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Editorial

Editor's perspectives – December 2016

In the Editor's Perspectives of the November issue, I talked about impact factor of a journal, and its usage and limitations. The impact factor is only one of the many uses of bibliometrics in science and medicine, although it is probably most commonly used and the most well-known. The term bibliometrics was coined by Alan Pritchard in a paper published in 1969 [1]. He defined the term as "the application of mathematics and statistical methods to books and other media of communication". Many research fields in science, including medicine, now use bibliometric methods to explore the impact of their field, the impact of researcher(s), or the impact of a particular paper [2]. As it is commonly accepted that the impact factor is not a reliable instrument to be used alone, the European Association of Science Editors (EASE) issued an official statement in November 2007 recommending "that journal impact factors are used only – and cautiously – for measuring and comparing the influence of entire journals, but not for the assessment of single papers, and certainly not for the assessment of researchers or research programmes" [3]. In the assessment of a scientific researcher, a combination of the various methods in Bibliometrics should be used. I shall talk more about such an assessment in the latter issues of the Editor's Perspective.

This December issue of the International Journal of Surgery has two particular features: (1) there are many articles at level 1 of the evidence-based medicine hierarchy which include guidelines/systematic reviews with meta-analyses/reviews/randomized controlled trials; and (2) many articles on Editorial/Letter to the Editor. The remaining articles consist of prospective or retrospective studies on case series.

The article on "Preferred reporting of case series in surgery: the PROCESS guidelines" is a must for all clinical researchers who wish to submit clinical case series to any surgical journal, I am sure this article will be highly quoted. For hepatopancreaticobiliary surgeons, there are 5 systematic reviews and meta-analyses in this field of surgery. For liver surgery, there is an article on "Enhanced recovery after surgery programs versus traditional perioperative care in laparoscopic hepatectomy: A meta-analysis"; and another article on "Fast track for open hepatectomy: A systemic review and meta-analysis". For pancreatic surgery, there are two articles on the type of pancreatic-gut anastomoses after pancreaticoduodenectomy. The first article is entitled "Pancreaticogastrostomy has advantages over pancreaticojejunostomy on pancreatic fistula after pancreaticoduodenectomy. A meta-analysis of randomized controlled trials", while the other one is "Meta-analysis of invagination and duct-to-mucosa pancreaticojejunostomy after pancreaticoduodenectomy: An update". For biliary surgery, there is an article on "Abdominal drainage versus no abdominal drainage for laparoscopic cholecystectomy: A systematic review with meta-analysis and trial sequential analysis". For orthopaedic surgeons, there are 5 systematic reviews and meta-analyses which include a study on osteoscarcoma on "Effects of resection margins on local recurrence of osteosarcoma in extremity and pelvis: Systematic review and meta-analysis"; an article on total knee and hip arthroplasty entitled "Topical use of topical fibrin sealant can reduce the need for transfusion, total blood loss and the volume of drainage in total knee and hip arthroplasty: A systematic review and meta-analysis of 1489 patients"; a study on "The efficacy of intraoperative autologous platelet gel in total knee arthroplasty: A meta-analysis", and an article looking at "Combined intravenous and topical tranexamic acid versus intravenous use alone in primary total knee and hip arthroplasty: A meta-analysis of randomized controlled trials"; finally there is an article asking the question "Is surgical intervention more effective than non-surgical treatment for acute Achilles tendon rupture? A systematic review of overlapping meta-analyses". For perioperative management, there are two systematic reviews and meta-analyses. The first one is on "Dexamethasone combined with other antiemetics versus single antiemetics for prevention of postoperative nausea and vomiting after laparoscopic cholecystectomy: An updated systematic review and meta-analysis"; and the other article is on "Liposomal bupivacaine infiltration versus femoral nerve block for pain control in total knee arthroplasty: A systematic review and meta-analysis". For surgeons who are working in other surgical specialties or subspecialties, there is a systematic review on "Intraoperative modifiable risk factors of colorectal anastomotic leakage: Why surgeons and anesthesiologists should act together"; a systemic review on "Bariatric manipulation of gastric arteries: A systematic review on the potential concept for treatment of obesity"; a systematic study on "Safety of radioactive sentinel node biopsy for breast cancer and the pregnant surgeon – A review", and a randomized comparative study on "Efficacy of 10% sucralfate ointment after anal fistulotomy: A prospective double-blind, randomized, placebo-controlled trial".

This December issue is also special that it contains four editorials which are extremely informative. First is the Editorial on "Augmented reality in surgery: the computer-aided medicine revolution". Then we have the editorial on "Bariatric surgery and pregnancy: What outcomes?" and the third on "Internal mammary sentinel lymph node biopsy in clinical practice". Finally, there is the editorial on "Are the SDGs (Sustainable Development Goals) leaving safer surgical systems behind?". There are five Letters to

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the Editor, three of these letters are on the views of the authors in different aspects of surgery. These letters are worth reading and they are “Lugol's iodine in Graves' disease – revisited”; “The rate of complications, does it really reflect clinical excellence”; and “Bariatric surgery in morbidity obese adolescents”. Two Letters to the Editor involve comments made on articles published previously. These are good letters reflecting different views from different surgeons and I encourage more such correspondences from our readers in the future.

There are 34 prospective or retrospective studies on case series. Limitation in space does not allow me to describe all these articles to you. Suffice for me to recommend to you articles which involve large number of patients or are educational and innovative. There is an article on cataract surgery and after-cataract laser capsulotomy from Taiwan which involved 983 patients; a study on laparoscopic appendicectomy from Korea which involved 3049 patients; a study on oesophagectomy for oesophageal cancer in patients with comorbidities from Japan on 658 patients; a study on pilonidal disease from Italy on 2347 patients; a study on MRI in diagnosing intracranial tumors from China on 762 patients; and a study on whether a drain should be used in laparoscopic appendectomy for complicated acute appendicitis from Argentina on 1300 patients. There are excellent articles on surgical education and innovation. The following four articles should appeal to most surgeons: “Can specialized surgical simulation influence resident career choice?”; “Pre- and post-operative stoma education and guidance within an enhanced recovery after surgery (ERAS) programme reduces length of hospital stay in colorectal surgery”; “Do we really need the full compliance with ERAS protocol in laparoscopic colorectal surgery? A prospective Cohort study”; and “Public appreciation of lifestyle risk factors for colorectal cancer and awareness of bowel cancer screening: A cross-sectional study”. As for surgical innovation, there are studies on robot-assisted nephrectomy, robot-assisted radical prostatectomy, effectiveness of Google GLASS in surgery, use of carbon nanoparticles in thyroid cancer surgery, risk factors for reoperation after ileostomy reversal; and factors to consider, in addition to surgical resection for non-curative lesions after endoscopic mucosal dissection for early gastric cancer.

This is probably the longest Editor's Perspective that I have ever written. Needless to say that this is a result of the many good articles in this December issue that I would like to recommend to you. There are many more good articles that I cannot include into this short perspective. Please take your time to go through the abstracts of this issue and select to read all the articles which are of relevance to your surgical practice.

References

[1] A. Pritchard, Statistical bibliography or bibliometrics, J. Documentation 25 (4) (1969) 348–349.
[2] Bibliometrics – Wikipedia, https://en.wikipedia.org/wiki/Bibliometrics.
[3] European Association of Science Editor (EASE). Statement on inappropriate use of Impact factor. http://www.ease.org.uk/sites/default/files/ease_statement_ifs_final.pdf.

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