AIM AND SCOPE OF Operative Neurosurgery

Operative Neurosurgery (ONS) is a bi-monthly stand-alone publication that complements the clinical and research studies published in Neurosurgery by featuring technical material that highlights operative procedures, anatomy, instrumentation, devices, and technology. ONS is the practical resource for cutting-edge material that connects the surgeon directly to the operating room.

EDITORIAL POLICIES

Peer Review

NEUROSURGERY® Publications operates a double-blind peer review process, in which both authors and reviewers are anonymous. For further information, see Oyesiku, Nelson M. The Registrar. Neurosurgery. 2010; 67:1165-1166.

Originality of the Manuscript

All authors must certify that their manuscript is a unique submission and is not being considered for publication by any other source in any medium and that it has not been published, in part or in full, in any form.

Previous Presentations

Works that have been previously presented at a meeting or that have been published as an abstract will be considered for publication as full-length papers. Authors should provide details of the previous presentation(s) on the title page. Details should include the name of annual meeting, sponsoring society (if applicable), date, location, and presentation type (i.e., poster, plenary, etc.).

Major Update of a Previous Study

If the submitted manuscript is a major update of the results of a previously published study (not exclusive to NEUROSURGERY® Publications), authors must disclose this in their cover letter. The editor will review all previous published material to determine whether the new submission demonstrates significant new information or statistical force to warrant further consideration. As a general rule, such updates should show an increase in either (1) the number of patients by 50% or more OR (2) the reported mean follow up by at least 2 years.

Resubmission of Rejected Manuscripts

The goal of the editorial peer review process is to assess each submission’s appropriateness for Operative Neurosurgery and to provide a timely response to the authors. Operative Neurosurgery publishes only a very small percentage of submitted articles. Unless otherwise indicated in the decision letter, rejections preclude resubmission to any NEUROSURGERY® Publications title unless the paper is resubmitted with significant modifications. Authors wishing to have a previously rejected manuscript
reconsidered for review should clearly state this in their cover letter upon submission. Previously rejected papers that are resubmitted will be removed by the Editorial Office.

Permissions
All material included with a submission must be owned solely by the author(s). Any material not meeting this requirement must be accompanied by a written statement permitting use by NEUROSURGERY® Publications. Obtaining this permission is the responsibility of the author(s).

These requirements apply to the following materials:

- Previously published materials require permission from the original publisher (copyright holder).
- Direct quotations of more than 50 words.
- Unpublished data (i.e., manuscript in preparation) require permission from the appropriate investigator.

Credit must be included in the applicable location (figure legend, table legend, in-text, etc.) for all material being reused with permission. If excerpts (e.g., text, figures, tables, illustrations, or audio/video files) from copyrighted works are included in the submitted manuscript, a written release will be secured by the authors prior to submission, and credit to the original publication will be properly acknowledged. Should the editor or publisher request copies of such written releases, authors shall provide them in a timely manner.

Further guidelines on clearing permissions can be found here and to reuse Oxford University Press material please visit: http://www.oxfordjournals.org/en/access-purchase/rights-and-permissions.html

Product Information
Medications, materials, and devices must be identified by full nonproprietary name as well as brand name and the manufacturer's name, city, state, and country. Place this information in parentheses in the text, not in a footnote.

Manuscript Ownership
In consideration of the editor's and publisher's expense and effort in reviewing, editing, and publishing submitted manuscripts, and of the professional benefits related to its publication, authors are required to transfer, assign, and otherwise convey to the Congress of Neurological Surgeons upon acceptance of the manuscript by NEUROSURGERY® Publications all rights, title, and interest in the manuscript, including copyright ownership, together with full right and authority to publish the manuscript (including accompanying digital supplementary content) in all forms and media and to claim worldwide copyright for that published manuscript. (Exceptions include manuscripts that are protected by UK Crown Copyright, are in the public domain (e.g. US Government Publications) or those cannot be fully licensed as requested above. Authors will be required to provide detailed information in the Assignment of Copyright Form which is completed once the accepted manuscript is delivered to Oxford University Press for publication.)
**Author Agreement Form**
Prior to fully submitting a manuscript for consideration, the corresponding author must complete the Author Agreement Form which is completed during the “Additional Information” step of the submission process. The corresponding author completes this form on behalf of all co-authors and agrees to confirm that h/she is authorized by his/her co-authors to complete this form.

**Assignment of Copyright**
The Assignment of Copyright form is completed by the corresponding author once the accepted manuscript is delivered to Oxford University Press for publication. An email will be sent to the corresponding author with a link to Oxford University Press’s Author Services, where the corresponding author will follow the steps to select and complete the appropriate copyright form. In the case of a multi-authored article, the corresponding author agrees to confirm that h/she is authorized by his/her co-authors to enter this assignment on their behalf.

**Funding Compliance**
A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, Oxford University Press will identify to the National Library of Medicine (NLM) articles that require deposit and transmits the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other foundation(s) requiring open access to PubMed Central.

**Self-archiving policy**

**Open Access**
Oxford University Press ensures that authors can fully comply with the public access requirements of major funding bodies worldwide. Additionally, all authors who choose the open access option will have their final published article deposited into PubMed Central.

Hybrid Open Access is offered to authors whose articles have been accepted for publication. With this choice, articles are made freely available online immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer-review and acceptance process. These articles are subject to the Journal’s standard peer review process and will be accepted or rejected based on their own merit.

*Operative Neurosurgery* authors have the option to publish their paper under the [Oxford Open initiative](http://www.oxfordjournals.org/); whereby, for a charge, their paper will be made freely available online immediately upon publication.

After your manuscript is accepted, the corresponding author will be required to accept a mandatory license to publish agreement. As part of the licensing process you will be asked to indicate whether or
not you wish to pay for open access. If you do not select the open access option, your paper will be published with standard subscription-based access and you will not be charged.

**Licenses**

RCUK/Wellcome Trust/COAF funded authors publishing in *Operative Neurosurgery* can use the Creative Commons Attribution license (CC BY) for their articles.

All other authors may use the following licenses:

- Creative Commons Attribution Non-Commercial license (CC BY-NC)
- Creative Commons Attribution Non-Commercial No Derivatives license (CC BY-NC-ND)

Please click [here](#) for more information about Creative Commons licenses.

**Charges**

The open access charges are as follows.

**Charges for CC BY-NC/CC BY-NC-ND:**

- Regular charge: £1875/ $3000/ €2363
- Charge for CNS Members: £1717/ $2500/ €2202
- List B Developing country charge*: £938.00/ $1,500.00/ €1,182.00
- List A Developing country charge*: £0 / $0 / €0

**Charges for CC BY:**

- Regular charge: £2375/ $3800/ €2993
- List B Developing country charge*: £1,187.00/ $1,900.00/ €1,496.00
- List A Developing country charge*: £0 / $0 / €0

*Visit our developing countries page (click [here](#) for a list of qualifying countries).

You can pay open access charges using our Author Services site. This will enable you to pay online with a credit/debit card, or request an invoice by email or post.

Please note that these charges are in addition to any page/color charges that may apply.

Orders from the UK will be subject to the current UK VAT charge. For orders from the rest of the European Union, OUP will assume that the service is provided for business purposes. Please provide a VAT number for yourself or your institution, and ensure your account for your own local VAT correctly.
FAQ for Open Access

**Authorship Limitations and Requirements**

NEUROSURGERY® Publications adheres to the Authorship Requirements as defined by the International Committee of Medical Journal Editors (ICMJE). The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- 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.

Each listed author should have made a major contribution to the conception or completion of the manuscript. Additionally, each author should be willing to share responsibility for the content of the submission. Please note:

- Honorary or guest authorship is not acceptable.
- Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
- For Case Reports, written authorship justification should be included in the cover letter if the number of authors exceeds four.

For more information, please visit the ICMJE’s position on the role of authors and contributors at http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-andcontributors.html.

Changes to Authorship that occur between revisions or prior to publication must be accompanied by a signed copy of the Journal’s Authorization to Change Authorship Form. Note: It is the author’s responsibility to inform the Journal of a change in authorship at any stage during the submission process.

**Conflicts of Interest**

All authors are expected to disclose any conflict(s) of interest, financial or personal, that might bias or be seen to bias their work at the time of submission. Examples include personal or institutional financial interest in drugs, materials, or devices described in the submission. The source of financial support and industry affiliations of all those involved must be stated. All grants pertinent to the submission must be listed. Any conflicts should be disclosed in the Author Agreement form AND in the title page file. If no conflict(s) exists, it must be stated so explicitly. Disclosure statements are published with each article.
For more information, please visit the ICMJE’s position on the reporting of conflicts of interest at http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-ofinterest.html#two.

**Ethics**

**Human Subjects**
Manuscripts that involve research conducted on human subjects must follow the principles outlined in the Declaration of Helsinki (http://www.wma.net/en/30publications/10policies/b3) and include a statement in the Methods section stating that the experimental protocol and informed consent were approved by the Institutional Review Board, and that all subjects gave informed consent. If IRB approval or patient consent was not sought or obtained, authors should include an explanation in the Methods section. Authors should indicate the mechanism used for reviewing the ethics of the research conducted in their cover letter.

**Animal Subjects**
Manuscripts that report animal experiments must include a statement in the Methods section stating that the study was approved by the Institutional Review Board and that the animal care complied with the Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council. Washington: National Academy Press, 1996, http://nap.edu/openbook.php?record_id=5140). Authors should indicate the mechanism used for reviewing the ethics of the research conducted in their cover letter.

Note: Though not required at the time of submission, authors should be prepared to provide evidence of IRB/Ethics Committee adherence if requested by the Editor.

For more information on IRB related matters, please visit http://www.fda.gov/regulatoryinformation/guidances/ucm126420.htm.

**Patient Consent**
It is the policy of the Journal that no identifiable protected health information of any person may be included in any manuscript submitted to or published by NEUROSURGERY® Publications. This policy includes, but is not limited to, any identifiable protected health information subject to applicable laws and regulations concerning the privacy and/or security of personal information under the Health Insurance Portability and Accountability Act of 1996 and other U.S. federal and state laws relating to privacy and security of personally identifiable information, the European Union Directive 95/46/EC and member state implementing directives, Canada’s Personal Information Protection and Electronic Documents Act, India’s Information Technology Act and related Privacy Rules (collectively referred to herein as “PHI”).*

*The PHI identifiers that must be fully anonymized and de-identified include:

- Names;
• All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
  o 1. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
  o 2. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
• All elements of dates (except year) for dates directly related to an individual, including birth date,
  admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
• Telephone numbers;
• Fax numbers;
• Electronic mail addresses;
• Social security numbers;
• Medical record numbers;
• Health plan beneficiary numbers;
• Account numbers;
• Certificate/license numbers;
• Vehicle identifiers and serial numbers, including license plate numbers;
• Device identifiers and serial numbers;
• Web Universal Resource Locators (URLs);
• Internet Protocol (IP) address numbers;
• Biometric identifiers, including finger and voice prints;
• Facial images or any comparable identifying physical marks, tattoos, or characteristics; and
• Any other unique identifying number, code, or other “unique characteristic” associated with the individual which would make it identifiable to the individual, or the author has actual knowledge that the information about the subject could be used alone or in combination with other information to identify the individual.

Authors should pay close attention to images that contain identifiable individual patient characteristics or data such as eyes, date of birth, case number, initials, birthmarks, etc. Prior to submission of any manuscript, the author(s) shall take all steps necessary to ensure that (1) there is no PHI contained in any text, data, or images in the manuscript; and (2) all pre-existing PHI, if any, has been fully anonymized and de-identified.

As a condition of submission to the NEUROSURGERY® Publications all authors must warrant that he or she has obtained, prior to submission, written releases from patients whose names or likenesses are submitted as part of the Work. Should the Journal or Publisher request copies of such written releases,
authors shall provide them in a timely manner. In addition to the foregoing requirements, each author must ensure that:

- Each authorizing individual, or the individual's legal guardian or other person with legal authority to act on the individual's behalf who may be identified in any video, recording, photograph, image, illustration, or case report (or in any other identifiable form) relating to a proposed manuscript is made aware in advance of the fact that such photographs are being taken or such video, recording, photograph, image, illustration, or report is being made, and of all the purposes for which they might be used, including disclosure to NEUROSURGERY® Publications and use by NEUROSURGERY® Publications and any affiliated publication. Such individual, legal guardian or person with legal authority must give his/her explicit written authorization in writing. If such authorization is made subject to any conditions (for example, adopting measures to prevent personal identification of the person concerned), NEUROSURGERY® Publications must be made aware in writing of all such conditions.
- Particular care should be taken where children are concerned (in particular where a child has special needs or learning disabilities), where an individual's head or face appears, or where reference is made to an individual's name or other personal details.
- In the case of a child, if parents or guardians disagree on the use of the images (in any form) of that child, then authorization should be deemed not to have been given and those images should not be used.
- It is important to ensure that only images of children in suitable dress are used in order to reduce the risk of images being used inappropriately.
- Even if authorization has been obtained, care must be taken to ensure that the portrayals and captioning of any individual are respectful and could not be seen as denigrating that individual.

Research Reporting Guidelines

NEUROSURGERY® Publications endorses several reporting guidelines and requires authors to submit their research articles in accordance with the appropriate statement(s) and checklist(s). Completed applicable checklists and flow diagrams must be included with submissions (the item ‘Reporting Guideline Checklist’ is available for submission). A few of the most commonly applicable reporting guidelines are outlined below. However, authors should consult the EQUATOR Network website (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. It is the author’s responsibility to ensure that their paper adheres to the appropriate reporting guideline and is properly formatted as such. For further information regarding this policy, see Barker, Fred G II and Oyesiku, Nelson M. The Registrar. Neurosurgery. 2011; 68:1-5.

Authors should include in the Methods section a phrase indicating which reporting guideline has been implemented in their manuscript.

CONSORT (Consolidated Standards of Reporting Trials)
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 this trial affects this summary. 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.

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)
Systematic reviews and meta-analyses must be reported according to PRISMA guidelines, an evidence based minimum set of items for reporting in systematic reviews and meta-analyses. The aim of the PRISMA Statement is to help authors improve the reporting of systematic reviews and metaanalyses. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. For information regarding PRISMA guidelines, please visit http://www.prisma-statement.org.

MOOSE (Meta-Analysis of Observational Studies in Epidemiology)
Systematic reviews and meta-analyses of observational studies should be reported according to MOOSE guidelines. The MOOSE guidelines are accessible via http://www.equator-network.org/reporting-guidelines/

STARD (Standards for the Reporting of Diagnostic Accuracy Studies)
Investigators reporting studies of diagnostic accuracy should adhere to the STARD statement. The objective of the STARD initiative is to improve the accuracy and completeness of reporting of studies of diagnostic accuracy, to allow readers to assess the potential for bias in the study (internal validity) and to evaluate its generalizability (external validity). The STARD statement consists of a 25-item checklist and recommends the use of a flow diagram to describe the design of the study and the flow of patients. For information regarding STARD guidelines, please visit http://www.stard-statement.org.

STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)
Observational research comprises several study designs and many topic areas. The STROBE statement should be used when reporting such research. The STROBE recommendations apply to the three main analytical designs that are used in observational research: cohort, case-control, and cross-sectional studies. While STROBE recommendations do not specifically address case reports and case series, many of the key elements in STROBE apply to these designs, therefore authors who report such studies should apply the recommendations as far as feasible. The STROBE statement consists of a 22-item checklist. For information regarding STROBE guidelines, please visit http://www.strobe-statement.org.

CARE (Consensus-based Clinical Case Reporting Guideline Development)
The CARE guidelines are intended to ensure “completeness, transparency and data analysis in case reports and data from the point of care.” Though these guidelines will not apply to each and every case report submitted to the Journal they should be consulted by the authors for relevancy prior to submission. More information regarding the CARE guidelines along with the 14-item checklist can be located by visiting http://www.equator-network.org/reporting-guidelines/care/.
Clinical Trial Registration

In line with the International Committee of Medical Journal Editors (ICMJE) recommendations, NEUROSURGERY® Publications requires that all clinical trials (regardless as to country of origin) be registered in a public trials registry at or before the time of first patient enrollment as a condition of submission to the Journal.

According to the ICMJE, a clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome.

For more information regarding Clinical Trial Registration, please visit http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html.

Committee on Publication Ethics (COPE)

The editors of NEUROSURGERY® Publications adhere to the COPE Code of Conduct, which can be found at http://publicationethics.org/resources/code-conduct. Charges of academic dishonesty, including plagiarism, duplicate and redundant publication will be managed according to COPE Guidelines.

Plagiarism

As defined by the World Association of Medical Editors:

Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).

Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected at any time before publication, the NEUROSURGERY® Publications Editorial Office will alert the author, asking her or him to rewrite or quote exactly and to cite the original source. If the plagiarism is extensive (i.e., >25% of the original submission), the editors will take appropriate action to notify both readers and the author’s employers of the infraction.

NEUROSURGERY® Publications is a member of CrossCheck by CrossRef and iThenticate. iThenticate is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published research papers, and billions of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting http://www.ithenticate.com.
Self-Plagiarism
NEUROSURGERY® Publications actively checks accepted manuscripts for self-plagiarism prior to publication. Self-plagiarism is not a tolerated practice. Manuscripts containing high-levels of self-plagiarism (>25% of the original in question) will be reviewed by the Editor-in-Chief for originality. Authors found to have self-plagiarized will be asked to rewrite those portions of their accepted manuscripts and or to quote exactly and cite the original source.

Neuroscience Peer Review Consortium
NEUROSURGERY® Publications is a member of the Neuroscience Peer Review Consortium. The Consortium is an alliance of neuroscience journals that have agreed to accept manuscript reviews from each other. If you submit a revision of your manuscript to another Consortium journal, we can forward the reviews of your manuscript to that journal, should you decide this might be helpful. You can find a list of Consortium journals and details about forwarding reviews at http://nprc.incf.org.

ONLINE SUBMISSION
All manuscripts intended for submission to Operative Neurosurgery must be submitted online at: http://www.editorialmanager.com/ons.

First-time Users
Please click the Register button at http://www.editorialmanager.com/ons. Upon successful registration, you will be sent an email providing your username and password. Save this information for future reference. Please note: Authors need only register as a new user under either Neurosurgery or Operative Neurosurgery. Registration on one site automatically registers the user on the other site.

Note: If you have received an email from us with an assigned username and password, or if you are a repeat user, do not register again. Just log in. Once you have an assigned username and password, you do not have to re-register.

Authors who have a registered ORCID iD can now login to Editorial Manager using those credentials. To find out more about ORCID, please visit http://orcid.org.

Authors
Please click the Login button from the menu at the top of the page and login to the system as an author. Submit your manuscript according to the author instructions. You will be able to track the progress of your manuscript through the system.

If you experience any problems, please contact the Editorial Office via phone (+1)404.712.5930 or email: neurosurgerypubs@cns.org.

MANUSCRIPT PREPARATION

Necessary Files for Submission
- Cover Letter
- Title Page
- Manuscript (including abstract, main text, references and figure legends)
• Figure(s) (when appropriate)
• Table(s) (when appropriate)

The above items should be prepared as separate files. Each file must contain a file extension.

Note: In accordance with the Journal’s blinded review process, author/institutional information should be omitted or blinded from the following submission files: Manuscript, Figure(s), Table(s), Supplemental Digital Content, Response to Reviewers.

Format and Style
• Text should be 1.5-spaced.
• Font style should be Times New Roman or similar serif typeface.
• Body text size should be 12 pt.
• Page size should be US Letter with 1 inch margins.
• Do not include author names in headers or footers.
• To assist reviewers, please include page numbers and line numbering in the manuscript file.
• Accepted file formats for text files: DOC and DOCX

Cover Letter
The cover letter should include a brief explanation of the submission and its perceived value. Cover letters may be addressed to: Nelson M. Oyesiku, MD, PhD, FACS, Editor-in-Chief, NEUROSURGERY® Publications.

Title Page
The title page should be created as a separate document and must include the following:

• Full title of the paper—short, clear, and specific. Abbreviations should not be used in article titles.
• All authors’ full names, each followed by his/her highest academic degree(s) (e.g., BS, BMed, MBBS, MD, PhD). US fellowship designations (e.g., FACP, FAAN, FACS) and honorary designations should be omitted. Non-US designations (e.g., FRCP, FRCPC) may be listed.
• Departmental and institutional affiliations for each author, including the city, state or province, and country (use superscript numbers to identify each author with his/her corresponding affiliation).
• Details of previous presentation(s). Details should include the name of the annual meeting, sponsoring society (if applicable), date, location, and presentation type (i.e., poster, plenary, etc.).
• Disclosure of funding received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; Howard Hughes Medical Institute (HHMI); and other foundation(s) requiring open access.
• The source of financial support and industry affiliations of all those involved must be stated. List all grants pertinent to the paper. In addition, authors must state whether they have any personal or institutional financial interest in drugs, materials, or devices described in their submissions.
Concise acknowledgment of contributors not listed as authors is welcome. Do not include Acknowledgements within the manuscript document.

Corresponding Author contact information including the name, address, and email address of the author responsible for correspondence, form(s) competition, and galley proof review. Clearly indicate if changes of address are anticipated, and include forwarding addresses. It is the Corresponding Author’s responsibility to notify the Editorial Office of changes of address. Only the Corresponding Author should communicate with the Editorial Office for matters regarding each manuscript.

Abstract
For article types requiring a structured abstract (not including Case Reports and Study Protocols), the abstract should be no more than 250 words, summarizing the problem being considered, how the study was performed, the salient results, and the principal conclusions under the following headings:

- Background: Address the background and rationale for the study.
- Objective: State the precise objective or study question addressed.
- Methods: Define the basic design, procedures, and/or setting in which the study was conducted.
- Results: Present significant data and observations gathered.
- Conclusion: Interpret findings and give principal conclusions.

Abstracts for Research-Human-Study Protocols should be no more than 250 words and should summarize all the key elements of the protocol under the following headings: Background; Objective; Methods; Expected Outcomes; Discussion.

Review (qualitative), Legacy-Institutions and People, Special Article, and Surgical Video article types require an unstructured abstract of no more than 250 words.

Abstracts for Case Reports contain the following headings:

- Background and Importance: State the significance of the issue and importance of the case(s).
- Clinical Presentation: Define the case(s) presented, pertinent attendant issues, and observations.
- Conclusion: State outcome of case(s) and recommend treatment pathways.

Keywords/Running Title
On the same page, provide a running title (short title) of 3 to 5 words, and list, in alphabetical order, keywords (maximum of 7) for coding and indexing. Consult the Index Medicus for appropriate keywords.

Manuscript Subheadings

Research
Introduction: Brief description of the background that led to the study (current results and conclusions should not be included).
Methods: Details relevant to the conduct of the study. Wherever possible give numbers of subjects studied (not percentages alone). Statistical methods should be clearly explained at the end of this section.

Results: Work should be reported in SI units. Undue repetition in text and tables should be avoided. Comment on validity and significance of results is appropriate but broader discussion of their implication is restricted to the next section. Subheadings that aid clarity of presentation within this and the previous section are encouraged.

Discussion: The nature and findings of the study are placed in context of other relevant published data. Caveats to the study should be discussed. Avoid undue extrapolation from the study topic. If lengthy, please separate into sections with subheadings to enhance readability.

Conclusion: Should restate the purpose of the study and primary empirical questions that were asked, and should restate the most significant findings. The conclusions should aid the reader in understanding the significance of the study in contributing to the base of knowledge about the subject.

Research articles that adhere to a reporting guideline (e.g., STROBE, CONSORT, PRISMA) should include subheadings, particularly in the Results and Discussion, that address specific items listed in the associated checklist.

Case Report
Background and Importance: State the significance/uniqueness of the case in relation to the existing literature. Why is it being reported?

Clinical Presentation: Describe the clinical features of the case(s), and the pertinent observations (imaging, pathology operative findings as appropriate). When applicable, use subheadings for clarity. Brevity is essential.

Discussion: Discuss the relevant literature in the context of the current case. The discussion need not be exhaustive, and it should focus specifically on how the case differs from existing literature and what lessons can be gleaned from dissemination of its findings

Conclusion: State outcome of case(s) and recommendations/lessons.

Editorial Requirements
Non–Native Speakers of English
Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English–language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors to take at least one of the following steps:

- Have your manuscript reviewed for clarity by a colleague whose native language is English.
- Use a service such as one of those listed below.
Note that the use of such a service is at the author's own expense and risk and does not guarantee that the article will be accepted. NEUROSURGERY® Publications accepts no responsibility for the interaction between the author and the service provider or for the quality of the work performed.

**Statistical Analysis**

For manuscripts that report statistics, the Editor requires that the authors provide evidence of statistical consultation (or at least expertise); a biostatistician may review such manuscripts during the review process.

In the Methods section:

- Identify the statistical tests used to analyze the data.
- Indicate the prospectively determined P value that was taken to indicate a significant difference.
- Cite only textbook and published article references to support your choices of tests.
- Identify any statistics software used.

In the Results section:

- Note that following the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition. New York: Oxford University Press; 2007, page 889, the Journal does not use a zero to the left of the decimal point, because “…statistically it is not possible to prove or disprove the null hypothesis completely when only a sample of the population is tested (P cannot equal 0 or 1, except by rounding).”
- Report actual P values rather than thresholds: not just whether the P value was above or below the significant-difference threshold. Example: write “P = .18”, not “P > .05” or “P = NS.”
- P should be expressed to 2 digits for P ≥ .01, because expressing P to more than 3 digits does not add useful information. If P < .001, it should be expressed as P < .001, rather than P < .0001 or P = .00001 for example.
- If P > .99, P = .999 for example, it should be expressed as P > .99.

**Abbreviations, Nomenclature and Symbols**

These should conform to those found in the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition. The use of standard international units is encouraged. Note: The use of nonstandard abbreviations is strongly discouraged. In accepted manuscripts, use of such abbreviations may cause a delay in the copyediting process.
Operative Neurosurgery ARTICLE TYPES

Case Series
Case series (also known as a clinical series) is a type of study that tracks patients with a known exposure, such as patients who have received a similar treatment (e.g., surgical procedure) or examines their medical records for exposure and outcome. Case series may be consecutive or non-consecutive, depending on whether all cases presenting to the authors over a period were included, or only a selection. Case series have a descriptive study design; unlike studies that employ an analytic design (e.g., cohort studies, case-control studies, or randomized controlled trials). A structured abstract of no more than 250 words is required. Maximum length: 3,000 words of text (not including abstract, references, figures, tables, and online-only material). See Research Reporting Guidelines for information regarding STROBE.

Complication
Complications are an inherent aspect of operative neurosurgery. These articles should consist of a description of a surgical (intraoperative or postoperative) complication that is unique in its occurrence or causation. It should include a concise clinical summary, images (diagnostic and intraoperative as appropriate) to illustrate the pertinent issues, and a scholarly discussion of the root cause analysis and how it could have been prevented in the reported case and similar cases that other surgeons and readers may encounter. A structured abstract of no more than 250 words is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

Concepts, Innovations and Techniques
These articles should present an experimental or innovative method, test or procedure. The tool or method described may be new or may be an update or adaptation of an existing one. The tool or method needs to have been tested, and while not necessarily outperforming existing approaches should show innovation in the approach or implementation. Authors must clearly acknowledge work upon which they are building, both published and unpublished. A structured abstract of no more than 250 words is required. Maximum length: 3,000 words of text (not including abstract, references, figures, tables, and online-only material).

Instrumentation Assessment
Operative neurosurgery utilizes and continues to advance the use of novel and advanced techniques of operative instrumentation. This area of innovation covers a wide spectrum from software to hardware. The journal welcomes reports of advances in instrumentation. These should be accompanied by a candid assessment of their utility, their advantages, and limitations. The assessment should be comprehensive and balanced. Important and relevant issues such as the status of regulatory approval, cost considerations, and conflicts of interest should be adequately described. A structured abstract is required. Maximum length: 3,000 words of text (not including abstract, references, figures, tables, and online-only material).
Instrumentation and Technique

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Development of new instrumentation to solve operative problems may be reported as “Instrumentation and Techniques.” The paper should describe the specific instrumentation, what operative procedures it is designed to be used in, what problems it solves, and what improvements in the operative technique are made by the use of the instrumentation (operative time, safety, risk reduction, etc.). The report should be factual, supported by data, and original. Reports consisting solely of opinions or preferences will not be considered. Conflicts should be declared. A structured abstract of no more than 250 words is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

Operative Nuances

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report modifications of operative techniques. The indications and application of the technique should be well described. A clear case for how the technique differs from existing operative technique should be made. Any supporting necessary instrumentation should be described. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract of no more than 250 words is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

Operative Technique

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report new operative techniques. Because of their novelty they will be considered as rapidly as possible and need not be accompanied by a full assessment as with a Technique Assessment. However, the indications and application of the technique should be well described. A clear case for how the technique differs from existing operative technique should be made. Any supporting necessary instrumentation should be described. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract of no more than 250 words is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

Review

Reviews are balanced accounts of all aspects of a particular subject including the pros and cons of any contentious or uncertain aspect. Qualitative reviews should include an unstructured abstract of no more than 250 words. A structured abstract is required for quantitative reviews. Maximum length: 3,500 words of text (not including abstract, references, figures, tables, and online-only material) with no more than a total of 100 references. For systematic reviews and meta-analyses, see Research Reporting Guidelines for information regarding PRISMA and MOOSE.
Surgical Anatomy and Technique

Surgical anatomy is the basis of operative technique. New information derived from anatomical dissections, imaging, or digital technology can augment the surgeon’s knowledge and awareness of the operative field. Novel reports in this domain are welcome. A description of the pertinent anatomical revelations, the methods by which they were obtained, the operative technique(s) it augments, and pertinent data should form the basis of the report. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

Surgical Video

The Journal welcomes 2-D and 3-D surgical video submissions of the following types:

- Microsurgery
- Endoscopy
- Clinical Scenarios
- Cadaver Dissections
- Simulation

All surgical videos should consist of a brief narrated PowerPoint presentation of the case including relevant preoperative imaging followed by a narrated surgical video illustrating the most important technical aspects of the surgical case. An unstructured abstract of no more than 250 words should accompany every surgical video. In print, an image of the video will appear alongside the abstract. A select panel of reviewers will evaluate submissions on video quality, narration quality, content, quality of the narrator, content teaching value, and interest to the Operative Neurosurgery audience.

Surgical video files should be submitted following these requirements:

- Accepted video file types include: .wmv, .mov, .fv, .qt, .mpg, .mpeg, and .mp4
- 3-D videos should be submitted as one single stereoscopic (left-right) video file.
- Video files should be formatted with a 320 x 240 pixel minimum screen size.
- Videos must include embedded audio narration in English.
- Video files should be less than 1 GB and should not exceed 10 minutes in runtime.
- Videos should not include manufacturer logos or commercial trademarks.
- Do not include author/institution information or “title page” slides in the video.
- Any text used in the video should be formatted using Arial font.
- Video files too large to upload in Editorial Manager may be alternately submitted as a URL for downloading (via a file transfer or cloud storage website, such as Dropbox) at the “Attach Files” step in Editorial Manager. In lieu of attaching the file, authors may select the “URL” option as the delivery method.
- 3-5 descriptive annotations designating the significant moments in the video must be provided during the submission process in Editorial Manager. Example provided below:
0:10 - Placement of Patient
1:00 - Incision
3:00 - Procedure

**Technique Assessment**

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report new operative techniques with an accompanying assessment of the advantages and risks. The report should be factual, supported by data (clinical, anatomic, imaging or otherwise), objective, and original. Reports consisting solely of opinions or preferences will not be considered. A structured abstract of no more than 250 words is required. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

**Technical Case Report**

Technical Case Reports are case reports within the realm of operative neurosurgery. They may report an unusual clinical presentation of operative pathology, an unusual modification of operative or instrumentation techniques to address a one-off unique situation, or the occurrence of a hitherto unknown complication or previously unreported outcome.

Important Note: technical case reports appear in print as a truncated version with the abstract and selected figures only. Full text, references, and figures are reproduced online at [http://www.operativeneurosurgery-online.com](http://www.operativeneurosurgery-online.com).

A structured abstract of no more than 250 words is required. Maximum length: 1,200 words of text (not including abstract, references, figures, tables, and online-only material).

Abstracts for Technical Case Reports contain the following headings:

- **Background and Importance:** State the significance of the issue and importance of the case(s).
- **Clinical Presentation:** Define the case(s) presented, pertinent attendant issues, and observations.
- **Conclusion:** State outcome of case(s) and recommend treatment pathways.

**Letter to the Editor**

Letters discussing a recent *Operative Neurosurgery* article or a topic of neurosurgical interest not necessarily related to a published article can be submitted. They should be submitted online via [http://www.editorialmanager.com/ons](http://www.editorialmanager.com/ons). Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Important Note: Letters to the Editor are indexed in the journal Table of Contents; however, the text is only available online at [http://www.operativeneurosurgery-online.com](http://www.operativeneurosurgery-online.com). Maximum length: 1,000 words of text (not including references, figures, tables, and online-only material).
Response to Letter to the Editor
Corresponding authors are invited by the Editorial Office to submit a Response to Letter to the Editor upon receipt of a Letter to the Editor regarding their article in *Operative Neurosurgery*. Response letters must not duplicate other material published or submitted for publication and should not include unpublished data. Important Note: Responses to letters to the editor are indexed in the journal Table of Contents; however, the text is only available online at [http://www.operativeneuropsurgery-online.com](http://www.operativeneuropsurgery-online.com). Maximum length: 1,000 words of text (not including references, figures, tables, and online-only material).

Commentary
Commentaries are invited at the discretion of the editor and can be a brief communication on a subject pertinent to the field. Commentaries may also be invited from a selected reviewer or reviewers once a paper has been accepted for publication. The goal of a commentary in the latter case is to enrich the reader’s understanding of the manuscript by highlighting a particular aspect of the given paper or to offer a an alternative perspective on the contents reported. Important Note: Commentaries are published in print or online only at the discretion of the Editor-in-Chief. Maximum length: 1,500 words of text (not including references, figures, tables, and online-only material).

Editorial
Editorials are invited essays written and submitted by a member of the editorial board. Editorials are used as a venue for members of the editorial board to express their views on an issue timely to the neurosurgery community. These are solicited by the Journal. Maximum length: 1,500 words of text (not including references, figures, tables, and online-only material).

Guest Editorial
Guest editorials are invited essays written and submitted by a member of the neurosurgery community. Guest editorials are used as a venue for the author to express his or her views on an issue timely to the neurosurgery community. These are solicited by the Journal. Questions may be directed to neurosurgerypubs@cns.org. Maximum length: 1,500 words of text (not including references, figures, tables, and online-only material).

Editor-in-Chief Registrar
The Registrar is an article type reserved specifically for communications from the Editor-in-Chief to the Journal readership. The Editor-in-Chief may use this as a venue to provide updates on the Journal and its features or to communicate his or her views on a subject timely to the neurosurgery community.

Book Review
Reviews of books and new media are invited by the Editor. Questions may be directed to neurosurgerypubs@cns.org. Maximum length: 1,000 words of text (not including references).
Cover Essay

A cover essay is an invited submission based on the journal cover art. The goal of this essay is to illuminate the image that appears on the cover of the Journal. These essays will be solicited by the editor and those solicited may include the author of the paper from which a cover image was selected, the artist who created the cover image, or an author whom the editor feels can provide insight into the cover art. Maximum length: 1,500 words of text (not including references, figures, tables, and online-only material).

REFERENCES

<table>
<thead>
<tr>
<th>Type of Reference</th>
<th>Reference Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal—article</td>
<td>Author(s). Article Title. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Journal—online (with volume and page info)</td>
<td>Author(s). Article Title. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Journal—online (without volume and page info)</td>
<td>Author(s). Article Title. Journal Name. Year. doi: .</td>
</tr>
<tr>
<td>Journal—online ahead of print</td>
<td>Author(s). Article Title [published online ahead of print Month Day Year]. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Book—single author</td>
<td>Author(s). Article Title. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Book—chapter</td>
<td>Author(s). Article Title. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Book—with editors</td>
<td>Author(s). Article Title. Journal Name. Year;vol(issue No.):inclusive pages. URL. Access [date].</td>
</tr>
<tr>
<td>Book—online</td>
<td>Author(s). Book Title. Edition number (if it is the second edition or above). City, State (or Country) of publisher: Publisher’s name; copyright year. URL. Access [date].</td>
</tr>
<tr>
<td>Website</td>
<td>Author (or, if no author is available, the name of the organization responsible for the site). Title (or, if no title is available, the name of the organization responsible for the site). Name of the Web site. URL. Access [date].</td>
</tr>
</tbody>
</table>

- All references cited in the text must be both listed and cited by the reference number (footnotes are not accepted).
- Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscript Arabic numerals. Use superscript numerals outside periods and commas, inside colons and semicolons. When more than 2 references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space to separate other parts of a multiple citation (e.g., As reported previously,1,3-8,19...The derived data were as follows3,4,12:)
- References should be numbered consecutively in the order in which they are cited in the text.
- References in tables and in figure legends must appear in the reference page(s).
- In listed references, use the author’s surname followed by initials without periods. (e.g., Doe JF)
- If there are 6 or fewer authors of a reference, all authors should be listed. If there are more than 6 authors, then the list should be truncated to 3 authors followed by “et al.”
  - 1 author Doe JF.
  - 2 authors Doe JF, Roe JP III.
  - 6 authors Doe JF, Roe JP III, Coe RT Jr, Loe JT Sr, Poe EA, van Voe AE.
>6 authors Doe JF, Roe JP III, Coe RT Jr, et al.

- Full-page ranges should be given in expanded form (e.g., 426–429, not 426–9).
- If non-English-language titles are translated into English, bracketed indication of the original language should follow the title.
- Abbreviate and italicize names of journals. Abbreviations for journal titles should be those found on PubMed and adopted by the Index Medicus.
- In references to journals that have no volume or issue numbers, use the issue date, as shown in example 1 below. If there is an issue number but no volume number, use the style shown in example 2. Conversely, if there is a volume number but no issue number, follow example 3.
  - 1. Author(s). Article Title. Journal Name. Month Year: inclusive pages.
  - 2. Author(s). Article Title. Journal Name. Year;(Issue No.):inclusive pages.
  - 3. Author(s). Article Title. Journal Name. Year;vol:inclusive pages.
- Papers "submitted for publication" but not yet accepted and citations such as "personal communication" or "unpublished data" are not acceptable as listed references and instead should be included parenthetically in the text. This material, with its date, should be noted in the text as “unpublished data” as follows: (J. F. Doe, MD, unpublished data, January 2010).
- Papers denoted "in press" (accepted for publication) should appear in the references.
- Contributors are responsible for the accuracy and completeness of the references.

FIGURES
To ensure the highest-quality reproduction of figures, please follow these guidelines carefully. Figures refer to both photographic and computer-generated graphs and charts.

NEUROSURGERY® Publications is not responsible for the quality of images in print; it is the responsibility of the authors to submit publication-quality, high-resolution images. If you have questions, consult a graphics specialist.

Creating and Saving
- Art should be created/scanned, saved, and submitted as either a TIFF or an EPS file.
- Art should be created or scaled to the size intended for print. Image orientation should also be the same as intended for print.
- Artwork originating and generated from office suite programs such as MS Word, MS PowerPoint, and MS Excel should be saved as a PDF and converted to a high-resolution TIFF or EPS file using Photoshop.
- Figures should look sharp and crisp when viewed at 100% magnification in Photoshop.
- Any text or labels used on an image should be formatted using Helvetica or Arial font.
- Panel labels should be set in the upper left-hand corner.
- Figures should not be manipulated; i.e., no feature within an image may be enhanced, obscured, moved, removed, or introduced.
- Figures are numbered with Arabic numerals (1, 2, 3, etc.) when there is more than one figure included with the manuscript. Do not use roman numerals to number figures.
• If a figure has multiple parts ("composite figure") each part ("panel") is designated with uppercase alphabetical letters in the figure legend and in-text reference.
• Composite figures must be submitted as separate panels (without embedded labels), e.g., Figure 1A.tif, Figure 1B.tif, to be combined during production if accepted for publication.
• Each file should be saved as the appropriate figure number (e.g., Figure 1.tif). Do not include the author name in figure file name.

**Formatting Specifications**

- File formats appropriate for figures: TIFF and EPS
- All figures must be designated GRAYSCALE (black and white) or CMYK (color).
- If figures are in RGB, they should be converted to CMYK prior to submission if they are to be printed in color. Authors should note that the RGB color space is significantly larger than the process CMYK color space, and therefore, depending on the content of the image, color shifts may occur during the conversion.
- Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of at least 300 dpi (dots per inch). Line art (purely black and white figures with no shades of gray) must have a resolution of at least 1200 dpi. Figures that do not meet the resolution requirement will be returned if submitted.
- Digital art files should be cropped to remove non-printing borders (such as unnecessary white or black space around an image) and should not include embedded “legend” text.

<table>
<thead>
<tr>
<th>Width</th>
<th>Pixels</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inches</td>
<td>Pica</td>
<td></td>
</tr>
<tr>
<td>3&quot;</td>
<td>18</td>
<td>900</td>
</tr>
<tr>
<td>4&quot;</td>
<td>24</td>
<td>1200</td>
</tr>
<tr>
<td>6&quot;</td>
<td>36</td>
<td>1800</td>
</tr>
</tbody>
</table>

**Submitting**

- Attach a separate file for each individual art submission.
- Do not embed figures in the manuscript file.
- Figures should be labeled using the Description field provided in the Attach Files section of Editorial Manager (e.g., Figure 1, Figure 2). This provides a label for each figure in the PDF generated by Editorial Manager.
- Cite figures consecutively in the manuscript, and number them in the order in which they are discussed. If a figure contains multiple panels (A, B, C, etc.) all panels must be cited in alphabetical order or the figure must be cited as a
• whole before proceeding to the next numerical figure.
• Ensure the file format is either TIFF or EPS and the resolution is at least 300 dpi.
• Carefully review the PDF conversion of your submission files to ensure that figures uploaded without error and appear as intended. If you experience any difficulties uploading figure images, or have questions regarding submission specifications please contact the Editorial Office via phone (+001)404.712.5930 or email: neurosurgerypubs@cns.org.

Color Figures
Authors are responsible for the costs of any color reproductions in the printed journal and for obtaining permission to reproduce previously published illustrations. Color is preferred with all histopathology, and in particular immunohistochemistry illustrations.

Figure Reproduction Costs
• $500 for one color figure
• $150 for each additional figure thereafter

Authors may request that figures be produced in color in the electronic versions of the journal free of charge and converted to grayscale in print. Please do not submit multiple versions of figures; the publisher will convert any color figures to grayscale in production. The publisher will note in the printed legends that color versions are available online. When preparing illustrations for color production online and for grayscale production in print, ensure that colors chosen will reproduce well when printed in grayscale and that descriptions of figures in text and legends will be sufficiently clear for both print and electronic versions. These are the author’s responsibility. There are no costs associated with color figures submitted with invited articles and special supplements.

Figure Legends
• Legends for all figures should be brief, specific, and appear on a separate page at the end of the manuscript document, following the list of references.
• Use scale markers in the image for electron micrographs, and indicate the type of stain used.
• All symbols or abbreviations appearing in an illustration must be defined in the legend.
• Legends for composite figures should be formatted as a single legend containing necessary information about each part/panel (not separated).
• Credit for any previously published illustration must be given in the corresponding legend. This includes reference to the original source and indication that permission has been obtained to reuse the image (if required).
• For further information on figure legend formatting, please see the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition or visit online: http://www.amamanualofstyle.com.
Creating and Saving

• Create tables using the table formatting and editing feature of Microsoft Word. Do not use Microsoft Excel or comparable spreadsheet programs.
• Tables are text-only items. Images may not be embedded within tables.
• The use of color in table cells or other color elements is not permitted.
• Save each table in a separate Microsoft Word document.
• Tables that include one or more parts (e.g., Table 1A, Table 1B) should be submitted in one single file.

Formatting Specifications

• Accepted file formats for tables: DOC and DOCX
• Each table file should include the table title, appropriate column heads, and any legends (including abbreviations). Table titles and legends should not be included within the manuscript file.
• Do not include author names in headers or footers of table files.
• Abbreviations are not permitted in table titles. Any abbreviation(s) used in the body of the table, including dashes must be defined in a footnote to the table, listed in reading order. They should be self-explanatory and should supplement, rather than duplicate, the material in the text.
• Tables are numbered with Arabic numerals (1, 2, 3, etc.) when there is more than one table included with the manuscript. Do not use roman numerals to number tables.
• Cite tables consecutively in the manuscript, and number them in the order in which they are discussed.
• Many tables include information from other articles and series of patients. In these tables, include the name of the first author of the series in the far left column of the table, and include the reference and year alongside the author’s name. Each series mentioned in a table must list a corresponding reference in the Reference section of the manuscript.

Submitting

• Table files are uploaded individually as separate documents during the submission process.
• Do not submit tables embedded within the manuscript file.
• Carefully review the PDF conversion of your submission files to ensure that any tables submitted are legible, and are not cut-off on either side of the page.
• For further information on Table formatting, please see the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition or visit online: http://www.amamanualofstyle.com.

SUPPLEMENTAL DIGITAL CONTENT

Authors may submit supplemental digital content to enhance their article’s text and to be considered for online only posting. Supplemental digital content may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, and videos. Note: Supplemental Digital
Content will not be copyedited or formatted in any way by the Editorial Office of the Publisher. These materials will be published as is.

Formatting Requirements

- Do not include author/institution information within supplemental material or in the file names.
- Supplemental digital content items are numbered with Arabic numerals (1, 2, 3, etc.) when there is more than one.
- Cite all supplemental digital content consecutively in the text, and number in the order in which they are cited.
- Citations should include the type of material submitted, should be clearly labeled as “Supplemental Digital Content,” and should provide a brief description of the content.
- Items may only be grouped into one singular supplemental digital content file if they are referenced as a whole in the text.

In-text Citation Examples
(see Figures, Supplemental Digital Content, which demonstrate the technique used)
(see Table, Supplemental Digital Content 1, which illustrates the rise in cost of knee replacement surgery)
(see Video, Supplemental Digital Content 2, which demonstrates the degrees of flexibility in the elbow)
(see Supplemental Methods, Supplemental Digital Content 3, for further details)

- All supplemental digital content files should include a title, legend, abbreviations list, etc., within the supplemental content file. For those files like figures and videos that may be uploaded as separate files, please upload a separate legend file. If figures are submitted in either a Microsoft Word or PowerPoint file, legends should be included within the individual file. For the video legends please provide 3-5 descriptive annotations designating the significant moments in the video. Example: 0:10 - Placement of Patient; 1:00 – Incision; 3:00 – Procedure.
- If a supplemental content file includes references, they should be formatted according to the AMA Manual of Style: A Guide for Authors and Editors, 10th Edition, as with references in the main text.

File Type and Size Requirements

- Supplemental documents, graphs, and tables may be presented in any format.
- Supplemental figures should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, or .gif
- Supplemental video files should be submitted following these requirements:
  - Accepted video file types include: .wmv, .mov, .fv, .qt, .mpg, .mpeg, and .mp4
  - Video files should be formatted with a 320 x 240 pixel minimum screen size.
  - Video files should be 1GB or smaller and should not exceed 10 minutes in runtime.
  - Videos must include embedded audio narration in English or detailed subtitles in English.
  - Videos should not include manufacturer logos or commercial trademarks.
  - Do not include author/institution information or “title page” slides in videos.
  - Any text used in videos should be formatted using Arial font.
Video files too large to upload in Editorial Manager may be alternately submitted as a URL for downloading (via a file transfer or cloud storage website, such as Dropbox) at the “Attach Files” step in Editorial Manager. In lieu of attaching the file, authors may select the “URL” option as the delivery method.

3-5 descriptive annotations designating the significant moments in the video must be provided during the submission process in Editorial Manager and included in the legend for the video. Example provided below: 0:10 - Placement of Patient; 1:00 – Incision; 3:00 – Procedure.

ACCEPTED MANUSCRIPTS

Page Proofs / Electronic Proofs
Authors are sent page proofs by email. These should be checked immediately and corrections, as well as answers to any queries, returned to the publishers as an annotated PDF via the online proofing system within 2 working days (further details are supplied with the proof). It is the author's responsibility to check proofs thoroughly.

Advance Access
Advance Access articles are published online four weeks after they have been accepted for publication, in advance of their appearance in a printed journal. Appearance in Advance Access (in either of the models below) constitutes official publication, and the Advance Access version can be cited by a unique DOI (Digital Object Identifier). When an article appears in an issue, it is removed from the Advance Access page.

Articles posted for Advance Access have been copyedited and typeset and any corrections included. This is before they are paginated for inclusion in a specific issue of the journal.

Reprints
Reprints should be ordered from the publisher when page proofs are returned. An order form will accompany all page proofs sent from the publisher.

Offprints
Authors will receive electronic access to their paper free of charge. Printed offprints may be purchased in multiples of 50. Rates are indicated on the order form, which must be returned with the proofs.

Reviewer Comments
When appropriate, reviewer comments will be printed at the end of a published paper. If a paper is rejected, reviewer comments (if applicable) will be returned to the author electronically.
DISCLAIMER
The statements and opinions expressed in NEUROSURGERY® Publications are those of the individual contributors, editors, or advertisers, as indicated, and do not necessarily represent the views of the other editors, the publisher, or the Congress of Neurological Surgeons. Unless otherwise specified, the authors and publisher disclaim any responsibility or liability for such material.