

# WRITING THE TECHNIQUE SECTION UNIQUE TO A SURGICAL MANUSCRIPT

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Research and Publication in Metabolic/Bariatric Surgery  
IFSO, August 24, 2022

No Conflicts of Interest

# STANDARD PAPER FORMAT EXCEPT FOR REVIEW PAPERS

**Abstract**

**Introduction**

**Methods (Technique)**

**Results**

**Discussion**

**Summary**

**±**

**Conclusion**

**References**

**Surgical Technique Section in a surgical manuscript is part of the entire Methods Section**

# GENERAL PRINCIPLES FOR A METHODS SECTION

The Methods Section presents the bases for the manuscript results

Written to be duplicated by a trained practitioner

Clear, transparent, a literary “how to” presentation

Nothing hidden with respect to steps, details, special considerations

If wholly or partially founded on a prior published method, credit predecessor in text and by a reference

If presenting or including prior methodology, feel free to use quoted original language; this is not plagiarism

# GENERAL PRINCIPLES FOR A TECHNIQUE SECTION

The manuscript's Technique Section presents the bases for the manuscript's clinical outcomes

Written to be duplicated by a trained practitioner

Needs to be clear, transparent, a “how to” presentation

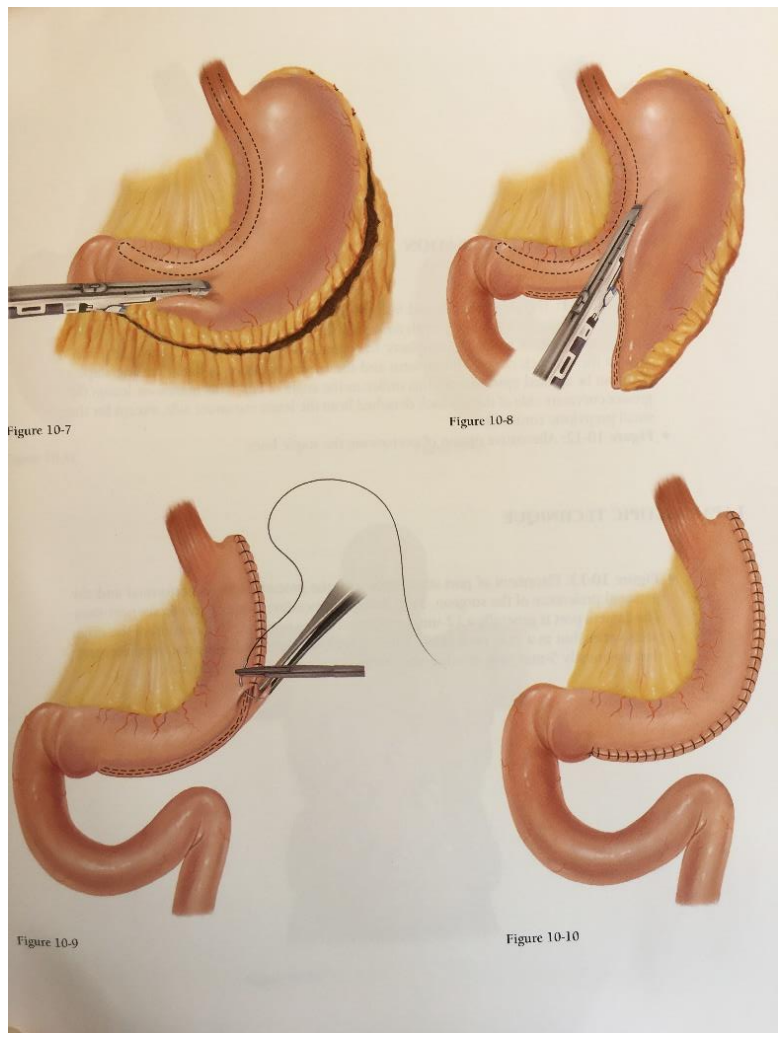
Nothing hidden with respect to steps, details, special considerations

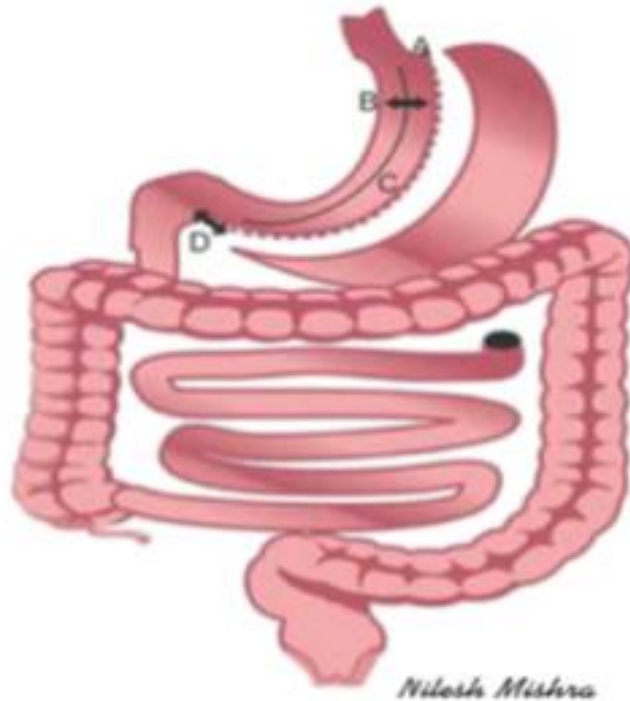
If wholly or partially founded on a prior published technique, credit predecessor in text and by a reference

# SPECIAL PRINCIPLES FOR A SURGICAL TECHNIQUE SECTION: USE OF ILLUSTRATIONS

## A. Types of Illustrations:

1. Line drawings of procedure: black and white or in color –
  - a. Step-by-step detailing
  - b. Explanatory diagram
2. Photographs of operative procedure
  - a. Step-by-step detailing
  - b. End-result illustration

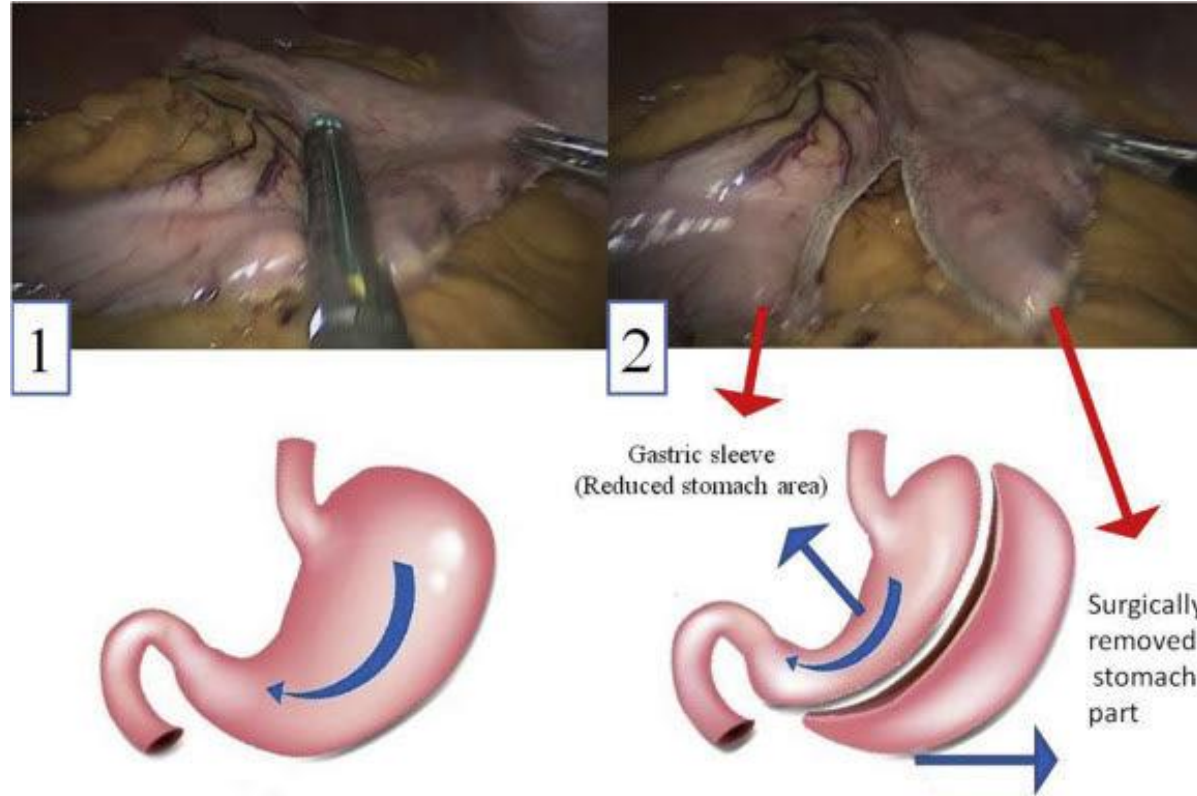




**Standard Sleeve  
Gastrectomy (SG)**

A = 1-2 cm	Distance of sleeve transection from esophagogastric junction
B = 2.5-3 cm	Use 32-40 Fr bougie to size sleeve width
C = As is	Length of the sleeve
D = 2-6 cm	Antrectomy distance from the pylorus
V = 75-150 cc	Volume of sleeve







# SPECIAL PRINCIPLES FOR A SURGICAL TECHNIQUE SECTION: USE OF ILLUSTRATIONS

## B. Labeling of Illustrations:

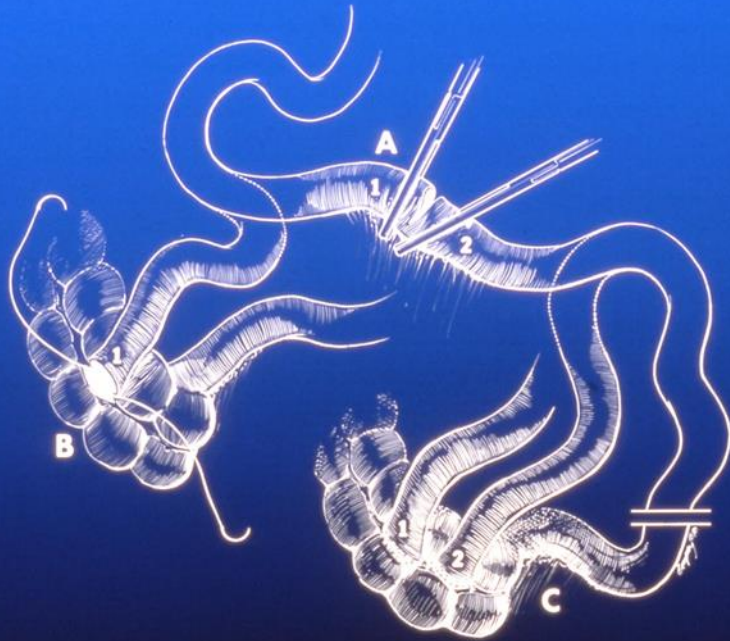
1. Clear but limited labeling within illustration
  - a. Label anatomic parts
  - b. Use alphabet to explain further in Figure Legend
  - c. Use abbreviations
2. Detailed Figure Legend
  - a. What does figure show
  - b. Name anatomic parts
  - c. Explain alphabet steps
  - d. Define fully all abbreviations

# TYPES OF A TECHNIQUE PAPER

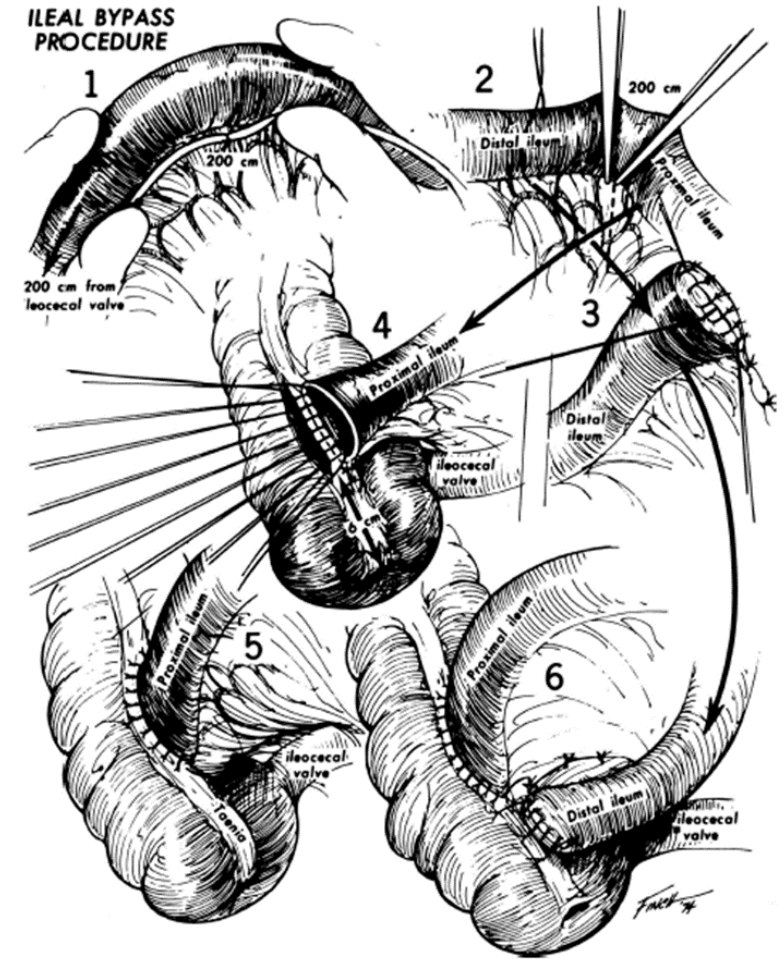
## A. New Technique, New Purpose

Partial Ileal Bypass for Hyperlipidemia and Atherosclerosis

## POSCH PARTIAL ILEAL BYPASS

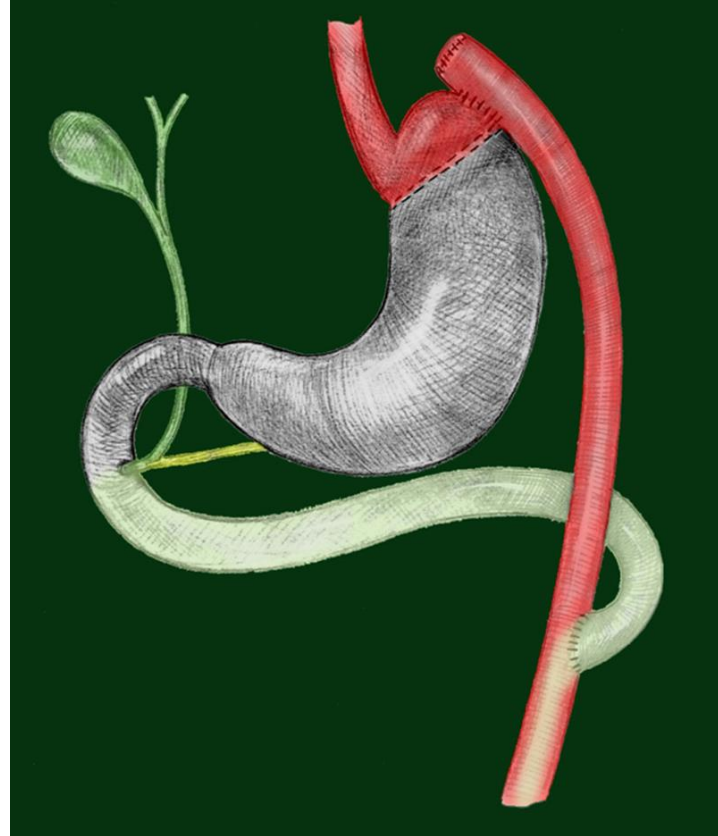


## ILEAL BYPASS PROCEDURE



# TYPES OF A TECHNIQUE PAPER

B. New Technique, Established Purpose  
Roux-en-Y Gastric Bypass

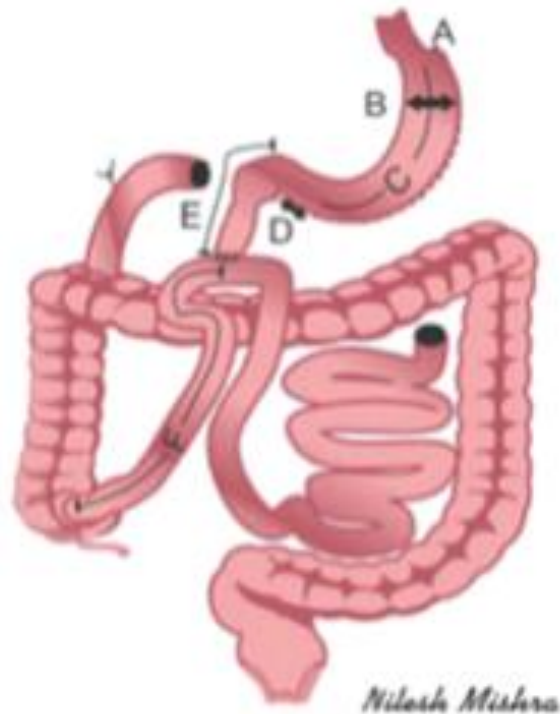


# TYPES OF A TECHNIQUE PAPER

C. New Technique, Modification of Prior (Standard)  
Technique, Established Purpose

Single Anastomosis Duodenal-Ileal Bypass With Sleeve  
Gastrectomy (SADI-S)





A = 2-3 cm	Distance of sleeve transection from esophagogastric junction
B = 3-4 cm	Use 50-60 Fr bougie to size sleeve width
C = As is	Length of sleeve
D = 2-6 cm	Antrectomy distance from pylorus
E = 3-4 cm	Length of transected duodenum from pylorus
F = 250 cm	Length of duodeno-ileal limb
V = 150-250 cc	Volume of sleeve



# PURPOSE OF A SURGICAL TECHNIQUE PAPER

1. Benefit humankind = medicine's goal
2. Make operative therapy safer, quicker, more effective, produce less side effects and complications = a surgeon's goal
3. Enhance the discipline, for instance broaden the applications of metabolic surgery, e.g., metabolic/bariatric surgery for TBI = discipline's goal
4. Provide the author with reputation, glory, and money = personal goal