DESCRIPTION

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The European Journal of Vascular and Endovascular Surgery is aimed primarily at vascular surgeons dealing with patients with arterial, venous and lymphatic diseases. Contributions are included on the diagnosis, investigation and management of these vascular disorders. Papers that consider the technical aspects of vascular surgery are encouraged, and the journal includes invited state-of-the-art articles.

Reflecting the increasing importance of endovascular techniques in the management of vascular diseases and the value of closer collaboration between the vascular surgeon and the vascular radiologist, the journal has now extended its scope to encompass the growing number of contributions from this exciting field. Articles describing endovascular method and their critical evaluation are included, as well as reports on the emerging technology associated with this field.

Contributions are also included from such associated specialities as angiology, diabetology, rehabilitation and other fundamental sciences, provided these relate to the management of vascular patients.

The European Society For Vascular Surgery was founded and inaugurated on May 6, 1987 in London. The objectives of the Society are to relieve sickness and to preserve and protect health by advancing for the public benefit the science and art and research into vascular disease including vascular surgery. For more information visit http://www.esvs.org.

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**Additional information**

**Design**

Authors should set out clearly the objectives of the study and state whether the study was retrospective or prospective. Randomised trials must include the items included in the CONSORT statement (see 'Randomised Controlled Trials', above).

**Presentation**

Wherever possible a graphical presentation should be used to illustrate the main findings of a study. Base the graph on data points unless the sample sizes are very large. When plotting life tables always indicate the numbers of individuals at risk at the various times of follow-up. Avoid the use of 'error bars' showing 1 standard deviation or standard error.

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Strive to limit the number of statistical tests performed, especially on subgroups. If you cannot avoid multiple comparisons, then use an appropriate adjustment to avoid a 'type 1' (false-positive) error. Results of statistical tests should be reported by stating the value of the test statistic (t), the number of degrees of freedom (df) and the P value to two decimal places, e.g. t = 1.34, 16 df, P = 0.20.

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**Interpretation**

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  - **Best evidence topics**: Clinical question – search method – results – conclusion.

- Paper including structured text body, references (maximum 5), tables (maximum 2) and legends for figures (maximum 2). The main text should follow the following format:
  - **Novel pathologies** or **technical innovations**: Introduction – Report – Discussion – Conclusion;
  - **Technical notes**: Introduction – Surgical Technique – Discussion (highlighting advantages, important considerations, pitfalls and limitations) – Conclusion;
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