Korean Journal of Anesthesiology

Instructions to authors

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The Korean Journal of Anesthesiology (KJA) is an international, English-language, open-access, and peer-reviewed journal for anesthesiology, critical care, and pain medicine. As an official scientific journal of the Korean Society of Anesthesiologists (KSA), the KJA published monthly until 2014 and now publish bimonthly in 2015 (on the first day of February, April, June, August, October, and December). Its abbreviated title is "Korean J Anesthesiol." The KJA publishes definitive articles that can improve clinical care or guide further research in the field of anesthesiology. Additionally, KJA gladly reviews and publishes negative results for which publication will benefit clinical practice and promote further research activity. Manuscripts for submission to the KJA should be written according to the following policies. The KJA follows the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, available at: www.icmje.org/, if otherwise not described below.

Editorial Policy

1. General editorial policy

KJA considers manuscripts that are original, scientifically sound, ethically conducted, and not under consideration elsewhere. Submission of a manuscript implies that all authors have approved the submission, agree with its contents, and consent to publication if accepted.

The Editor reserves the right to reject manuscripts without external review if they are outside the scope of the journal, fail to meet scientific or ethical standards, or do not comply with these Instructions to Authors.

2. Publication Types

The KJA focuses on Original articles (Clinical trial/Experimental research, Meta-analysis, Data Reporting), Case reports, Reviews, Letters to the editor, Opinions, Brief Report, Editorials, and Statistical round.

General Information

1. Language and general principles

Manuscripts must be written in clear American English. Authors whose first language is not English are encouraged to obtain professional language editing before submission.

Except as otherwise specified herein, KJA follows the principles of the American Medical Association Manual of Style, most recent edition.

2. Corresponding author

The corresponding author is responsible for the integrity of the submission, communication with the journal, and coordination among all coauthors before and after publication. The corresponding author should preferably provide an institutional email address.

3. Article processing charge and publication fee

There is no charge for submitting and processing a paper until policy change. But, the KJA charges a publication fee for each printed page of KRW. Publication fees are waived if the affiliation of corresponding author is outside Korea.

4. Copyright

Copyright of all published materials is owned by the Korean Society of Anesthesiologists (KSA).

On behalf of all co-authors, the corresponding author must complete and submit the journal's copyright transfer agreement during the submission process.

All published manuscripts become the permanent property of the KSA and may not be published elsewhere without written permission from the KSA.

5. Open access

Articles published in KJA are distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC 4.0), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided that the original work is properly cited.

Research and Publication Ethics

1. Authorship

All listed authors must meet the authorship criteria of the International Committee of Medical Journal Editors (ICMJE). Each author must have made substantial contributions to the work, par-

ticipated in drafting or critically revising the manuscript, approved the final version, and agreed to be accountable for all aspects of the work.

Contributors who do not meet authorship criteria should be listed in the Acknowledgments section with their permission.

2. Conflicts of interest and funding

Authors must disclose all financial and nonfinancial conflicts of interest that may be relevant to the work. All sources of funding, material support, and medical writing or editorial assistance must be disclosed in the manuscript.

3. Research ethics

Research involving human participants must comply with the Declaration of Helsinki and must have been approved by an appropriate institutional review board or ethics committee. The manuscript must state the name of the approving body and the approval number, where applicable.

Research involving animals must comply with institutional and national guidelines for animal welfare and must state approval by the relevant animal care and use committee.

4. Informed consent

For studies involving human participants, authors must state whether informed consent was obtained or waived and by whom the waiver was granted. Case reports and manuscripts containing identifiable patient information or images require written informed consent for publication.

5. Clinical trial registration

Prospective clinical trials must be registered in a public trial registry before enrollment of the first participant. The registration number and registry name must be provided in the manuscript.

6. Reporting guidelines

Authors must follow appropriate reporting guidelines and submit the corresponding checklist, if applicable. Examples include CONSORT for randomized trials, STROBE for observational studies, PRISMA for systematic reviews and meta-analyses, CARE for case reports, ARRIVE for animal studies, and TRIPOD, STARD, CHEERS, or other relevant guidelines as appropriate. Authors are encouraged to consult the EQUATOR Network (https://www.equator-network.org) or the NLM Research Reporting Guidelines for relevant guidance. The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

7. Use of generative artificial intelligence tools

Authors remain fully responsible for all content submitted to KJA, including any content prepared with the assistance of generative artificial intelligence (AI) tools.

Generative AI tools (e.g., large language models and image-generating systems) may not be listed as authors. The use of generative AI tools for writing, editing, or language improvement must be disclosed in the Acknowledgments section, including the name of the tool, the version if available, and the purpose for which it was used. If generative AI tools are used in the research process itself (e.g., for data analysis, image generation, or literature screening), this must be described in the Methods section in sufficient detail for readers to understand how the tool was used.

Authors must review and verify all AI-assisted output before submission. Failure to disclose inappropriate use of AI may result in editorial action.

8. Duplicate submission, redundant publication, secondary publication, and misconduct

KJA does not consider manuscripts that have been published previously, are under consideration elsewhere, or substantially overlap with previously published work unless full transparency is provided and editorial approval is obtained.

Secondary publication may be considered if it complies with the recommendations of the International Committee of Medical Journal Editors (ICMJE). In such cases, authors must obtain appropriate permissions, provide full disclosure, and clearly acknowledge the original publication.

Plagiarism, data fabrication, data falsification, inappropriate image manipulation, undisclosed conflicts of interest, and unethical authorship practices are grounds for rejection or retraction. Suspected cases of research and publication misconduct will be handled in accordance with the guidelines of the Committee on Publication Ethics (COPE).

9. Citation ethics and inappropriate citation practices

Authors must ensure that all references cited in the manuscript are directly relevant to the content and included for legitimate scholarly purposes.

Inappropriate citation practices—including excessive self-citation, citation stacking, or other forms of citation manipulation intended to artificially inflate citation metrics—are strictly prohibited.

The editorial office may evaluate citation patterns during editorial screening and peer review. Manuscripts showing anomalous citation patterns may be rejected at any stage of the editorial or peer-review process.

If inappropriate citation practices are identified after publication, the journal reserves the right to take appropriate editorial action, including correction, expression of concern, or retraction of

the article.

Submitting Manuscripts in Preprint Archives

KJA will consider manuscripts previously posted on a recognized noncommercial preprint server, provided that the preprint is disclosed at submission. Preprints are not regarded as prior publication. Authors should provide the preprint DOI at submission and update the preprint record to link to the final published article after acceptance.

Manuscript Preparation

1. Language and file format

Submit manuscripts in an editable file format such as DOC or DOCX. Manuscripts containing anything in headers and footers, except for page numbers, will be returned to authors.

Materials should be prepared with a standard 12-point typeface or greater (Times New Roman typeface is preferred). Use double spacing and consecutive page numbers.

Observe the following word-spacing rules:

- Leave 1 space on each side of arithmetic marks (+, −, ×, etc.). Leave no space for a hyphen between words.
- Leave 1 space after a comma (,) or semicolon (;). Leave 2 spaces after a period (.) or colon (:).
- Leave 1 space on each side of parentheses. Use square brackets within parentheses.

2. Manuscript components

Unless otherwise specified for a particular article type in the article type-specific instructions below (see Section 6), manuscripts should be arranged in the following order:

- Cover letter
- Title page (submitted as a separate file; see Section 5.4)
- Abstract and keywords
- Main text (organized according to article type; see Section 6)
- References
- Tables (one per page)
- Figure legends
- Figures (submitted as separate files)
- Supplementary material, if any

3. Title page

The title page must be submitted as a separate file and should not be included in the main manuscript file to ensure blinded peer review.

The title page should include the following elements:

- **Title**
  The title should be concise and precise.
- **Author Information**
  Full names of all authors, including highest academic degrees, and institutional affiliations.
- **Running Title**
  A running title of no more than 40 characters (including spaces).
- **Corresponding Author**
  Name, mailing address, telephone number, and e-mail address.
- **Previous Presentation**
  If applicable, details of prior presentation at a conference (title, date, and location).
- **Conflicts of Interest**
  A statement of conflicts of interest must be provided. If none, state: "No potential conflict of interest relevant to this article was reported." (see Section 7.5)
- **Funding**
  All sources of financial support must be provided (see Section 7.3).
- **Acknowledgments**
  See section 7.1.
- **IRB Approval Number**
  Provide the IRB approval number when applicable.
- **Research Registration Number**
  Provide clinical trial registration information when applicable.
- **Author contribution**
  See Section 7.2.
- **Data availability statement**
  See Section 7.4.

If any of the above elements are not applicable, authors should indicate "Not applicable."

4. Abstract and keywords

Abstract requirements depend on article type. Structured abstracts should use headings appropriate to the manuscript type. Authors should provide keywords using Medical Subject Headings (MeSH) whenever possible. For article types that require keywords, 6 to 10 keywords should be provided unless otherwise specified. Keywords should be separated by semicolons and formatted in accordance with journal style. Except as otherwise specified herein, authors should follow the most recent edition of the American Medical Association Manual of Style.

5. Style

KJA follows the American Medical Association Manual of Style, most recent edition, unless otherwise specified in these instructions.
Spelling Use American spelling throughout.

Abbreviations Avoid nonstandard abbreviations whenever possible. At first mention, spell out the full term followed by the abbreviation in parentheses; thereafter, the abbreviation alone may be used. Abbreviations must be defined separately at first mention in the abstract and again at first mention in the main text. Do not introduce an abbreviation for the first time in a heading. Do not use periods between letters of an abbreviation

- Correct: "American Society of Anesthesiologists physical status (ASA PS)"
- Incorrect: "A.S.A. physical status"

Drug Names, Devices, and Equipment Use the generic name for drugs first; provide the brand name in parentheses at first mention if necessary. For devices and equipment, provide the model name and manufacturer when relevant. Do not use trademark symbols (® or ™); instead, capitalize the initial letter of the trademarked name.

- Correct: "propofol (Diprivan)", "LMA Supreme (Teleflex)"
- Incorrect: "Diprivan®", "LMA Supreme®"

Ions

- Correct: Na^+, K^+, Ca^{2+}, Mg^{2+}
- Incorrect: Na+, Mg++, Mg+2

Units of Measure Use SI units. Insert a space between the numeral and its unit. Do not place a period after a unit unless it ends a sentence. Do not use commas in numbers of 4 digits; for numbers of 10 000 or greater, use a thin space to separate every 3 digits.

- Correct: 65.4 kg, 170.0 cm, 2200 g, 250 mg, 20 dL, 32 L, μg/L, mL/kg/min
- Correct: 1600 mL (not 1,600 mL); 10 000 patients (not 10,000)
- Conventional clinical units are acceptable when more appropriate and widely used (e.g., mmHg for blood pressure, °C for temperature)
- Exception: no space before % and °C (e.g., 5%, 36.5°C)

Numerals Use Arabic numerals for all measurements, percentages, statistical values, doses, and age. Spell out ordinals first through ninth. Spell out numbers that begin a sentence, or reword the sentence to avoid beginning with a numeral.

- Correct: "The patient was 7 years old"; "propofol 2 mg/kg"; "3 groups" "Forty patients were enrolled"
- Incorrect: "7 patients were enrolled" (beginning of sentence)
- Correct ordinal: "the third measurement" (not "the 3rd measurement")

Dashes and Hyphens Use a hyphen (-) to link compound modifiers preceding a noun. Use an en dash (–) for ranges and complex modifying phrases. Use an em dash (—) to indicate a break in thought.

- Correct hyphen: "double-blind study", "high-quality evidence"
- Correct en dash: "2–4 mg/kg", "hematoxylin-eosin–stained specimens"
- Correct em dash: "The result—which was unexpected—suggested otherwise."

6. References and in-text citation

References should be cited in the text using Arabic numerals enclosed in square brackets, in the order of first appearance. Do not use superscript numerals. Citation numbers should be placed outside periods and commas and inside colons and semicolons. References should be listed numerically at the end of the manuscript in the same order in which they are first cited in the text. Authors are responsible for the accuracy, completeness, and verification of all references and should avoid citation of retracted articles or unreliable sources.

In the reference list, authors' surnames should be followed by initials without periods. Six authors can be listed. If more than 6 authors are listed, only list 6 names with 'et al.'. KJA follows the AMA style guidelines; however, as an exception, references should list up to six authors before using 'et al.', and DOIs should not be included. Journal titles should be abbreviated according to the National Library of Medicine (NLM) catalog or Index Medicus. Article titles should be written in sentence case. Inclusive page numbers should be provided when available.

· Description format

Author name. Title of journal Name of journal published year; volume: start page-final page.

Ex) Goobie SM, Faraoni D. Perioperative paediatric patient blood management: a narrative review. Br J Anaesth 2025; 134: 168-79.

Ex) Jang YE, Joo EY, Park JB, Ji SH, Kim EH, Lee JH, et al. Comparison of combined intranasal dexmedetomidine and ketamine versus chloral hydrate for pediatric procedural sedation: a randomized controlled trial. Korean J Anesthesiol 2025; 78: 248-60.

For electronic sources, authors should provide sufficient information to allow retrieval of the cited material. Website references should include the author or responsible organization, title of the page or document, site name if applicable, URL, and accessed date. Articles published without peer review, including preprints, abstracts of conferences, and American Society of Anesthesiologists (ASA) refresher course lectures, may not be included in the references. When statistical or analytical software is cited, the proprietary name and version should be provided to ensure reproducibility. Except as otherwise specified herein, reference style and citation format should follow the most recent edition of the American Medical Association Manual of Style.

7. Statistical analysis

1) Statistical methods should be described in sufficient detail to allow readers to reproduce the analyses if the original data are available. The name and version of the statistical software used should be provided.
2) Authors should appropriately describe the objective of the study and the hypothesis. The primary and secondary endpoints should be predetermined based on the study's objective.1
3) The choice of statistical methods should be based on the characteristics and distribution of the variables. When parametric methods are used, authors should describe whether the relevant statistical assumptions were assessed and met.
4) For continuous variables, distributional assumptions should be assessed as appropriate. Authors should describe the method used to assess normality when this assessment is relevant to the planned analysis.
5) For categorical variables with small sample sizes or sparse events, exact tests or asymptotic methods with appropriate adjustments should be used. The χ^2 test or difference-in-proportions test should be used only when sample size and event counts are sufficiently large.
6) Authors are strongly encouraged to report effect estimates with confidence intervals. Reporting P values alone without corresponding measures of effect size and precision is not recommended. Measures of uncertainty, such as 95% CIs, should be reported consistently in the text, tables, and figures.
7) Unless a 1-sided test is justified by the study design, such as in noninferiority trials, P values should be based on 2-sided tests. A P value should be expressed up to three decimal places (not as "P < 0.05"). If the value is less than 0.001, it should be described as "P < 0.001" rather than "P = 0.000." For large P value greater than 0.1, the values can be rounded off to one decimal place, for example, P = 0.1, P = 0.9. P values should not be used alone to assess or compare the magnitude, importance, or clinical relevance of an effect; such interpretation should be based on effect estimates and their confidence intervals, together with clinical relevance and study limitations.
8) A priori sample size calculation should be described in detail.5 Sample size calculation must aim to prevent false-negative results for the primary endpoint, rather than for secondary endpoints. Usually, the mean difference and standard deviation (SD) are the most commonly used parameters for estimating effect size. The power must be equal to or greater than 80%. In the case of multiple comparisons, an adjusted significance level is acceptable.6
9) The use of the format mean ± SD or median (Q1, Q3) is recommended for presenting representative values of continuous variables. Results must be reported using appropriate significant figures. Calculated or estimated numbers (such as mean and SD) should be expressed in no more than one significant digit beyond the measured accuracy. For example, if body weight was measured on a scale accurate to 0.1 kg, the mean ± SD should be expressed as 65.45 ± 2.52 kg.
10) Authors should describe procedures for data transformation, handling of outliers, missing data, loss to follow-up, model-building strategies, assessment of model assumptions and fit, and adjustment for multiple comparisons, when applicable.
11) Except as otherwise stated herein, authors should conform to the most recent edition of the American Medical Association Manual of Style.

[1]Lee S, Kang H. Statistical and methodological considerations for reporting RCTs in medical literature. Korean J Anesthesiol 2015; 68: 106-15.
[2]Kim TK. T test as a parametric statistic. Korean J Anesthesiol 2015; 68: 540-6.
[3]Nahm FS. Nonparametric statistical tests for the continuous data: the basic concept and the practical use. Korean J Anesthesiol 2016; 69: 8-14.
[4]Park S. Significant results: statistical or clinical? Korean J Anesthesiol 2016; 69: 121-5.
[5]In J. Considerations when calculating the sample size for an inequality test. Korean J Anesthesiol 2016; 69: 327-31.
[6]Lee S and Lee DK. What is the proper way to apply the multiple comparison test? Korean J Anesthesiol 2018; 71: 353-60.
[7]http://www.amamanualofstyle.com/

8. Tables

Tables should be editable and placed after the references, with one table per page. Tables should be numbered consecutively in the order of their first citation in the text and should include a brief title. Except for the title and the first letter of entries where appropriate, table text should generally be presented in lowercase style consistent with journal format. In demographic data, sex should be presented as M/F and age as years. Data for year, weight, height, and similar variables should generally be presented to 1 decimal place when appropriate.

Footnotes should be indicated with superscript lowercase letters in alphabetical order (a, b, c...) and listed at the bottom of the table, each on its own line. Footnotes may be phrases or complete sentences and should end with a period. All abbreviations used in a table should be defined in the table footnotes, except for abbreviations approved by the International System of Units (SI). Abbreviations should be defined each time they are used in a new table, even if they have been defined previously in another table. Statistical tests, explanatory notes, and symbols should be ex-

plained in the table footnotes rather than in the table title. Except as otherwise specified herein, table style, capitalization, abbreviations, and general presentation should follow the most recent edition of the American Medical Association Manual of Style.

9. Figures

Figures should be of publication quality and submitted as separate files. Figure legends should be listed together after the tables. Photographic images and graphs should generally be provided at a resolution of at least 600 dpi, and line art should generally be provided at a resolution of at least 1200 dpi. Composite figures should be prepared in accordance with journal submission requirements. Backgrounds should be clear and suitable for publication.

KJA publishes in full color. Color figures may be used without charge for online publication. However, if color reproduction is required in print, the cost will be charged to the authors. Figure files should be submitted separately in tif, jpg, pdf, gif, or ppt format. The preferred width of a figure is 84 mm for a single-column layout. If a patient can be identified in an image, written consent for publication is required. Except as otherwise specified herein, figure preparation, labeling, and legend style should follow the most recent edition of the American Medical Association Manual of Style.

10. Permissions for reproduced material

Authors are responsible for obtaining written permission from the copyright holder for any material reproduced or adapted from previously published sources, including tables, figures, illustrations, photographs, and lengthy text excerpts. Permission must be obtained before publication and should be submitted to the journal at the time of manuscript submission or promptly upon editorial request. The original source must be appropriately acknowledged in the manuscript, table footnote, figure legend, or other relevant location. Authors are solely responsible for any fees, licensing requirements, or copyright restrictions associated with the reuse of previously published material.

11. Supplementary material and video content

Supplementary material may include appendices, reporting checklists, detailed methods, extended tables, analytic code, and multimedia files that enhance transparency or reproducibility. Supplementary material should be clearly labeled and cited in the main text.

KJA accepts supplemental video clips for online publication. A maximum of 20 video clips may be submitted. Individual video files should be at least 480 × 320 pixels and should generally not exceed 2 GB. Files smaller than 15 MB will not be accepted unless special arrangements have been made with the Editorial Office before submission, and approval of files larger than 2 GB will be considered at the end of the review process. Video files should be playable on both Windows and Mac systems. All patient identifiers, hospital identifiers, and other confidential information must be removed. Videos should be uploaded in the designated supplementary file category and should be specifically referred to in the manuscript text. Except as otherwise specified herein, the prepa-

Manuscript Type	Abstract	Keywords	Main Text Structure	Main Text Limit	Tables/Figures	References
Clinical Trial/ Experimental Research	Structured, 250 words	6–10	Introduction; Materials and Methods; Results; Discussion	No explicit word or page limit specified	No explicit numerical limit specified	Up to 50
Data Reporting	Structured, 250 words	6–10	Introduction; Materials and Methods; Results; Discussion	No explicit word or page limit specified	No explicit numerical limit specified	Up to 50
Systematic Review and/or Meta-analysis	Structured, 250 words	6–10	Introduction; Materials and Methods; Results; Discussion	No explicit word or page limit specified	No explicit numerical limit specified	No limit
Narrative Review	Unstructured, 250 words	6–10	Flexible structure with appropriate subheadings	Up to 30 A4 pages	Up to 6 combined tables/figures	Up to 100
Case Report	Structured, 150 words	6–10	Introduction; Case Report; Discussion	No explicit word or page limit specified	No explicit numerical limit specified	Up to 15
Brief Report/ Opinions/Letters to the Editor	No abstract required	No keyword requirement specified	Free format	Up to 1000 words	One table or one figure	Up to 5
Editorial	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified
Statistical Round	Unstructured, 250 words	Not specified	No fixed structure	No word limit	No explicit numerical limit specified	No explicit numerical limit specified

ration and presentation of supplementary material should follow the most recent edition of the American Medical Association Manual of Style.

Article Type–Specific Instructions

1. Article types at a glance

Authors should select the most appropriate article type at the time of submission. Manuscripts may be reclassified by the Editor if the submitted article type does not match the content or structure of the manuscript.

2. Clinical Trial/Experimental Research

Scope

Clinical trials are prospective, hypothesis-driven studies that evaluate the effects of interventions on clinically relevant or patient-centered outcomes. Randomized controlled trials are strongly encouraged, although well-designed non-randomized interventional studies may also be considered. Studies should include clearly defined primary outcomes, appropriate sample size justification, and adherence to reporting guidelines such as CONSORT.

Experimental research includes mechanistic, physiological, pharmacological, or translational studies relevant to anesthesiology, pain medicine, and perioperative care. Such studies should be hypothesis-driven and provide insights that are clinically or biologically meaningful.

Abstract

A structured abstract of no more than 250 words is required. The abstract should be organized under the following headings: Background; Methods; Results; Conclusions. References should not be cited in the abstract.

Keywords

Authors should provide 6 to 10 keywords. Keywords should be selected from Medical Subject Headings (MeSH) whenever possible.

Main Text

The manuscript should be organized in the following order: Title and running title; Introduction; Materials and Methods; Results; Discussion; References. A separate Conclusions section is not required. Conclusions may be included in the final paragraph of the Discussion.

Length and Limits

No explicit overall word limit or page limit is specified for this article type.

Tables and Figures

No explicit numerical limit is specified for tables and figures. Tables and figures should be limited to those necessary to support the scientific message of the manuscript.

References

Up to 50 references are permitted unless otherwise approved by the Editor.

Specific Requirements

The Methods section should include sufficient detail regarding study design, participants or materials, interventions or exposures, outcome measures, and statistical analysis. Ethical approval, informed consent, and clinical trial registration should be stated when applicable. Authors should follow the appropriate reporting guideline according to study design and submit the relevant checklist with the manuscript

3. Data Reporting

Scope

This category includes manuscripts that report clinically or scientifically valuable datasets relevant to anesthesiology and related fields.

Abstract

A structured abstract of no more than 250 words is required. The abstract should be organized under the following headings: Background; Methods; Results; Conclusions.

Keywords

Authors should provide 6 to 10 keywords using MeSH terms whenever possible.

Main Text

The manuscript should be organized in the following order: Title and running title; Introduction; Materials and Methods; Results; Discussion; References.

Length and Limits

No explicit overall word limit or page limit is specified for this article type.

Tables and Figures

No explicit numerical limit is specified for tables and figures.

References

Up to 50 references are permitted unless otherwise approved by

the Editor.

Specific Requirements

Authors should use the standard Original Article structure and describe data sources, data collection, data validation, and accessibility with sufficient clarity to support reproducibility and reuse.

4. Systematic Review and/or Meta-Analysis

Scope

Systematic reviews and meta-analyses synthesize previously published evidence into an integrated and critical understanding of a focused clinical or scientific question relevant to anesthesiology, perioperative medicine, critical care, and pain medicine.

Systematic reviews should be conducted using a predefined methodology, including a comprehensive literature search and explicit study selection criteria, and should summarize current evidence while identifying areas of consensus and ongoing uncertainty.

Meta-analyses, when performed, should provide quantitative synthesis using appropriate statistical methods, including assessment of heterogeneity and, where appropriate, sensitivity or subgroup analyses.

Abstract

A structured abstract of no more than 250 words is required. The abstract should be organized under the following headings: Background; Methods; Results; Conclusions.

Keywords

Authors should provide 6 to 10 keywords using MeSH terms whenever possible.

Main Text

The manuscript should be organized in the following order: Title and running title; Introduction; Materials and Methods; Results; Discussion; References.

Title

The title or subtitle should clearly identify the article as "A systematic review" or "A meta-analysis," as appropriate.

Length and Limits

No explicit overall word limit or page limit is specified for this article type.

Tables and Figures

No explicit numerical limit is specified for tables and figures.

References

There is no limit on the number of references for this article type.

Specific Requirements

Authors are encouraged to register their systematic review or meta-analysis in a public registry (e.g., PROSPERO), when applicable.

Appropriate reporting guidelines should be followed, including PRISMA for systematic reviews and meta-analyses of clinical studies and MOOSE for meta-analyses of observational studies, as appropriate. The corresponding checklist should be submitted with the manuscript. Authors may also consult the JBI Manual for Evidence Synthesis for methodological guidance.

Systematic reviews should include a comprehensive literature search, clearly defined inclusion and exclusion criteria, and an explicit description of the study selection process. A study selection flow diagram should be provided in the manuscript or as supplementary material.

Meta-analyses should include appropriate statistical methods for data synthesis, including effect size estimation and measures of uncertainty.

Assessment of heterogeneity (e.g., I^2 or similar statistics) and exploration of its sources should be performed. Where appropriate, sensitivity or subgroup analyses should be conducted.

An assessment of risk of bias of the included studies should be conducted and reported.

5. Narrative Review

Scope

This category includes narrative reviews addressing clinically, scientifically, educationally, or methodologically important topics relevant to KJA readers.

Abstract

An unstructured abstract of no more than 250 words is required.

Keywords

Authors should provide 6 to 10 keywords using MeSH terms whenever possible.

Main Text

No fixed section structure is required. The manuscript should be organized using clear and appropriate subheadings suited to the topic.

Length and Limits

The manuscript should not exceed 30 A4 pages.

Tables and Figures
A total of no more than 6 tables and figures combined is permitted.

References
Up to 100 references are permitted unless otherwise approved by the Editor.

Specific Requirements
Narrative reviews should provide a balanced and critical interpretation of the literature and clearly state the purpose and scope of the review.

6. Case Report

Scope
This category includes reports of rare, educational, novel, or clinically meaningful cases of interest to anesthesiologists and perioperative physicians.

Abstract
A structured abstract of no more than 150 words is required. The abstract should be organized under the following headings: Background; Case; Conclusions.

Keywords
Authors should provide 6 to 10 keywords using MeSH terms whenever possible.

Main Text
The manuscript should be organized in the following order: Introduction; Case Report; Discussion; References. A separate Conclusions section is not required.

Length and Limits
No explicit overall word limit or page limit is specified for this article type.

Tables and Figures
No explicit numerical limit is specified for tables and figures.

References
Up to 15 references are permitted unless otherwise approved by the Editor.

Specific Requirements
Written informed consent for publication must be obtained from the patient or guardian. Authors should submit copies of written informed consent. If unavailable, IRB approval is required.

7. Brief Report, Opinions, and Letters to the Editor

Scope
Brief Reports are short scientific communications describing focused observations, preliminary or exploratory findings, pilot studies, or informative negative results that do not require a full-length Original Article but may be of interest to readers.

Opinions present evidence-based commentary, scholarly perspectives, or concise opinion pieces relevant to anesthesiology, perioperative medicine, critical care, pain medicine, education, or research policy.

Letters to the Editor provide brief, constructive comments on articles published in the Korean Journal of Anesthesiology or short reports of interesting cases or observations relevant to anesthesiology. If necessary, a response from the author of the original article may be published. Letters involving human subjects must state that informed consent for publication was obtained from the patient or guardian, and authors should submit the written consent through the online submission system; if unavailable, IRB approval is required.

Abstract
No abstract is required.

Keywords
No keyword requirement is specified.

Main Text
No fixed section structure is required. The manuscript may be submitted in free format.

Length and Limits
The manuscript should not exceed 1000 words.

Tables and Figures
One table or one figure may be included.

References
Up to 5 references are permitted unless otherwise approved by the Editor.

Authors
A maximum of 5 authors is permitted. If additional authors are considered essential, authors should consult the Editorial Office before submission.

Specific Requirements
Letters involving human subjects must state in the text that informed consent for publication was obtained from the patient or guardian. Authors should submit copies of written informed consent through the online submission system; if unavailable, IRB approval is required.

8. Editorials

Scope
Editorials address topics of interest to KJA readers, including commentary on published articles, issues in clinical practice, research, education, or journal policy.

Format
Editorials are generally invited by the Editorial Board. Detailed format requirements are not strictly defined; however, manuscripts should be concise and focused.

9. Statistical Round

Scope
A Statistical Round is a narrative review addressing the application of contemporary quantitative and statistical methods to issues relevant to anesthesia research. Statistical Rounds typically provide focused discussions of unique or important statistical concepts, methods, or analytical approaches, including those previously published in this journal or related to the policies and perspectives of the Statistical Round Board.

Editorial Process
Statistical Rounds are solicited by the Statistical Round Board and undergo review by the Statistical Editor.

Abstract
An unstructured abstract of no more than 250 words in English is required.

Keywords
No specific keyword requirement is stated.

Main Text
There is no structural requirement.

Length and Limits
There is no word limit for this article type.

Tables and Figures
No explicit numerical limit is specified.

References
No explicit numerical limit is specified.

Specific Requirements
Inclusion of sample datasets as online supplemental material is encouraged.

Statistical Round articles are typically commissioned by the Statistical Round Board and published following review by the Statistical Editor.

Acknowledgments, Author Contributions, and Other Declarations

1. Acknowledgments
Authors may acknowledge individuals or organizations that contributed to the work but do not meet authorship criteria. Written permission should be obtained from acknowledged individuals.

2. Author contributions
If there are 2 or more authors, a description of each author's contribution should be provided. Contributions may include conceptualization, methodology, investigation, formal analysis, writing-original draft, writing-review and editing, supervision, project administration, and funding acquisition.

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All financial support and grant information must be provided. Funding information should be described on the title page, including the name of the funding agency and grant number, if available.

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A data sharing statement is required for clinical trials in accordance with ICMJE recommendations.
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Each author must disclose relevant relationships or declare that no conflicts of interest exist. Conflict of interest statements should be provided on the title page.

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