The Asian Journal of Anesthesiology (AJA), launched in 1962, is the official and peer-reviewed publication of the Taiwan Society of Anesthesiologists. It is published quarterly (March/June/September/December) and indexed in the EMBASE, Medline, Scopus, ScienceDirect, and SIIC databases. AJA accepts submissions from around the world.

AJA's mission is: Advancing knowledge, capability, and well-being among clinicians, scholars, and allied professionals in the fields of perioperative, advanced care, and pain medicine by publishing and promoting valuable research and facilitating professional communication, across Asia and around the world.

AJA caters to clinicians of all relevant specialties and biomedical scientists working in the areas of anesthesia, critical care medicine and pain management, as well as other related fields (pharmacology, pathology molecular biology, etc). AJA's editorial team is composed of local and regional experts in the field as well as many leading international experts.

Article types accepted include review articles, research papers, short communication, correspondence and images.

**Types of article**

The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

Editorials

Editorials generally communicate an opinion or stance on an issue by the journal, one or more of the editors, or a guest editorialist.

Please include a title page giving all authors' names, addresses, email addresses, phone and fax numbers, as well as an Acknowledgement statement (see paragraph: Acknowledgements) and signed copyright forms.

Format guide

Word limit: 1500 words

Abstract : no

References: 15 or less

Tables/Figures: 6 maximum

Review Articles

These should aim to provide the reader with a balanced overview of an important and topical issue in research or clinical practice. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Format guide

Word limit: 3500 words

Abstract : unstructured, up to 250 words

References: 100 or less

Tables/Figures: 6 maximum

Research paper

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main outcome measures, and the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide

Word limit: 3500 words

Abstract : structured, up to 250 words

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Tables/Figures: 6 maximum

Brief Communications

These reports should be concise presentations of preliminary experimental results, instrumentation and analytical techniques, or aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. The Editors reserve the right to decide what constitutes a Brief Communication.

Format guide

Word limit: 1500 words

Abstract: unstructured, up to 150 words

References: 20 or less

Tables/Figures: 2 maximum

No subheadings

Correspondence

These include short case reports, technical or clinical notes and short comments on previously published articles. The Editors reserve the right to decide what constitutes a Correspondence.

Format guide

Author: 4 or less

Word limit: 500 words

References: 5 or less

Tables/Figures: 1 maximum

Letters to the Editor

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Format guide

Author: 4 or less

Word limit: 400 words

References: 4 or less

Tables/Figures: 1 maximum

Images in Anesthesiology

Images in Anesthesiology (IiA) are succinct submissions that couple an interesting, novel, or highly educational image with brief text designed to highlight the pertinent anesthesiology-focused information displayed by the image. Supplemental video content can be included to expand the visual learning. The focus of an IiA submission is the image itself, and key educational points raised in the body of the text should be directly related to observation of the image. The IiA section of the Journal is not to be used as a forum for case reports. IiA manuscripts are intended to educate medical students, residents, fellows, anesthesiology practitioners, and interested physicians and scientists.

Format guide

Author: 4 or less

Word limit: 500 words

References: 3 or less

**Manuscript Submission**

Online Submission

Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) must be submitted online to the AJA through airiti’s System IPress. This system can be accessed at External link. This site will guide authors stepwise through the submission process . If assistance is required, please refer to the tutorials and/or customer support that are available on the IPress website; you may also contact the Editorial Office. Please do not post, fax or e-mail your manuscripts to the Editorial Office.

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Asian Journal of Anesthesiology

Fl. 4-3, No. 271, Sec.3, Roosevelt Rd.,

Da'an District, Taipei 106, Taiwan (R.O.C.)

Managing Editor: Ssu-Ying Chen

Tel: (+886) (0)2 2312-3456 ext. 65004

Fax: (+886) (0)2 2367-3817

E-mail: [aatjtw@gmail.com](mailto:aatjtw@gmail.com)

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**Reporting sex- and gender-based analyses**  
  
***Reporting guidance***  
For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research (SAGER) guidelines](https://doi.org/10.1186/s41073-016-0007-6) and the [SAGER guidelines checklist](https://doi.org/10.3897/ese.2022.e86910). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

***Definitions***  
Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](https://www.elsevier.com/authors/policies-and-guidelines/edi#SAGER) offer further insight around sex and gender in research studies.

**Authorship**  
  
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

**Changes to Authorship**  
  
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The title page should contain the following information (in order, from the top to bottom of the page):

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* article title
* names (spelled out in full\*) of all authors, and the institutions with which they are affiliated; indicate all affiliations with a superscripted number after the author's name and in front of the matching affiliation
* Declaration of any potential financial and nonfinancial conflicts of interest
* corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
* running title not exceeding 50 characters

\*The name of each author should be written with the family name last, e.g., Wan-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work and the number of authors should not exceed seven.

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An abstract and 3-5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Invited Articles, Original Articles, Case Reports and Brief Communications.

Abstracts for Review Articles, Invited Articles, Case Reports and Brief Communications should be unstructured (in one single paragraph with no section headings), be no more than 200 words long and include information on the background/purpose of the report, methods, results (or case report), and conclusions.

Abstracts for Original Articles should be structured into the sections listed below and be no more than 250 words long.

Background/Purpose: briefly explain the importance of the study topic and state a precise study question or purpose.

Methods: briefly introduce the methods used to perform the study; include information on the study design, setting, subjects, interventions, outcome measures and analyses as appropriate.

Results: briefly present the significant results, with data and statistical details such as p values where appropriate; be sure that information in the abstract matches that in the main text.

Conclusion: state the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract; give equal emphasis to positive and negative findings.

Keywords should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>).

No abstract or keywords are required for Perspectives, Correspondence and Letters to the Editor.

**Main Text**  
  
The text for Original Articles and Brief Communications should be organized into the following sections: Introduction, Materials (or Patients) and Methods, Results, Discussion, and References. Subheadings in long papers are acceptable if needed for clarification and ease of reading. Sections for Case Reports are: Introduction, Case Report, Discussion, and References. Each section should begin on a new page.

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Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary.

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For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "… KSPSS version 11 was used (SPSS Inc., Chicago, IL, USA)". Thereafter, the generic term (if appropriate) should be used.

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Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature of statistical methods (e.g., two sample t test, not unpaired t test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All p values should be presented to the third decimal place for accuracy. The smallest p value that should be expressed is p < 0.001, since additional zeros do not convey useful information; the largest p value that should be expressed is p > 0.99.

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**Acknowledgments**  
  
General acknowledgments for consultations and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

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The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Section Tables

Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section Formats ). The files should be named according to the figure number, e.g., "Fig1.tif", "Fig2.jpg".

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Regardless of the application used, when your electronic artwork is finalized, please "save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

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Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (\*, \*\*) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

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As a general rule, the receipt of a manuscript will be acknowledged within 1 week of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

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