TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.7

DESCRIPTION

The *Journal of Cardiothoracic and Vascular Anesthesia* is primarily aimed at anesthesiologists who deal with patients undergoing *cardiac, thoracic* or *vascular surgical procedures*. *JCVA* features a multidisciplinary approach, with contributions from cardiac, vascular and thoracic surgeons, cardiologists, and other related specialists. Emphasis is placed on rapid publication of clinically relevant material. The journal is international in scope and encourages innovative submissions from all continents.

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The Journal of Cardiothoracic and Vascular Anesthesia will consider for publication suitable articles on all topics related to anesthesia for cardiac, vascular, and thoracic surgery. The scope of this Journal is broad and seeks to consolidate all material pertinent to cardiothoracic anesthesiology, including topics from critical care medicine, history, internal medicine, medical education, monitoring, perfusion technology, pharmacology, surgery, pain management, and transplantation.

Article Types
For examples of all article types, see any recent issue of the Journal.

The following article types may be submitted: Research Papers, Case Reports, Review Articles (Regular Review Articles, Emerging Technology Reviews, and Expert Reviews), E-Challenges & Clinical Decisions, Case Conferences (including Case Conference Commentary), Pro and Con Articles, Diagnostic Dilemmas, Special Articles (those not easily suited to another type), Editorials, and Letters to the Editor.

Research Papers
This article type requires a Structured Abstract, limited to 250 words, and split into the following 7 sections:
Objectives: What scientific question was the study designed to answer?
Design: A phrase describing whether a study is prospective, randomized, blinded etc.
Setting: Type of hospital or laboratory; university or community setting; single or multi-institutional.
Participants: Patients, volunteers, animals.
Interventions: What interventions were done to the participants?
Measurements and Main Results: How was the outcome of the intervention(s) assessed? What were the major finding(s) of interest?
Conclusions: What conclusion(s) may be reasonably drawn from the results of the study?

The manuscript must be double-spaced throughout and must contain the following sections:
Introduction; Methods; Results; Discussion; References.

A detailed description of the statistical approach must be included in the methods section. For meta-analyses and related advanced statistical analyses, a statement from a statistician must be included as part of the Cover Letter. This signed statement must attest to the validity of the statistical methods and presented results.

Additional information regarding statistical methodology is discussed under "Article Structure".

A list of no more than 8 keywords should be included.

Review Articles
This article type requires the following: Cover Letter, Title Page, and Manuscript.

The Cover Letter should clearly indicate if the submission has been invited.

The Abstract should summarize the main text in no more than 250 words. It should contain no headings or references.

The manuscript must be double-spaced throughout.

The first paragraph of the Manuscript document should introduce the essential points to be discussed, and the concluding paragraph should express future objectives.

A list of no more than 8 keywords should be included.

Case Reports
There should be no Abstract for this article type.

The Manuscript should begin with a short introduction to the clinical context of the case and its significance and follow with 3 identified sections: Case Report, Discussion, and References.
A brief summary should complete the Discussion.

There should be no reference to case report in the title i.e. "A Case Report —".

A list of no more than 8 keywords should be included.

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The case presentation and case discussion should be set up as a case report. The discussion should focus on the perioperative management of the patient. The commentaries provide input from related specialties and/or other viewpoint(s) on anesthetic, surgical, or intensive care management of the case.

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Figures, tables, and references from all contributors are desirable to expand the teaching value of the case.

A maximum of 8 keywords should be included.

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This article type is divided into two parts: In the first part, a short case with a difficult diagnosis is presented, which can be diagnosed from graphic evidence. This graphic material can be an echo image, video, or other diagnostic modalities including an ECG or pressure tracings. The reader is then invited to project a tentative diagnosis. In the second part, the results of further investigation are provided to resolve the dilemma.

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