

Veterinary Anaesthesia and Analgesia

Submission Checklist for Authors

A. Cover Letter

- Please confirm all authors have read submitted version

B. General Style

- Times New Roman 12pt
- Double-spaced with a 1" or 30 mm margin on each side
- Continuous line numbering of the main document, beginning with the abstract
- Please refer to the author guidelines and the journal for examples of units, numbering, citations and references
- Please see "Abbreviations" at the end of this checklist for common abbreviations to copy and paste
- VAA conducts anonymous review, please ensure that identifying information such as the name of your university or author initials are removed and replaced by **** for the review process. **Note: it is not necessary to remove country name in the manufacturer details.

C. Title Page

- All authors and affiliations are listed and identified by letters (a,b,c,d)
- One author has been designated as the corresponding author for communication relating to editorial matters (this may be a different person from the corresponding author listed at publication) with contact details:
 - E-mail address
 - Full postal address
- Indicate any co-first and last authors with numbered superscripts (1,2)
- Provide corresponding author name, address and email
- Provide forty character running head
- Please provide a statement defining the role of each author. For example:

Authors' contributions

MD: data interpretation, statistical analysis and preparation of manuscript;
RG: study design, data management, and preparation of manuscript.

- Include the Acknowledgements section stating any funding
- Include a Conflict of interest statement. If none, please write "The authors declare no conflict of interest".

Upload the title page separately from main document for anonymous review

D. Main Document

The main document should be structured with the following main headings and additional sub-headings, as required

Abstract

- Provide a Word Count at the top of the page (introduction through discussion)
- Maximum of 300 words
- Structured with subheadings
 - Research articles and Short Communications: Objective, Study design, Animals or Animal population, Methods, Results, Conclusions and clinical relevance
 - Reviews and “What is the Evidence?”: Objectives, Databases used, Conclusions

Provide up to six keywords listed after the abstract (ideally MeSH headings)

Introduction

- This section should be concise and provide the motivation for performing the study (~500 words)
- Include scientific background and explanation of rationale
- End with the specific objectives of the study and/or the hypothesis being tested

Material and methods

- Describe inclusion and exclusion criteria
- Describe how initial sample size was determined and the number of animals recruited to the study (this may be different from the animals included; number of animals excluded and the reasons should be described in results).
- Ethical committee approval procedure
- Describe what happened to the animals at termination of experiment (i.e. analgesic treatments, method of euthanasia)
- Provide statement of informed owner consent (for clinical studies)
- Describe key elements of study design
- Describe method of randomization
- Describe how investigators were “blinded” to treatment allocation
- Describe any efforts to address potential sources of bias
- Identify manufacturers of drugs and equipment relevant to the methods in parenthesis immediately after the first use of that item in the text in this format: (trade name; distributor, state abbreviation, country)

Statistics

- Describe all statistical methods including methods used to examine subgroups and interactions
- Describe methods used to assess whether the data met the assumptions of the statistical approach
- Explain how missing data was addressed
- Report the statistical software used

Results

- Report the number of individuals at each stage of the study
- Give reasons for non-participation at each stage of the study
- Values should be reported to the same level of accuracy at which they were measured
- Report the actual *p* values calculated
- Give details of all important adverse events
- Describe any modifications to the experimental protocols made to reduce adverse events

Discussion

- Very shortly summarize key results
- Provide comments on study limitations and potential sources of bias
- Provide a cautious interpretation of the results taking into account the study objectives and hypothesis, current theory and relevant studies in the literature
- The generalizability (external validity, applicability, translation to other species) should be discussed
- Keep this section concise, this should not be a literature review

References

- Modified Harvard style
- See author instructions and journal for example
- An EndNote style download is available (<http://endnote.com/downloads/style/anesthesia-and-analgesia>)

Tables

Provide tables as a separate file

Ensure table legends can be understood without referencing the main document

Table examples are provided at the end of this document

Figures

Figure legends should be uploaded together in a separate word file

Figures should be uploaded separately without the legend

Consult author guidelines for specific details on quality and style

Figures should be numbered continuously in the order of appearance in the main text

Ensure all figure and table citations in the text match the files provided

Indicate clearly if color should be used for any figures in print (this will require a fee)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed

VAA Abbreviations/Acronyms

CBC	complete blood count
CI	cardiac index, CI can be either kg^{-1} or m^2
CO	cardiac output – can also use \dot{Q} or \dot{Q}_t
C_{dyn}	dynamic compliance
C_{st}	static compliance
C_{RS}	compliance respiratory system, RS caps and subscript
DO_2	oxygen delivery, D no dot
HR	heart rate units are beats minute^{-1}
PR	pulse rate – if measured off the pressure trace, counted from pulse oximeter or peripheral pulse
ECG	electrocardiogram
EEG	electroencephalogram
$\text{F}_{\text{E}'\text{Iso}}$	End-tidal isoflurane in % (the E is a small cap not a subscript)
$\text{F}_{\text{E}'\text{Sevo}}$	End-tidal sevoflurane in % (E is a small cap)
$\text{F}_{\text{I}\text{Iso}}$	Inspired isoflurane %
$\text{F}_{\text{I}\text{Sevo}}$	Inspired sevoflurane %
$\text{F}_{\text{I}\text{O}_2}$	Inspired oxygen fraction or %
f_{R}	respiratory rate/frequency, f italic and R subscript, units are $\text{breaths minute}^{-1}$
Fr	French size of catheter or endotracheal tube
sAP	systemic arterial pressures
pAP	pulmonary arterial pressures
SAP	systolic arterial pressure
SPAP	systolic pulmonary arterial pressure
DAP	diastolic arterial pressure
DPAP	diastolic pulmonary arterial pressure
MAP	mean arterial pressure
MPAP	mean pulmonary arterial pressure
SVR	systemic vascular resistance (add an I for index)

PVR	pulmonary vascular resistance
PAOP	pulmonary artery occlusion pressure (not PCWP)
PCOP	pulmonary capillary occlusion pressure
PaCO ₂	arterial partial pressure of carbon dioxide
PvCO ₂	venous partial pressure of carbon dioxide
P _{E'} CO ₂	end-tidal carbon dioxide (E is small cap, not subscript)
PaO ₂	arterial partial pressure of oxygen
PvO ₂	venous partial pressure of oxygen
P \bar{v} CO ₂	mixed venous partial pressure of carbon dioxide.
P \bar{v} O ₂	mixed venous partial pressure of oxygen. <i>The v in both these instances should have a bar over it</i>
P _{E'} CO ₂	end-tidal carbon dioxide. <i>The E here should be a small cap and have a prime symbol after it. A prime is a smaller superscripted solidus [on my MAC is shift-option-E]. Preceded by F (fractional concentration) or P (tensions or partial pressures).</i>
<i>P</i> _{plat}	plateau pressure, P italic, plat subscript
<i>R</i> _{AW}	Airway resistance, R italic, AW subscript
<i>Q</i> _t	cardiac output. <i>The Q should have a dot over the centre, italic, t subscript</i>
SB	Spontaneous breathing
SV	stroke volume
SVI	stroke volume must be indexed to body weight kg, not to BSA
T	temperature
V _D /V _T	no dots
V _T	tidal volume, no dot
V _E	Minute ventilation – <i>The V should have a dot over the center</i>
V _{Talv}	alveolar tidal volume, V no dot, Talv subscript
VO ₂	Oxygen consumption (Dot over the V)
V/Q	dots over both V and Q

Table 3 Mean \pm standard deviation arterial pH (pH), arterial partial pressure of carbon dioxide (PaCO₂), arterial partial pressure of oxygen (PaO₂), bicarbonate (HCO₃⁻) and base excess (BE) in horses sedated with xylazine (X), xylazine and methadone (XM), xylazine and morphine (XMO) or xylazine and tramadol (XT)

Variable	Treatment	Time points (minutes)			
		T0	T15	T30	T45
pH	X	7.46 \pm 0.02	7.50 \pm 0.02*	7.52 \pm 0.01*	7.53 \pm 0.02*†
	XM	7.45 \pm 0.06	7.48 \pm 0.03*	7.50 \pm 0.03*	7.51 \pm 0.02*†
	XMO	7.41 \pm 0.08	7.44 \pm 0.06	7.46 \pm 0.04	7.49 \pm 0.03*
	XT	7.47 \pm 0.07	7.48 \pm 0.06	7.50 \pm 0.04	7.51 \pm 0.03
PaCO ₂ (mmHg)	X	32 \pm 3	33 \pm 3	34 \pm 2	35 \pm 3
	XM	29 \pm 3	35 \pm 1*	36 \pm 3*	37 \pm 1*
	XMO	28 \pm 3	32 \pm 2*	33 \pm 3*	33 \pm 2*
	XT	31 \pm 3	34 \pm 4	34 \pm 4	34 \pm 3
PaCO ₂ (kPa)	X	4.2 \pm 0.4	4.3 \pm 0.4	4.5 \pm 0.3	4.6 \pm 0.4
	XM	3.8 \pm 0.4	4.6 \pm 0.1*	4.7 \pm 0.4*	4.9 \pm 0.1*
	XMO	3.7 \pm 0.4	4.2 \pm 0.3*	4.3 \pm 0.4*	4.3 \pm 0.3*
	XT	4.1 \pm 0.4	4.5 \pm 0.5	4.5 \pm 0.5	4.5 \pm 0.4

*Statistically different from T0 within the same treatment ($p < 0.05$). †Statistically different from all other treatments at the same time point ($p < 0.05$).

Table 1 Numbers of dogs undergoing epidural anaesthesia with the running-drip (RDi) or hanging-drop (HDo) method in sternal (S) or lateral (L) recumbency in which one or more attempts were required to identify the epidural space, and in which cerebrospinal fluid (CSF), a ‘pop’ sensation when piercing the ligamentum flavum (POP), clear aspiration of the fluid drop into the needle (drop aspiration) and dripping of the fluid in the giving set chamber (drip) were observed

Group	Dogs, <i>n</i>									
	Attempts		CSF		POP		Drop aspiration		Drip	
	1	> 1	No	Yes	No	Yes	No	Yes	No	Yes
SHDo	9	2	10	1	8	3	2	9	N/A	N/A
LHDo	5	6*	11	0	9	2	9†	2	N/A	N/A
SRDi	11	0	11	0	10	1	N/A	N/A	1	10
LRDi	8	3	10	1	5	6	N/A	N/A	0	11

*Statistically different from SRDi ($p < 0.05$). †Statistically different from SHDo ($p < 0.05$).

N/A, not applicable.