

## **Vascular Anaesthesia Society of Great Britain and Ireland Abstract Guidance.**

Abstract submissions should be made online via the society website, <http://www.vasgbi.com>

- You will need to register online in order to submit an abstract.
- Abstracts can be edited online until they are marked as “FINAL”.
- Only abstracts marked as “FINAL” will be considered for acceptance by the society.
- The title of abstracts is limited to 250 characters.
- The body text (which includes references) is limited to 3500 characters.
- Pay particular attention to the units used (SI only, except for intravascular and airway pressures) and to the format of the symbols for the units.
- Words that are abbreviated should be written in full at first mention and followed by the abbreviation in brackets. This will usually be in the form of capitals without separating points.
- Do not use any subheadings except for “References”.
- Use a blank line to separate paragraphs.

### Figures and Tables

- Only one table or figure is permitted.
- The table or figure should be saved or scanned as a graphics file (format jpg, png, jpeg or gif), and must be less than 500kB in size.
- Please ensure that your figure will remain legible after reduction. The use of "three dimensional" graphs is discouraged.

### References and Acknowledgements

- Use numbers with brackets to indicate references. List the references in the order they appear in the text.
- The format for citing references is the British Journal of Anaesthesia (US National Library of Medicine) format, omitting the title. Precede each reference with its number followed by a full stop. The names and initials of more than six authors should be abbreviated to 3 authors followed by “et al”

- The journal name should be abbreviated, using “Index Medicus” abbreviations and the volume number. The issue number should be omitted.
- There is no restriction on the number of references cited
- Start the reference list with the subheading “Reference” or “References”
- Please acknowledge any source of funding for your study at the end of the abstract.

### Notes

Abstracts presented at the Society meetings may be published in Anaesthesia, although acceptance of an abstract by the Vascular Anaesthesia Society cannot guarantee publication. The abstracts will be subject to peer review by the editors of Anaesthesia. **Abstracts that contain no data and those prepared without regard to the instructions are unlikely to be accepted.**

### CATEGORIES OF VASGBI ABSTRACTS

Authors are asked to categorise their submission into type of abstract:

#### 1.1 Research Abstracts

- a) Clinical patient study (investigational/therapeutic)
- b) Biological Science (including cell and small animal studies)
- c) Health related research (population study, economic, public health etc.)

#### 1.2 Clinical Practice Abstracts

These will allow participants to present new knowledge of techniques, cases and audit experience of current practice.

- d) Case reports
- e) Technical reports on new methods/techniques
- f) Audit and observation of current practice

## TYPES OF ABSTRACTS TO BE SUBMITTED

### Research abstract for oral or poster presentation

These are for original research studies and should follow the guidance for abstract writing as required for the BJA that may be seen on the link "download instructions for the submission of abstracts".

They should include the following sections: introduction and aims, method, results and conclusion but headings are not used in the abstract text.

### Case reports & Technical reports

Abstracts for this section should be relevant to vascular anaesthesia. These should follow the same structure of research abstracts. They should have an introduction, report, and conclusion section that includes a critique. The headings should not be included in the abstract text. Case reports should normally contain a series of patients and add new information or experience. A single case report will only be accepted if its inclusion can be justified on the basis of novelty and detail. Technical reports should contain more than simple explanation and include some evaluation/assessment. Commercial support and industry involvement must be clearly stated.

### Audits and observation of current practice

These should follow the structure of research abstracts. They should state the reason for the audit of current practice, methods, observations, and include in the conclusions the implications for any change in practice.

### **Note**

**The Education Sub - Committee will select the top four highest scoring abstracts for oral presentation in the Free Paper session (7 minute oral presentation, 3 minute discussion). All other abstracts will be presented as posters. Authors may elect to present only in poster format.**

## TYPES OF POSTERS

### Research Posters

These should follow the format of the research abstracts and include the following sections: introduction and aims, method, results and conclusion. These headings are not to be used in the abstract text, as per the general guidance.

### Case reports & Technical reports

These should follow the same format as research posters. They should have an introduction, report, and conclusion section that includes a critical review. Case reports should normally contain a series of patients and add new information or experience. A single case report will only be accepted if its inclusion can be justified on the basis of novelty and detail. Technical reports should contain more than simple explanation and include some evaluation/assessment.

### Audit and observation of current practice

These should follow the same format of research posters.

## GUIDANCE ON POSTER PRESENTATIONS

Prepare a short (< 60 seconds) oral guide through your poster to be offered to those that prefer your words before reading for themselves.

## GUIDANCE ON POSTER LAYOUT

The following criteria are taken into consideration when judging a poster: -

1. Sensible poster layout that allows flow of argument with appropriate titles.
2. Plan of study design with hypothesis / rationale and appropriate methods.
3. Accurate presentation of results with appropriate use of figures and statistics.
4. Conclusions clearly presented and are justifiable from the results presented.
5. Excellence in the art of display that enhances and does not distract from findings.
6. The venue poster board surface area is usually 2 m high and 1 m wide. Posters should be prepared A1 (840mm X 594mm) size. Please strictly adhere to the size, as there will be limited space.
7. Don't overload your poster. Remember, you are not writing an article.
8. Seek simplicity, keep text to a minimum, and avoid redundancies.
9. Use 500 to 1000 words (including title, figure legends and tables), definitely not more.
10. The figures and tables should cover approximately 50% of the poster area.

11. The average reader spends 1-2 minutes on your poster. Highlight your main findings. Structure your poster by Introduction, Methods, Results and Conclusion. State your aims in the end of the Introduction section. A clear structure is important.
12. The poster should be readable from a distance of 1.5-2 m. The text should definitely be no less than 5 mm for capitals and tall letters, and preferably larger. Use a constant font throughout the poster.
13. Let your important points stand out. Use (but don't overuse) bold and colours. If possible, avoid abbreviations and acronyms, especially in the Conclusions.
14. Key references in the lower right corner. Limit the number of references as there will be limited space on the poster.
15. Handouts of your poster on A4 paper (with your addresses) to your interested readers may facilitate future research communication.

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VASGBI