Journal Information

- Manuscript Submission Site: [https://mc.manuscriptcentral.com/fpsam](https://mc.manuscriptcentral.com/fpsam)
- Editorial Office Contact: jkgrainger@ucdavis.edu
- Support Contact: prosupport@liebertpub.com
- Journal Model: Hybrid
- Blinding: Single Blind
- File formatting requirement stage: On revision. Format neutral on original submission.
- Instant Online Option (immediate publication of accepted version): No
- Submission Fee: None
- Average time to initial decision: 17.5 days

Manuscript Types and Guidelines

- All manuscripts should be in Word format, and double spaced.
- The word count of the body and abstract must be included on the title page.
- Authorship contribution/confirmation statement and conflicts of interest disclosure is required. Please structure the author contribution statement according to CRediT guidelines. You will also be required to provide that information in the submission form author list.
- Tables and figures must be submitted as individual files.
- If human subjects are being studied as IRB disclosure must be included in the materials and methods section. If please state the exemption.

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<tr>
<th>Original Investigation Papers</th>
<th>• Maximum 3,000-word limit</th>
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<td>• Maximum of 5 (five) tables and/or figures</td>
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<td>• Figures &amp; Tables should be submitted as separate documents</td>
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<td>• <strong>Key Points</strong>: (include a separate section called &quot;Key Points&quot; before the Abstract – 100 words or fewer)</td>
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<td>✓ Please make the key points succinct and in a common (lay or plain) language in 3 simple sentences. These are difficult to write, but consider explaining to someone who does not practice in our field. Take out the numbers and the abbreviations as not everyone uses the same terminology.</td>
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<td>✓ This feature provides a quick structured synopsis of the findings of your manuscript (required only for research and review manuscripts), following 3 key points (for example):</td>
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<td>• Question: Does wearing a parachute protect you as a sky diver?</td>
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<td>Research Letter</td>
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<td>Systematic Review (without meta-analysis)</td>
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<td>Narrative Review</td>
<td>The focus should be an update on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment. Subtitle should be &quot;A Review&quot;</td>
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<tr>
<td>Special Communications</td>
<td>Maximum 3,000-word limit</td>
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- Findings: Sky divers that do not wear a parachute had poorer outcomes than those that wore them.
- Meaning: The findings of this study suggest that wearing a parachute should be strongly considered when skydiving.

- Structured abstract (maximum of 200 words). The abstract should be as succinct and accurate as possible. The background and objective can be one sentence each. The conclusion for aim to be one sentence of the study results, without extrapolation.
- Discussion: The discussion could be organized with a first paragraph that tells how the findings of your study extend from and agree/disagree with the current available literature. The vast majority of the new referenced material in the discussion belongs in the introduction, then you can compare to this in the organized discussion.
- Reporting guidelines: [Equator Reporting Guidelines](#)
| Clinical Challenge | Features "What Would You Do Next?" with 4 single-phrase plausible treatment options describing possible courses of action with 1 being preferred  
Case presentation: maximum 250 words. Discussion: maximum 500-600 words  
Maximum of 10 references  
Maximum of (three) authors  
1-2 small figures  
Patient permission may be needed |
|---|---|
| Surgical Pearls | Maximum of 800 words  
1 video of 2-5 minutes. Please use captions and English-language voiceover where appropriate.  
1-2 figures  
Maximum of 7 references  
Maximum of 3 authors  
Patient photograph consent permission should be submitted |
| Viewpoint | Maximum of 1,200 words (or 1,000 words with 1 small table or figure)  
Maximum of 7 references at submission  
Maximum of 3 authors, with no more than 2 affiliations per author |
| Letters to the Editor | Maximum 500 words  
Maximum of 4 references (1 of which should be to the recent article)  
Maximum of 3 authors |
| Responses to Letters to the Editor | Maximum 500 words  
Maximum of 6 references  
Maximum of 3 authors |
| Observation | Maximum of 600 words  
Maximum of 7 authors  
Maximum of 6 references  
No more than 2 (two) small tables and/or figures  
No online-only material  
Patient permission may be needed |

**Word limits do NOT pertain to the abstract, disclosure statements, author contribution statements, funding information, acknowledgments, tables, figure legends, or references.**

*Facial Plastic Surgery & Aesthetic Medicine* welcomes format-neutral manuscripts for first-time submissions. Newly submitted manuscripts will not be un-submitted for formatting issues. However, after the initial peer review process, revised submissions must follow correct journal formatting and file guidelines.

**Description of Manuscript Types**

- **Original Investigation Papers:** Clinical Trials; Meta-analysis; Intervention Study; Cohort Study; Case-control Study; Epidemiologic Assessment Survey with High Response Rate; Cost-effectiveness Analysis; Decision Analysis; Study of Screening and Diagnostic Tests; Other observational studies
- **Research Letter:** Concise, focused reports of original research. Can include any of the study types listed under Original Investigation.
- **Systematic Review (without meta-analysis):** Critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. Systematic Reviews without meta-analysis are published as Reviews; those with meta-analysis are published as Original Investigations (see Meta-analysis under Original Investigation Papers).
• Advances in Diagnosis and Treatment Review- A complete systematic review of the last 5 years of published literature focusing on the latest information about management of diseases and conditions, emphasizing what is new; typically written by senior experts in the field. These reviews should address a specific question or issue that is relevant for clinical practice.
• Narrative Review- Up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines.
• Special Communications- This journal publishes very few of these types of articles. These manuscripts describe an important issue in clinical medicine, public health, health policy, or medical research in a scholarly, thorough, well-referenced, systematic, and evidence-based manner.
• Clinical Challenge- Presents an actual patient case with a specific disease or condition with an accompanying clinical image.
• Surgical Pearls- A video snapshot and a short description of a surgical technique
• Viewpoint- May address virtually any important topic in medicine, public health, research, discovery, prevention, ethics, health policy, or health law and generally are not linked to a specific article.
• Letters to the Editor- Letters discussing a recent article in this journal should be submitted within 4 weeks of the article’s publication in print.
• Responses to Letters to the Editor- Replies by authors of original articles to letters from readers
• Observation- Short reports of 1 or 2 complicated or unique cases.

References
The reference list must be prepared double-spaced in Word and numbered consecutively as they are cited in the text (using superscript numbers). References appearing for the first time in tables and figures must be numbered in sequence with those cited in the text where the table or figure is mentioned. Use journal abbreviations as provided by PubMed/Medline. List all authors when there are six or less. When there are more than six, list the first three, followed by et al. If references to personal communications or unpublished data are used, they are not to be in the list of references. They should be referred to in the text in parentheses: (A.B. Smith, personal communication). Include among the reference any papers that have been accepted for publication but not yet published; identify the name of publication and add “In Press.” The maximum number of references may not exceed 100.

Sample journal article reference styles:

• Journal article with up to six authors:

• Journal article with more than six authors:

FOR USERS OF ENDNOTE

Currently, Facial Plastic Surgery & Aesthetic Medicine is not listed in EndNote, however, you may use this output style.

Other

Manuscript Preparation

Prepare text of manuscripts, double-spaced, in Microsoft Word. The order of items in the manuscript is: title page, key points,** abstract, text, acknowledgments, authorship confirmation statement, author disclosures, references, and correspondence address. Number each page, including the title page, consecutively. (**Key Points are required for only Research and Review submissions.)
Costs

- There is no submission fee for *Facial Plastic Surgery & Aesthetic Medicine*.
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- Open Access and Creative Commons (CC-BY / CC-BY-NC) licensing options are available. Contact our Open Access Manager for more information.
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The basic service is free. PaperPal preflight offers an optional fee-based service that will provide a report showing tracked changes and potential modifications. Please note that if this service is used, a clean copy of the manuscript must be uploaded to the submission system.

There is no obligation to use either the free or paid service. No editorial, review, nor any other decisions will be dependent on its use.

All manuscripts must be submitted through the journal’s ScholarOne Manuscripts site.
Submission Preparation

All manuscripts must be prepared in accordance with the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (icmje.org). Please consult your specific journal’s requirements for additional information.

All Mary Ann Liebert, Inc. journals follow the standards, guidelines, and best practices set forth by the Committee on Publication Ethics (COPE; publicationethics.org), the International Committee of Journal Medical Editors (ICJME; www.icmje.org), the World Medical Association (WMA; www.wma.net), and the American Medical Association (www.ama-assn.org).

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There may be additional requirements for submission. Please review the full instructions for authors for guidelines.

The basic service is free. PaperPal preflight offers an optional fee-based service that will provide a report showing tracked changes and potential modifications. Please note that if this service is used, a clean copy of the manuscript must be uploaded to the submission system.

There is no obligation to use either the free or paid service. No editorial, review, nor any other decisions will be dependent on its use.

All manuscripts must be submitted through the journal’s ScholarOne Manuscripts site. Please refer to the individual journal’s instructions for more information and to access the service.
Manuscript Formatting

Please check your journal’s requirements for file formatting. Many journals require formatting compliance only on revision; however, unless stated, the file formatting should comply with the following requirements on submission.

Manuscript Files

The main text file, figure legends, and tables should be prepared in Microsoft Word. Some journals may accept LaTex. Please consult your individual journal instructions for guidance.

File Naming

- All file names should be in English and contain only alphanumeric characters.
- Do not include spaces, symbols, special characters, dashes, dots, or underscores.
- Title each file with the type of content contained in the file (e.g., manuscript.doc, tables.doc, FigureLegends.doc, Fig1.tif, SupplementalData.pdf, etc.).

Figures

- Submission of high resolution .TIFF or .EPS figure files is preferred. Please upload as individual files.
- Cite figures consecutively in text within parentheses.
- Images should not reveal the name of a patient or a manufacturer.
- Note: Figures that will not be reproduced in color must be readable and interpretable in black and white.

Figure Legends

- A legend should be provided for each supplied figure.
- All legends should be numbered consecutively.
- Figure legends may be included at the end of the main text file or uploaded as a separate, double-spaced Word file.
- In each legend, provide explanations for any abbreviations or symbols that appear in the figure.
- If the figure is taken from a copyrighted publication, permission must be secured by the author(s) and supplied at the time of submission with appropriate credit listed in the legend. Permissions and associated fees are the responsibility of the author.

Tables

- Tables may be included after the references at the end of the main text file, or uploaded as a single, separate Word file. All tables should be editable.
- Provide a title for each supplied table.
- Cite tables sequentially in text within parentheses.
- Explain abbreviations used in the body of the table in footnotes using superscript letters, not symbols.
- If a table is taken from a copyrighted publication, permission must be secured by the author(s) and supplied at the time of submission with appropriate credit listed in the legend. Permissions and associated fees are the responsibility of the author.

Supplemental Files
• Supplemental files should be uploaded as individual files. Most text, photo, graphic, and video formats are accepted. Ensure that patient identities are not revealed.

• Supplemental Information will not be copyedited or typeset; it will be posted online as supplied.

• For journals that publish accepted versions of papers prior to copyediting and typesetting, supplemental files will not be posted with the paper until after production has been completed.

**Manuscript Structure**

Specific journal requirements will vary, however the general order of elements in each manuscript should be

• Title page* with full manuscript title, all contributing authors’ names and affiliations, a short running title, a denotation of the corresponding author, and a list of 4-6 keywords/search terms,

• Abstract,

• Main text without embedded figures or tables and with appropriate section headings, if applicable. Most research papers should be organized as follows: Introduction, Materials and Methods, Results, Discussion, and Conclusions.

• Acknowledgments,

• Authorship confirmation/contribution statement (CRediT format is preferred)

• Author(s’) disclosure (Conflict of Interest) statement(s), even when not applicable,

• Funding statement, even when not applicable,

• References,

• Tables included in the text or as a separate document,

• Figure legends at the end of the main text or in a separate Word file,

• Figures uploaded as individual high-resolution files,

• Supplemental files uploaded as individual files.

*Double-blinded journals require a separate title page with the title, all contributing authors’ names and affiliations, a denotation of the corresponding author, author acknowledgements, disclosures, and related identifying information.

Your individual journal may require

• An Institutional Review Board (IRB) approval (or waiver) statement and statement of patient consent as a separate paragraph after the methods section,

• Other relevant ethics attestations (see icmje.org for further guidance),

• Data sharing statement,

• Specific abstract and content sections, depending on manuscript type,

• Word count limits, tables/figure limits, and reference format requirements.

Please note that paragraphs should be no longer than 15 lines once typeset.
Pre-Publication Policies

Funding

Upon manuscript submission, the submitting agent will have an opportunity to enter funding/grant information. If funding information is entered correctly, the publisher will deposit the funding acknowledgements from the article as part of the standard metadata to Funder Registry. The entered information should include funder names, funder IDs (if available), and associated grant numbers. Special care should be taken when entering this information to ensure total accuracy. Funding information must also be provided within the manuscript.

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All submissions are subject to peer review after initial editorial evaluation for suitability. A minimum of two reviews are required for most journals if the manuscript proceeds to the review stage. Final decisions on the manuscript are solely at the discretion of the Editor(s).

Exclusivity

Manuscripts should be submitted with the understanding that they have neither been published, nor are under consideration for publication elsewhere, in the same form or substantially similar form. Conference abstracts are excluded. If work was presented at a conference, supply the name, date, and location of the meeting as a footnote on the title page of the submission.

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Authorship is defined by the International Committee of Medical Journal Editors in Roles & Responsibilities. Contributors who do not meet all criteria for authorship should not be listed as authors, but they should be acknowledged (with permission from the named parties) in the Acknowledgments section with a description of their contribution to the work.

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One author should be designated as the corresponding author who will be responsible for communication between the authors and the journal editorial office and publisher. This individual will be responsible for ensuring all authors submit copyright forms, coordinating and responding to page proofs, and managing any other necessary contact during the peer review and production processes.

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Authorship Confirmation/Contribution Statement

An authorship contribution statement must be included with the manuscript. We strongly recommend that the authorship contribution statement follow the CRediT Taxonomy guidelines. (https://credit.niso.org/)

- Conceptualization (Ideas; formulation or evolution of overarching research goals and aims.)
- Data curation (Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.)
- Formal analysis (Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.)
• Funding acquisition (Acquisition of the financial support for the project leading to this publication.)

• Investigation (Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.)

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• Resources (Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.)

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Example

Author 1: review and editing (equal). **Author 2:** Conceptualization (lead); writing – original draft (lead); formal analysis (lead); writing – review and editing (equal). **Author 3:** Software (lead); writing – review and editing (equal). **Author 4:** Methodology (lead); writing – review and editing (equal). **Author 5:** Conceptualization (supporting); Writing – original draft (supporting); Writing – review and editing (equal).

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• Upon receipt of the request and all written approvals of all involved parties, the Editor-in-Chief will consider the request, render a decision, and notify the corresponding author.

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Authors should identify as their institution(s) the facility where the work was performed and executed. Changes in an author's affiliation after the work was completed, but prior to the submission or publication of the manuscript should be noted using a superscript asterisk in the author listing and a footnote on the title page indicating "Current Address" and listing the new affiliation. Corrections to affiliations or contact information due to relocation after publication is not permitted.

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All scholarly works considered for publication undergo thorough and rigorous peer review. Manuscripts with AI-generated content are no exception.

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When reporting research involving human data, authors must document the procedures followed in securing approvals from the responsible institutional and national review committee(s), along with confirmation that the research was...
completed in accordance with the Declaration of Helsinki as revised in 2013.

An institution without an Institutional Review Board must arrange for an outside/external IRB to be responsible for initial and continuing review of studies conducted at the non-IRB institution. Such arrangements must be documented in writing in the manuscript.

If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. Approval by a responsible review committee does not preclude editors from forming their own judgment whether the conduct of the research was appropriate. Please see [https://www.icmje.org/icmje-recommendations.pdf](https://www.icmje.org/icmje-recommendations.pdf) for additional information.

The publisher requires a statement from authors in the Materials and Methods section to confirm that the appropriate ethical approval has been received, that appropriate processes have been followed, and the name of the committee.

Informed consent by patients/participants should always be secured. A statement confirming that informed patient/participant consent was obtained is required in the Materials and Methods section. The statement of IRB review is accepted as covering the review of consent documentation.

If the study is judged exempt from review, a statement from the committee is required in the Materials and Methods section, including, if applicable, documentation of institutionally approved waiver of informed consent.

**Ethics of Experimentation**

See the following resources for studies involving human fetuses, fetal tissue, embryos, and embryonic cells:

- NIH Grants Policy Statement
- National Conference of State Legislatures Embryonic and Fetal Research Laws

**Ethical Treatment of Animals**

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If applicable, it is incumbent upon the author(s) to obtain permission to reproduce any identifiable images of patients. Any identifying information should not be published in descriptions or photographs unless the information is essential for scientific purposes and the patient (or patients’ parent/guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be submitted. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity cannot be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are de-identified, the manuscript should contain assurances/statements that such changes do not distort scientific meaning.

In keeping with patients’ rights of privacy, the Journal does not require the submission of patient consent forms, but instead requires the author(s) to retain and archive all patient consent documentation. Upon submission of a manuscript for review, the authors must make a statement in the cover letter to the Editor/Journal which attests that...
they have received and archived written patient consent in addition to providing the requisite statement in the manuscript.

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We recommend, but do not require, the sharing and archiving of data and any other artifacts that define and support the results stated in a manuscript in a suitable public repository (in accordance with valid privacy, legal, and ethical guidelines). We recommend that a data availability statement be included in the manuscript in the Methods section or as a separate section at the end of the main text file. Describe the location of the data, details on how it can be accessed and any licensing information. If the data is not publicly available or accessible, that information should also be provided.

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