DESCRIPTION

*Cirugía Española* is the official publication of the Asociación Española de Cirujanos (Spanish Association of Surgeons), which is an association comprised of the majority of Spanish surgeons from different surgical sub-specialties. The Journal is the best platform for presenting technical and conceptual advances made in Spanish surgery. Furthermore, its pages have been giving an increasing amount of attention to the biological and clinical aspects of surgical pathologies, thereby transcending surgery alone, which was formerly the main focal point of this area of medicine.

The content of *Cirugía Española* is organized into the following sections: Original Articles, Review Articles, Case Reports, Image of the Month and Letters to the Editor. The articles are selected and published after rigorous analysis in accordance with internationally accepted standards. The journal accepts articles in Spanish and English. *Cirugía Española* is included in prominent online databases, including Science Citation Index, Medline/Pubmed and SCOPUS.

*Cirugía Española*, es el Órgano Oficial de la Asociación Española de Cirujanos, sociedad científica que engloba a la mayoría de cirujanos generales españoles y de diferentes subespecialidades de la cirugía. La revista es el mejor exponente del desarrollo técnico y conceptual de la cirugía española, de tal manera, que en sus páginas se dedica una creciente atención a los aspectos biológicos y clínicos de la patología quirúrgica, trascendiendo así al acto operatorio que en constituía el centro de atención principal de esta área de la medicina.

Los contenidos de la revista se estructura en las secciones de Originales, Revisiones, Cartas Científicas, Imagen del Mes y Cartas al director, y los artículos se seleccionan y publican tras un riguroso análisis, siguiendo los estándares internacionalmente aceptados. La revista publica artículos en español y en inglés. La revista está incluida en Science Citation Index, Medline/Pubmed y SCOPUS.

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INTRODUCTION

_Ciruga Espa?ola_ is the official publication of the Asociacin Espa?ola de Cirujanos (Spanish Association of Surgeons), which is an association comprised of the majority of Spanish surgeons from different surgical sub-specialties. The Journal is the best platform for presenting technical and conceptual advances made in Spanish surgery. Furthermore, its pages have been giving an increasing amount of attention to the biological and clinical aspects of surgical pathologies, thereby transcending surgery alone, which was formerly the main focal point of this area of medicine. An English edition of the Journal has also been published since 2008. _Ciruga Espa?ola_ is included in prominent online databases, including Science Citation Index, Medline/Pubmed and SCOPUS.

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**Additional information**
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Only standard abbreviations will be used, avoiding their use in the title and the abstract. When an abbreviation is used for the first time, it will be preceded by the complete term to which it corresponds, except when dealing with common units of measure. The abbreviations and symbols must be standard and adhere to the international system of units, except for blood pressure which must be indicated in mm Hg. Abuse of abbreviations should be avoided, limiting them to expressions that are repeated more than three times in the text and always indicating their meaning the first time they appear. Whenever possible, the official generic drug names should be indicated. If the brand name of a drug is used, capital letters will be used as in proper nouns and their registration will be specified with the symbols ® or ™ as appropriate. **Numerals**
Spanish language notation must be used for figures with decimal numbers. Therefore, a comma is used to separate units of the decimal portion of numbers and a period is used to separate units of thousands and millions. Self restraint is recommended in the use of decimals in the text as well as in tables and figures. Therefore, the use of non significant decimals should be avoided by rounding the figure to the closest value. As a general rule, figures that are expressed as a measure of dispersion (standard deviation or standard error of the mean) must have half as many decimals as the arithmetic mean to which they refer.

Incorrect: (age 16.68 ± 3/12 years)
Correct: (age 16.7 [3] years)
The inclusion
of results with $P=.000$ (transcribed directly from the result obtained from the statistical calculation program) must be specifically avoided and substituted with **Percentages**. Certain consensus exists in scientific editing on the use of percentages: If the number is less than 25, percentages are not used. If the total number is between 25 and 100, percentages must be expressed without decimals (7%, and not 7.2%). If the total number is between 100 and 100 000, a decimal may be added (7.2%, and not 7.23%). Only if the number exceeds 100 000 can two decimal places be used (7.23%). The original data must always be included: Complications appeared in 209 (7.2%) of 2901 patients. Note that the percentage is included between parentheses in order to emphasise the original data. Therefore, it should not be expressed in the following manner: 7.2% (209). The original data should never be presented with a slash. Therefore, the following construction should not be used: 209/2901 (7.2%).

**Guidelines for expressing the results of Statistical Tests**

Normal or nearly symmetrical distribution variable must be described as the median (standard deviation). For variables that are clearly not normal or that contain extreme or atypical values, it is better to describe them as the median and the range (minimum and maximum value). When the median and its standard deviation are expressed, the figures that are shown in that standard deviation must have half the number of decimals as the arithmetic median that they refer to:

Correct: (age 16.7[3] years)
Incorrect: [age 16.68[3] years]

Frequencies (number of observations) and percentages are used for the qualitative variables. When hypothesis testing is used, and if the study was designed for decision-making, the level of statistical significance and/or the level of reliability of the confidence intervals must be reported. This will not be required if the study is explanatory about the existing relationship between the variables. The usual $P$ value is .05; for confidence intervals, it will be 95%. Any value other than these must be justified. As in the other case, the $P$ values must consist of three decimals, rounded the last one (for example, $P=.238$). Only in the event that it is less than a thousandth should it be expressed as $P.001$. Expressions such as $P.05$, $P.05$, $P=NS$, or similar expressions will be avoided. When the effects of 2 variables are compared, the confidence intervals must accompany the value for the estimated difference between them, making it incorrect to, for example, assign a value to the median of variable A with its confidence interval together with the median of variable B with its confidence interval. Currently, the ICMJE (International Committee of Medical Journal Editors) highly recommends the use of the confidence intervals in place of the $P$ values or at least always accompanying them in order to complement the primary result of the study or the most significant secondary results. In no case they are used accompanying the intermediate or marginal results.

The calculation of the sample size and the method used must be detailed in all prospective studies. To do this, it is essential to describe the primary variable of the result and the reasoning or bibliographical source on which the estimation of the expected differences is based. These differences must be, in principle, close to the minimums that may be important from a clinical or practical point of view. The statistical test used to calculate the $P$ values and the confidence intervals must be specified as well as the statistical program and its version number that was used. The statistical tests used are specified both in the Materials and Methods section as well as in the tables and figures.

If uncommon statistical tests are used, it will be necessary to explain the idea behind the need for these in the Materials and Methods section. It is also necessary to include a bibliographical source that makes it possible to obtain additional useful knowledge. Certain hypothesis comparison tests, known as parametric equations, can only be applied if the variables follow a normal distribution (such as the Student $t$ test). This restriction, which is sometimes insurmountable, has led some specialists to recommend systematic use of non-parametric tests.

However, when parametric tests are used to compare hypotheses (such as the Student $t$ test) that require a normal distribution, there should be specific mention of how normality of the variable has been verified (such as with a Kolmogorov-Smirnov test, for example). If this normality cannot be verified, the use of non-parametric tests to compare the hypothesis is preferred (Mann-Whitney or Wilcoxon instead of the Student $t$ test, for example).""With regard to multivariate tests, their most common use is directed towards controlling the effects of confusion between several predicting variables when faced with a variable that is representative of the result that is being analysed. The requirements for reporting the result of the analysis consist of creating an abstract table with the following information for each predictive variable: coefficient Beta, standard Beta error, $p$, Odds ratio (95% confidence interval).

*The odds ratio belongs to the logistical regression. In the Cox regression, it is used as a hazard ratio. In the Poisson regression, it is used as a relative ratio.
On other occasions, the multivariate analysis will be directed towards creating a prognostic model where the beta coefficient may be used for the creation of a point scale. In this situation, it is necessary to include the model’s constant in the table and, conversely, it requires a series of confirmations of the functionality of that model which must specify in the manuscript: The internal calibration of the model (goodness of fit), which is generally performed by using the Hosmer-Lemeshow test. The ability to discriminate between opposite results, which is generally performed using the calculation of the area under the ROC curve. The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s Webshop. Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

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