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Manuscripts should be written in English using correct medical terminology. English abbreviations should be minimized. When necessary, spell out the full term the first time it appears in the text, add the abbreviation in parentheses, and the abbreviation thereafter. Use a normal, plain font (e.g., 10 point Times Roman or Arial) for text.

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Articles in the following categories are published: original articles, case reports, review articles, letters to the editor.

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Case reports: These are clinical cases that are rarely reported or make a significant contribution to diagnosis and treatment.

Review articles: Review articles are usually invited and limited to those requested by the Editorial Board.

Letters to the editor: These submissions include comments on published articles or opinions on hot issues in pediatric surgery.

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MANUSCRIPT PREPARATION

Original articles

The manuscripts for original articles should be organized in the following order: title page, abstract, main text, conflicts of interest, acknowledgement, references, tables, figure legends, and figures. Pages are numbered consecutively, beginning with the abstract as page 1.

Preferred file formats

Preferred file formats for the main text and tables are .doc, .docx or .rtf. The file format of figures should be .ppt, .jpg or .tif. The manuscript should be double spaced on 21.0×29.7 cm (A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 10 pt.

Title page

Please state the title of the article, full name of each author, authors' affiliations. Also include the name, postal address, telephone, Fax, and e-mail of the corresponding author, and the place and date of any scientific meetings where the material

may have been presented.

Abstract

The word count should not exceed 300 words in a structured format (see below). Neither the authors' names nor their affiliations should appear on the Abstract page.

Purpose: State why the study was done, the main aim.

Methods: Describe patients, laboratory materials, and other methods used and the nature of the study (randomized clinical trial, retrospective review, experimental study, etc.).

Results: State the main findings, including important numerical values.

Conclusion: State the main conclusion, highlighting controversial or unexpected observations.

Keywords: These should be listed at the bottom of the abstract to be used as index terms, less than 5 words. Medical Subject Heading (MeSH; <http://www.nlm.nih.gov/mesh>) terms are highly recommended for selection of keywords.

Main text

The main text of the manuscripts should have pages for the INTRODUCTION, METHODS, RESULTS, DISCUSSION sections. CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following DISCUSSION.

INTRODUCTION: Briefly describe the purpose(s) of the investigation, including relevant background information.

METHODS: Describe the research plan, materials or subjects, and methods used. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as precisely as possible. When quoting specific materials, equipment, or proprietary drugs, the name and address of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names.

RESULTS: Results should be presented in logical sequence in the text, tables, and illustrations and repetitive presentation of the same data in different forms should be avoided. Any data mentioned in the Methods must be presented in the Results section.

DISCUSSION: Results should be interpreted for readers. Emphasize new and important observations. Do not merely repeat the contents of the Results. Explain the meaning of the observations with its limitations. The answer to the purpose of the research should be connected to the results.

CONFLICTS OF INTEREST: Any conflicts of interest should be disclosed.

ACKNOWLEDGMENTS: Include the names of those who contributed substantially to the work described in the manuscript, but who have not fulfilled the requirement for authorship. Also mention sources of funding for research or publication.

References

The journal reference follows the description below. Otherwise, it follows Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>). The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/journals>). The reference number should be cited in the main text in square brackets, e.g., [1]. All authors' names are listed when there are six or fewer authors. When there are more than six authors, only the first six authors' names are given, followed by 'et al.' Limit the number of references to 30 for original articles.

- Journal article

1. Jeong DH, Park MG, Melich G, Hur H, Min BS, Baik SH, et al. Laparoscopic repair of parastomal and incisional hernias with a modified Sugarbaker technique. *J Korean Surg Soc* 2013;84:371-6.
2. Nilsson H, Stranne J, Stattin P, Nordin P. Incidence of groin hernia repair after radical prostatectomy: a population-based nationwide study. *Ann Surg* 2013 Jun 6 [Epub]. <https://doi.org/10.1097/SLA.0b013e3182975c88>.

- Book

3. Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL. *Sabiston textbook of surgery: the biological basis of modern surgical practice*. 19th ed. Philadelphia (PA): Elsevier Saunders; 2012.

- Chapter in a book

4. Neumayer L, Vargo D. Principles of preoperative and operative surgery. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston textbook of surgery: the biological basis of modern surgical practice*. 19th ed. Philadelphia (PA): Elsevier Saunders; 2012. p.211-39.

- Dissertation

5. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul (KR): Seoul National University; 2009.

- Conference paper

6. Rice AS, Brooks JW. Cannabinoids and pain. In: *Proceedings of the 10th World Congress on Pain*; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-46.

- Online sources

7. American Cancer Society. *Cancer reference information* [Internet]. Atlanta (GA): American Cancer Society; c2009 [cited 2011 Mar 10]. Available from: <http://www.cancer.org/docroot/>

CRI/CRI_0.asp.

Tables

Tables are to be numbered in the order in which they are cited in the text. A table title should concisely describe the content of the table so that the reader can understand the table without referring to the text. Each table must be simple and typed on a separate page with its heading above it. Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All nonstandard abbreviations are explained in the footnotes. Footnotes should be indicated by a), b), c) as superscripts. Statistical measures, such as the standard deviation (SD) or standard error of the mean (SEM), should be identified. Vertical and horizontal rules between entries should be omitted.

Figures

Figures contain graphs, line drawings, photographs or video files etc. Each figure should be supplied as a single file. For figures with multiple panels, use an uppercase letter after the numeral to indicate the order of the panels, e.g., Fig. 1A, Fig. 1B. Illustrations in color are encouraged and will be printed at the authors' cost. Label each illustration with the figure number. Indicate the scale of size for photomicrographs. Include brief, but comprehensive, footnotes. The resolution of figure files should be at least 600 dpi. Refer to the Guidelines for Digital Art (<http://art.cadmus.com/da/guidelines.jsp>). Written permission should be obtained for the use of all published illustrations and copies of permission letters should be included.

Appendix/Supplementary materials

Video clips related to surgery and advanced surgical technique can be submitted for placement on the Journal website. The video may be up to 1 minute in duration. The available video formats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format.

Case reports

These should be organized in the following order: title page, unstructured abstract less than 250 words in English, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, CASE REPORT, DISCUSSION sections. CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following DISCUSSION. Limit the number of references to 20. Otherwise, it follows the style and format of original articles.

Review articles

These are organized as follows: title page, unstructured abstract less than 300 words, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, MAIN BODY, CONCLUSION sections. CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following CONCLUSION. The number of references should be limited to 80. Otherwise, it keeps the style and format of original articles.

Letters to the editor

It is organized as follows: title page, main text, and references. The word count should not exceed 1,000.

GENERAL TEXT STYLE

Verb tense: Authors should use the past tense to describe past events and data. Use the present tense for authors' opinion and generally accepted facts.

Description of localities: The names and locations (city, [state], nation) of manufacturers of equipment and non-generic drugs should be given. For Korean localities, refer to the Guidelines for the Romanization of Korean localities available at http://www.korean.go.kr/09_new/dic/rule/rule_roman.jsp.

Units: SI units should be used for measurements. The unit of temperature is degrees Celsius (°C).

Abbreviations: Any abbreviation must be used consistently and must be defined at the first use. Commonly used abbreviations would be described in article without explanation. Refer to 'Abbreviations, Acronyms, and Unit'.

Numbers: In the text, numbers equal to or less than nine should be written as text. Numbers larger than nine should be Arabic numerals, except when beginning a sentence.

Advances in Pediatric Surgery provides a list of the official abbreviations. Otherwise, any unofficial abbreviation should be used where they appear in the text at least three times, and be explained in parentheses at the first time in the text. Do not use abbreviation(s) in the title.

α -FP	alpha-fetoprotein	HPF	high power field
ACTH	adrenocorticotrophic hormone (adrenocorticotropin)	HPLC	high performance liquid chromatography
ADP	adenosine diphosphate ADPase	HPV	human papilloma virus
ALT	alanine aminotransferase	IFN	interferon
AMP	adenosine monophosphate	Ig	immunoglobulin
anti-HAV	antibody to hepatitis A virus	IL	interleukin
anti-HBc	antibody to hepatitis B core antigen	kb	kilobase
anti-HBe	antibody to hepatitis B e antigen	Km	Michaelis constant
anti-HBs	antibody to hepatitis B surface antigen	LDH	lactic dehydrogenase
anti-HCV	antibody to hepatitis C virus	LDL	low density lipoprotein
anti-HDV	antibody to hepatitis D (delta) virus aPTT	MHC	major histocompatibility complex
ATP	adenosine triphosphate ATPase	MRI	magnetic resonance imaging
bp	base pair(s)	mRNA	messenger RNA
BUN	blood urea nitrogen	n	number in study group
CA 125	cancer antigen 125	NANB	non-A, non-B (hepatitis)
CA 19-9	carbohydrate antigen 19-9	No.	number(s)
cAMP	adenosine 3',5'-cyclic monophosphate	NS	not significant
cDNA	complementary DNA	NSAID	non-steroidal anti-inflammatory drug
CEA	carcinoembryonic antigen	OD	optical density
cGMP	guanosine 3',5'-cyclic monophosphate	PCR	polymerase chain reaction
CNS	central nervous system	PET	positron emission tomography
CRP	C-reactive protein	PG	prostaglandin
CSF	cerebrospinal fluid	PGI	prostacyclin
CT	computed tomography	PNS	peripheral nervous system
DNA	deoxyribonucleic acid	PSA	prostate specific antigen
ECG	electrocardiography	PT	prothrombin time
EDTA	ethylenediaminetetraacetic acid ELISA	RBC	red blood cell
ESR	erythrocyte sedimentation rate	RFLP	restriction fragment length polymorphism
FACS	fluorescence-activated cell sorter	RIA	radioimmunoassay
FDP	fibrinogen degradation product	RNA	ribonucleic acid
γ -GT	gamma glutamyltranspeptidase	RT-PCR	reverse transcription polymerase chain reaction
H&E	hematoxylin and eosin stain	TG	triglyceride
HAV	hepatitis A virus	TGF	transforming growth factor
HBcAg	hepatitis B core antigen	TNF	tumor necrosis factor
HBeAg	hepatitis B e antigen	TXA ²	thromboxane A2
HBsAg	hepatitis B surface antigen	UDCA	ursodeoxycholic acid
HBV	hepatitis B virus	UV	ultraviolet
HCV	hepatitis C virus	VIP	vasoactive intestinal polypeptide
HDL	high density lipoprotein	vol	volume(s)
HDV	hepatitis D (delta) virus	vs.	versus
HIV	human immunodeficiency virus	WBC	white blood cell
HLA	histocompatibility leukocyte antigen	wt	weight

• Combining Prefixes

T	tera- (10 ¹²)	K	kelvin
G	giga- (10 ⁹)	kcal	kilocalorie(s)
M	mega- (10 ⁶)	kDa	kilodalton(s)
k	kilo- (10 ³)	kg	kilogram(s)
h	hecto- (10 ²)	L	liter(s)
da	deca- (10 ¹)	×	magnification
d	deci- (10 ⁻¹)	m	meter(s)
c	centi- (10 ⁻²)	μg	microgram(s)
m	milli- (10 ⁻³)	μL	microliter(s)
μ	micro- (10 ⁻⁶)	μm	micrometers (do not use microns)
n	nano- (10 ⁻⁹)	mL	milliliter(s)
p	pico- (10 ⁻¹²)	mmHg	millimeter(s) of mercury
f	femto- (10 ⁻¹⁵)	min	minute(s)
a	atto- (10 ⁻¹⁸)	mol/L	molar

• Units

A	ampere(s)	Osm	osmole(s)
Å	angstrom(s)	oz	ounce(s)
cal	calorie(s)	Pa	pascal(s)
CFU	colony-forming unit(s)	lb	pound(s)
C	coulomb(s)	psi	pound-force per square inch
cpm	counts per minute	rpm	revolutions per minute
cps	counts per second	rps	revolutions per second
cm ³	cubic centimeter(s) (not cc)	sec	second(s)
Ci	Curie(s)	U	unit(s)
cycle/min	cycles per minute	V	volt(s)
cycle/sec	cycles per second	W	watt(s)
Da	dalton(s)	wk	week(s)
day(s)	day(s) (do not abbreviate)	yr	year(s)
dL	deciliter(s)		
°C	degree(s) Celsius		
d	density	ANOVA	analysis of variance
dpm	disintegrations per minute	CI	confidence interval
dps	disintegrations per second	r	correlation coefficient
eV	electron volt(s)	df	degrees of freedom
Eq	equivalent(s)	̄x	mean
°F	degree(s) Fahrenheit	χ ² -test	chi-square test
F	farad	NS	not significant
ft	foot(feet)	n	number of observations
G	gauss	OR	odds ratio
g	gram(s)	p	probability
t _{1/2}	half-life	SD	standard deviation
H	henry(ies)	SE	standard error
Hz	hertz	SEM	standard error of the mean
hr	hour(s)	t test	Student's t test
in	inch(es)	F	variance ratio
IU	international unit(s)		
J	joule(s)		

• Statistical Terms

ANOVA	analysis of variance
CI	confidence interval
r	correlation coefficient
df	degrees of freedom
̄x	mean
χ ² -test	chi-square test
NS	not significant
n	number of observations
OR	odds ratio
p	probability
SD	standard deviation
SE	standard error
SEM	standard error of the mean
t test	Student's t test
F	variance ratio

This checklist is provided to shorten the length of period from the submission to the final decision of publication. Please read followings carefully and see if each item is followed. Please check lists below before submission on each check-box (□).

- The manuscript has not been previously submitted to other journals.
- The manuscript is arranged in following order: Title page, Abstract, Introduction, Methods, Results, Discussion, Acknowledgments, References, Tables, Figure Legends, Figures.
- Font of the main text is 10-point size.
- Pages are numbered consecutively from abstract to legends on the last page.
- Total length of manuscript (excluding legends, figures, tables, and title page) is not more than 10 pages for original articles and 5 pages for case reports.
- Corresponding author name, address, telephone number, fax number are in Title page.
- Information on the name(s) and affiliation(s) of the author(s) is not disclosed in the manuscript except the Title page. Advances in Pediatric Surgery mandates ORCID IDs for the submitting author at the time of article submission.
- The abstract of original article and case report should not exceed 300 words and 250 words, respectively.
- Key words (less than 5) are provided (should be inserted in the submission step).
- Tables, graphs, and drawings are brief and self-explanatory.
- Each title of the tables, graphs, and drawings is also self-explanatory.
- All tables and figures are uploaded in a separated file.
- Figures are separated from figure legends.
- Figure resolutions are higher than 600 dpi. And figures are at their actual (print) size.
- References are in the correct style. The number of references is limited to 30 for original article and 20 for case report.
- Make sure your manuscript is accurate and readable in English.

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제 1 장 총칙

제 1 조(명칭)

본 회는 “대한소아외과학회”라고 칭한다. 영문 명칭은 “Korean Association of Pediatric Surgeons (KAPS)”으로 한다.

제 2 조(목적)

본 회의 목적은 소아외과학의 학술적인 연구와 국내 및 국제적인 지식 교류를 통하여 국민보건 향상에 기여하며, 회원 상호간의 친목을 도모함에 있다.

제 2 장 회원 및 권리와 의무

제 3 조(회원)

본 회의 회원은 정회원, 준회원 및 명예회원으로 구성하며, 각 회원의 자격 취득은 제 5조 자격심사를 거친 자로 한다.

정회원: 외과 전문의로서 소정의 소아외과 수련을 마치고 본 회 정회원으로 인정된 자.

준회원: 외과 전문의로서 본 회에 관심이 많으며, 본 회 목적에 찬동하여 준회원으로 인정된 자.

명예회원: 소아외과 분야 또는 본 회에 공헌이 많은 내, 외국인으로서 명예회원으로 인정된 자.

제 4 조(자격심사)

회원 자격의 취득, 정지, 상실 및 회복 여부는 심사위원회의 심사를 거쳐, 이사회 의결 후, 총회의 인준을 받아야 한다.

제 5 조(선거권과 피선거권)

정회원은 선거권과 피선거권을 갖는다.

제 6 조(회비납부의 의무)

제 4조 소정의 각 회원은 본 회의 소정의 회비를 납부할 의무가 있고, 정당한 이유 없이 합산하여 2회의 연회비를 납부하지 않는 경우에는 제 5조 소정의 절차를 거친 후 회원의 자격을 정지내지 취소할 수 있다.

제 3 장 임원 및 이사회

제 7 조(임원)

본 회는 다음과 같은 임원을 둔다.

이사: 10명 내외

감사: 2명

제정	1985년 1월 18일	7 차 개정	2008년 12월 5일
1 차 개정	1986년 11월 8일	8 차 개정	2009년 6월 11일
2 차 개정	1991년 6월 21일	9 차 개정	2012년 12월 7일
3 차 개정	1993년 11월 5일	10 차 개정	2013년 12월 5일
4 차 개정	1994년 12월 2일	11 차 개정	2018년 6월 21일
5 차 개정	1996년 12월 6일	12 차 개정	2019년 12월 6일
6 차 개정	2006년 12월 1일		

제 8 조(이사)

다음 각 호의 자가 이사가 된다.

- 회장
- 차기회장
- 편집위원장
- 선임된 이사: 회원 중 회장이 이사로 추천하여 총회의 인준을 받은 자로 임기는 1년이고 연임할 수 있다.

제 9 조(이사회)

- 의장은 회장이 되고, 의장은 필요 시 이사회를 소집한다.
- 이사 1/3 이상의 요청이 있을 시 의장은 이사회를 소집해야 한다.
- 이사회는 회 운영 상 중요한 사항을 심의 및 의결한다.
- 이사회는 과반수의 출석으로 개회하고, 의결은 다수결로 하며, 가부 동수인 경우에 의장이 결정권을 갖는다.

제 10 조(감사)

- 감사는 총회에서 선출하여 임기는 1년이고 연임할 수 있다.
- 감사는 본회 사무 전반에 관한 감사를 한다.

제 4 장 조직과 임무

제 11 조(회장)

- 회장은 회를 대표하며 회무를 총괄한다.
- 회장의 임기는 2년이고 연임할 수 없다.
- 회장의 임기 종료와 동시에 차기회장이 회장직을 승계한다.

제 12 조(차기회장)

- 차기회장은 회장을 보좌하며 회장의 유고 시 그 직무를 대행한다.
- 차기회장은 총회에서 선출한다.

제 13 조(학술위원회)

- 학술위원회는 학술대회 및 학술진흥에 관한 업무를 관장 한다.
- 학술위원장은 이사 중 회장이 임명한다.

제 14 조(심사위원회)

- 심사위원회는 자격심사, 감정 및 표준 제정 및 외과학회 세부전문의 관련사항 등을 관장한다..
- 심사위원장은 이사 중 회장이 임명한다.

제 15 조(편집위원회)

- 편집위원회는 학회지 편집, 논문심사 및 출판에 관한 사항을 관장한다.
- 편집위원장은 총회에서 선출하며 임기는 5년이다.
- 위원장은 그 업무수행을 위하여 5명 내외의 위원을 임명할 수 있다.

제 16 조(보험위원회)

- 보험위원회는 의료보험, 의료수가 및 이에 관련된 제반 업무를 관장한다.
- 보험위원장은 이사 중 회장이 임명하며, 임기는 5년이다.

제 17 조(총무)

- 총무는 회장을 보좌하며 회무를 처리하고 재무관리 및 기타 회무를 담당한다.
- 총무는 이사 중 회장이 임명한다.

제 5 장 총회 및 모임

제 18 조(총회)

총회에는 정기총회와 임시총회가 있으며, 회장이 이를 소집하고 그 의장이 된다.

- 정기총회: 매년 하반기에 1회 개최한다.
- 임시총회: 필요에 따라 이사회의 결의를 거쳐 소집할 수 있다.
- 총회는 정회원 1/2 이상의 출석으로 성립되고, 출석의원과 반수의 찬성으로 의결하며, 가부 동수인 경우 의장이 결정권을 갖는다.

제 19 조(모임)

본 회는 아래와 같은 모임을 갖는다.

- 학술대회, 연구회, 집담회 및 기타 의학발전을 위한 모임.
- 회원에 대한 경조 모임.
- 기타 친목 모임.

제 6 장 재정

제 20 조

본 회의 재정은 입회비, 정기회비, 학회참가비, 기부금 및 기타 보조금으로 한다.

제 21 조

회원의 입회비 및 회비는 이사회에서 결정하며 총회의 인준을 얻어야 한다.

제 22 조(회계연도)

본 회의 회계연도는 매년 11월 말까지로 한다.

부 칙

제 1 조

본 회칙의 개정은 총회에서 출석회원 2/3 이상의 찬성으로 하며, 개정된 회칙은 총회 통과 즉시 효력이 발생한다.

제 2 조

본 회칙에 명시되지 않은 사항은 관례에 준한다.