

### General Remarks

Publishable manuscripts will only be accepted if they have not been submitted to or published by another journal. The authors are obliged to verify the copyright of third parties. Copyright of all published articles will be held by the publisher, Urban & Vogel.

Online submission via <https://editorialmanager.com/ootr> is preferred. The corresponding Author will receive galley proofs for correction.

### Form of Manuscript

All manuscripts should be typewritten, double spaced with a wide margin and page and line numbered. The suggested extent is 10 pages, including illustrations.

All contributions must use the following sequence, some preferably in telegram style.

**Title Page:** title, name of authors, first name and initials, and name of institution plus the complete postal address of the corresponding author as well as his(her) telephone and fax number and e-mail address, if available.

**Abstract:** Each manuscript should have a short abstract not exceeding 250 words. The abstract consists (in telegram style) of: Objective, Indications, Contraindications, Surgical Technique, and Results and up to five key words should be provided.

**Introductory Remarks (not obligatory):** may be necessary to familiarize the reader with the background of the described technique. Use short sentences. Mention existing classifications and similar surgical techniques used to treat this condition.

**Surgical Principle and Objective:** in this short summary, the procedure and its advantage(s) and shortcoming(s) are outlined.

**Advantages:** The authors must explain the advantages over existing techniques having identical or similar indications. Use telegram style. List one below the other.

**Disadvantages:** A short enumeration, as for advantages.

**Indications:** A short enumeration suffices, as for advantages.

**Contraindications:** telegram style only, as for advantages.

**Patient Information:** Points the patient has to know to be able to sign an informed consent. Include specific risks. One point below the other. In telegram style.

**Preoperative Work Up:** mention only points important in the preparation for the technique (such as preparatory drawings, templates, special radiographs, special tests or investigations).

**Instruments and Implants:** List only special instruments and implants for this procedure. Very special instruments should be illustrated or photographed. Please, list name and address of supplier/manufacturer.

**Anesthesia and Positioning:** Kind of anesthesia. Describe briefly positioning (if necessary include sketch), draping, and application of tourniquet.

**Surgical Technique: The section should consist exclusively of illustrations and their legends.** Describe the surgical procedure in sequential and concise steps including references to important anatomical landmarks. The text should accompany each illustration as a detailed legend. **Further text does not form part of this section.** The author must provide simple instructional drawings for each operative step. Important anatomic structures and details (e.g. nerves, incision) may be emphasized by drawing them in red. The drawings may be supplemented by good photographs. These additional photographs will help the artist in making the drawings. Important anatomic structures should be designated by their Latin names. Whereas the author(s) supplies rough sketches, the final drawings will be done by an artist at the expenses of the publisher and submitted to the author for acceptance.

**Special Surgical Considerations:** After the review of standard techniques, describe, illustrate, and justify any modification if indicated.

**Postoperative Management:** Structure in chronological order. Describe treatment steps before and after the discharge from hospital. Mention antibiotic therapy, anticoagulation. Include timing, e.g. the average duration of cast immobilization of a limb, and any recommendations concerning special dressings, special orthopedic appliances, and physiotherapy. Expected return to work.

**Errors, Hazards and Complications:** Describe any possible intraoperative or postoperative errors, hazards, and complications, including their consequences and management, not only those you have encountered but all possible complications.

Do not merely enumerate complications; describe their cause, their diagnosis and explain their management. Exclude general complications.

**Results:** Describe your patient population (age, sex, duration of follow up). List how many of your operated patients were followed up. Describe and explain the criteria used for the assessment. The number of patients must be sufficient to justify the conclusions. If at all possible existing, well accepted methods of assessment should be used. Detail the outcome and list your complications. Compare your results to the published outcome of other surgical techniques used for the same condition. A minimum of 2 years of follow up is required. **No conclusion, no discussion.**

**References:** Should be limited to pertinent sources, particularly to original papers. References to be placed at the end of the manuscript should be in alphabetic order and numbered. In the text, they should appear by number. Only references listed in the text should be included. References are listed as follows:

a) Journals: names of all authors (not et al.) with their initials, title, journal (abbreviated according to the World Medical Periodicals), volume number, year in brackets, first and last page.

Example: 16. Mauch EJ, Aschoff C: Supratentorial brain haemorrhage. *Med. Klin.* 1991; 86:418–421.

b) Books: Name of authors with initials, chapter title, names of editors, title of the book, publisher, city, year, pages.

Example: 17. Kohle K, Simmons C: Anorexia nervosa. In Uexkull. T. (ed.): *Textbook of Medicine*, 2nd ed. Urban & Schwarzenberg, München-Wien-Baltimore 1991, p.529–533.

**Illustrations:** the number of illustrations should be sufficient to document every step of the procedure. Important details and structures may be emphasized in red. Illustrations must be numbered, and referred to by number in square brackets in the text. A legend must accompany each figure with the exception of the section Surgical Technique. Note that the final drawings will be made by professional artists at the expense of the publisher.

**Tables:** Each table must be on a separate page, and must have a legend.

**Videos:** Electronic supplementary material such as videos can be submitted with the article and will be published online along with it. Video material should be in MPEG-format only.

### Submission of Manuscripts and Drawings

Only manuscripts respecting the above mentioned format will be considered. You may wish to send the complete, typed manuscript as well as an electronic version (word format, e.g. on CD). Online submission is encouraged. Address your contribution to the editor-in-chief or to the responsible associate editor. The illustrations (i.e. sketches, radiographs, photos) should be forwarded by air mail, if the file is too big for electronic transmission. Each author should keep a complete copy of his/her manuscript. The submitted manuscript and sketches will be reviewed by the editors. After acceptance by the editor-in-chief, the rough sketches will be given to the appointed artists, who will make drawings that will then be sent to the author for correction and/or approval. The author shall return these drawings to the editor. If corrections are necessary the corrected drawings will then be returned once more to the author for final approval. Thereafter, no further corrections are possible.

### Corrections

Corrections of the galley proofs should be limited to spelling errors and genuine mistakes. Corrections exceeding normal limits will be charged to the author. Initialed galley proofs must be returned to the publishers within fourteen days of receipt. Proofs not received within this time will be regarded as approved by the author.

Together with the imprimatur the authors receive an order form for reprints.