Conclusions" in the text of the article.

**Introduction.** The introduction should not be an extensive review of the literature, but only of that portion that is pertinent to the purpose of the study and its relationship to work in the same field.

**Patients/Materials and Methods.** Materials and Methods should be written clearly and in such detail that the work can be duplicated by others. The technique of analysis of data should be mentioned.

**Results.** Results must be described concisely. Text, tables, and figures must be consistent and not repetitious.

**Discussion.** The discussion should be concise, explaining the significance of the findings and their relation to previous work. It should analyze the results, indicating statistical or clinical significance and the implications. Statements should be supported by the internal data or by published references. Shortcomings should be indicated. Speculation is to be avoided.

## For Case Reports

*Note: Case Reports accepted for publication are generally to be published online only.*

**Abstract.** Provide an UNSTRUCTURED abstract (150 words maximum).

**Introduction.** The introduction should not be an extensive review of the literature, but only of that portion that is pertinent to the presentation of the case, and should be approximately 100 to 150 words in length.

**Case Report.** The report should be complete and concise and presented in 100 to 350 words, averaging 200 words.

**Discussion.** The discussion should be approximately 400 to 800 words as merited by the subject.

### **For Brief Reports**

*Note: Brief Reports accepted for publication are generally to be published online only.*

This brief format is reserved for preliminary reports and other short reports that do not qualify as Case Reports, Technique, or Instruments/Devices/Technology reports.

**Abstract.** Provide an UNSTRUCTURED abstract (150 words maximum).

**Introduction.** The introduction should present the purpose of the report. It should not be an extensive review of the literature, but only of that portion that is pertinent to the topic. It should be approximately 100 to 150 words in length.

**Design and Methods.** Describe the basic design, subjects, and scientific methods used for the investigation of the question.

**Findings.** This should be complete and concise and presented in 100 to 350 words, averaging 200 words.

**Discussion.** The discussion should be approximately 400 to 800 words as merited by the subject.

### **For Technique Reports**

*Note: For Surgical Techniques, authors may submit one brief video clip (no more than 5 minutes long) illustrating the technique with the article.*

**Abstract.** Provide an UNSTRUCTURED abstract (150 words maximum).

**Introduction.** The introduction should not be an extensive review of the literature, but should present, in approximately 100 to 150 words, the necessary background including other available techniques and the problem or limitation that the new technique addresses.

**Technique.** The technique should be described so that the qualified reader will understand its rationale and be able to perform it. Known and potential caveats should be presented. The presentation may require 100 to 400 or more words, averaging 200 words.

**Discussion.** The discussion should be brief and summarize the presentation, including any useful information that is not appropriately delineated in the description of the technique, including advantages and disadvantages, possible indications, and contraindications.

### **For Instruments/Devices/Technology Reports**

**Abstract.** Provide an UNSTRUCTURED abstract (150 words maximum).

**Introduction.** The introduction should present the comparative background necessary to understanding the purpose of the novel instrumentation presented. It should be approximately 100 to 150 words in length.

**Report.** A complete, concise, critical description of the instrumentation and its use should be provided in approximately 150 to 300 words.

**Discussion.** The discussion should summarize the found and potential advantages and disadvantages of the instrumentation, its indications, and contraindications for use.

### **For Surgical, Laser, and Imaging Reviews**

Surgical and laser surgical reviews should comprehensively discuss all aspects of a specific disease process and treatment modality. Imaging reviews should thoroughly discuss all aspects of a specific diagnostic or experimental imaging technique.

**Abstract.** Provide an UNSTRUCTURED abstract (150 words maximum).

**Sections.** The text should be ordered into sections as appropriate to the subject. Most of the following suggested sections should be applicable for most reviews: background, historical review, natural history, indications, contraindications, patient selection, preoperative evaluation, operative technique, postoperative care, complications, comparative techniques, conclusion, and references. Reviews should be well illustrated and comprehensively referenced.

### **For Letters to the Editor**

Only Letters to the Editor that pertain to an article previously published in the journal will be considered for publication. The author of the article will be given the opportunity to respond. Letters may be edited for clarity or length. Letters should be no more than 500 words, with no more than 5 references and no more than 1 figure. Letter authors must disclose any competing or conflicting interests, if applicable. Letters should be e-mailed directly to the editorial office at [OSLI-PRS@slackinc.com](mailto:OSLI-PRS@slackinc.com).

## **FOR ALL CATEGORIES OF ARTICLES**

### **REFERENCES**

The references are to be cited consecutively in the text in superscript Arabic numerals and listed in numerical order at the end of the text, following the discussion. Once a reference is cited, all subsequent citations to it should use the original reference number.

Authors are responsible for bibliographic accuracy and must check every reference in the manuscript and proofread each reference in the page proofs. Authors must have read cited works. Authors should not assume the accuracy of citations taken from a database or from the reference list of another publication; each reference should be verified from its source.

No more than six authors should be listed; references with more than six authors should list the first three followed by "et al." "In press" articles may be cited by number and included in the reference list identified as "in press." Unpublished observations, including manuscripts "in preparation"

or “submitted” and personal communications should be cited parenthetically in the text and not numbered or included in the references. Reference format and abbreviations of journal names should follow *Index Medicus*.

### Reference Examples

*Journal article* (example is one with more than six authors):

Iber FL, McGonagle T, Serebro HA, et al. Unidirectional sodium flux in small intestine in experimental canine cholera. *Am J Med Sci*. 1969;58:340-350.

*Book:*

Boyd W. *Pathology for the Physician*, 7th ed. Philadelphia, PA: Lea & Febiger; 1965:207.

*Chapter:*

Caster WC. The study of connective tissue. In: Hollander JL, ed. *Arthritis and Allied Conditions*, 7th ed. Philadelphia, PA: Lea and Febiger; 1966:57-64.

### FIGURE LEGENDS

A complete descriptive legend for each figure should be included in a “Figure Legends” section at the end of the manuscript text, each legend identified by number corresponding to order of appearance in the text and all legends listed together in consecutive order. Sources, permissions, and any other explanatory information about the figure should be included as part of its legend.

### TABLES

Each table should be word processed and double spaced, including all headings, on a separate page. Each table should

have an appropriate title. Lines should not be used to indicate spacing. Each column should be given a short abbreviated heading. Explanatory matter should be listed in footnotes, not in the heading. All necessary information must be contained in the caption and the table itself so that it can be understood independently of the text. Information contained in the text should not be repeated in a table and vice-versa. If data from another published or unpublished study are used, written permission must be obtained and acknowledged fully.

### ILLUSTRATIONS

Because of the illustrative value of color figures, approved color figures will be published at no expense to the author.

Illustrations should clarify and augment the text. Each illustration should be transmitted in its own electronic file. All lettering must be legible after reduction to column size.

The required format is .tiff or .jpeg at 300 dpi resolution. If images are to print in color, CMYK format must be used. For black and white images, a grayscale must be employed. Figures submitted in other formats must be converted by the publisher and loss of resolution and/or detail in final printing may occur.

Images should not be embedded in text files. Each image must be a separate, stand-alone file, named to match the figure number listed in the text. Figure legends, headings, or captions should not be included in the graphic file.

**Updated September 2010**