

VASGBI Abstract Submission Guidelines

Thank you for your interest in contributing to the 2026 VASGBI Annual Scientific Meeting (ASM). We encourage the submission of all projects that benefit the care of vascular patients.

Abstracts for the ASM should be submitted to one of four categories:

- Original Research
- Audit/ Survey
- Quality Improvement/ Service Evaluation
- Case Reports/ Series

Review and Presentation

All submitted abstracts will be peer-reviewed by a minimum of three reviewers. The top-ranked abstracts will be invited for an oral presentation during the free paper session (7-minute oral presentation and 3-minute discussion), unless the submission specifies 'poster only'. Prizes will be awarded based on the judging panel's decision.

All accepted abstracts will be invited for a poster presentation during the meeting and authors must be available to present or answer questions about their poster to a panel of judges if requested.

General Considerations

- **Language & Platform:** Abstracts must be well-written in clear, plain English. Submissions must be made online via the society website, <https://vasgbi.com/>. Online registration is required to submit an abstract.
- **Submission Process:** Abstracts can be saved as drafts. To complete the process, you must click 'Finalise'. Once submitted, the status will change to 'FINAL' and no further amendments will be permitted.
- **Ethics & Governance:** Authors must confirm that appropriate ethical review and approvals were obtained.
 - **Case Reports/Series:** Authors must confirm that informed consent was obtained from the patient(s).

- **Audits/QI/Service Evaluations:** Projects must be registered with the relevant hospital or governance department. Failure to provide this confirmation may result in rejection.
- **AI Disclosure:** Authors must declare the use of Artificial Intelligence (AI) tools in the development of the abstract or figures. Authors remain fully responsible for all content. AI must not be used to generate substantial portions of the abstract text.

Abstract Structure

The submission system allows for 3500 characters (including spaces and references) in the main body. This excludes the title and any tables or figures.

- **Title:** Limited to 250 characters
- **Main Body:** Abbreviations must be defined at first use in the text (and within tables/figures) and used consistently thereafter. No subheadings are required except for 'References'.
- **Tables & Figures:**
 - Only **ONE** table or figure is permitted per abstract.
 - Files must be in .jpg, .png, .jpeg or .gif format and smaller than 500kB.
 - Ensure the image remains legible after size reduction. The use of 3D graphs and overly complex images are discouraged.
- **References & Acknowledgements**
 - References are included in the character count.
 - Cite references within the text using brackets, e.g. [1,2].
 - **Style:** Use the *British Journal of Anaesthesia* format, abbreviated according to *Index Medicus*.
 - **Format:** Surname, Initial. Use commas between names, do not use 'and' before the final author. If there are more than six authors, list the first three followed by 'et al'.
 - **Funding:** Please acknowledge any source of funding for your study at the end of the abstract.

Note: Abstracts containing no data or those prepared without regard to these instructions are unlikely to be accepted.

Abstract Categories

Original Research

These submissions are for studies seeking to obtain new knowledge generalisable to a broader population. They should feature a well-defined research question, robust methodology and appropriate statistical analysis. These typically require Ethics Committee approval and written consent of all subjects.

- **Structure (without headings):**
Introduction/aims, Methods, Results and Conclusion

Audit / Surveys / QI / Service Development

These categories allow authors to present new knowledge regarding techniques, improvement projects or audit experience of current practice.

- **Definitions:**
 - Audit: Measuring current practice against established standards to produce recommendations.
 - Quality Improvement (QI): A systematic approach to improving patient care through small, measurable changes.
 - Service Development: The structured process of creating or redesigning services.
 - Survey: A tool used to capture experiences, opinions and views.
- **Requirements:** Ensure projects are approved by the local audit/ R&D or Caldicott guardian.
- **Structure:** These should follow the Research structure, clearly indicating the reason for the project, methods, results and conclusions.

Case Report / Series

These are for the presentation of interesting or unusual cases involving novel diagnosis, atypical physiology, unexpected complications or new clinical approaches.

- **Criteria:** A single case report will only be accepted if justified by its novelty and detail.
- **Consent:** All cases require the written consent of the patient or next of kin.

We look forward to receiving your submissions and showcasing your contributions to the field of vascular anaesthesia at this year's ASM.