

From the desk of the Editor-in-Chief

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In our rapidly expanding field, *Gynecological Surgery* has over the last 7 years become an invaluable forum for the dissemination of new developments, approaches, standards, and technologies. National and international societies play an important role in drawing up guidelines for clinical practice, which are increasingly relevant and important, especially in legal matters. Therefore, one of the primary roles of *Gynecological Surgery* is the publication and dissemination of guidelines on best clinical practice in the different fields of gynecological surgery. It is evident that the *Gynecological Surgery* is also the preferred journal for the publication of original research articles, systematic reviews, and opinion papers relevant to our specialty. While there remains a dearth of randomized controlled studies in gynecological surgery, the journal is frequently chosen by young clinicians for their international scientific debut. Although case reports are restricted to novel surgical techniques and complications, *Gynecological Surgery* continues to value these contributions. Even when not accepted for publication, the reviewers' comments are often very helpful and constructive for authors in the early stages of a scientific career.

During the last 2 years, more than 350 manuscripts have been submitted to the journal for publication. With four issues a year, the rejection rate has been well over 50%. Manuscripts are selected for publication on the basis of a careful peer-review process where international experts review and score the paper on its scientific merit, originality, quality, importance, and readership interest. In fact, the quality of the journal depends to a large extent on the quality of the

reviewers, and we should be very grateful for their continuous efforts in supporting *Gynecological Surgery*.

The submission–first decision interval remains short and is for most articles not more than 17 days. Articles are available for citation as soon as they are published online, usually within 22 days, but the printed version may take 6 to 9 months.

Unfortunately, recognition by the Index Medicus has yet to be granted. Citation of published papers remains a crucial issue. The addendum shows the two most cited papers published in each of the first 5 years of *Gynecological Surgery*. Information on published papers to increase citations can be found on our website <http://www.springerlink.com/content/1613-2076/preprint/>. When planning a publication, you can also email the secretariat with one or two keywords and a list of relevant publications will be provided by return email. Under certain conditions, “Open Access” can also be obtained, which gives unrestricted access via PubMed from the time the manuscript is published online.

While *Gynecological Surgery* continues to thrive, its future can only be secured through continued collaboration between the authors, reviewers, and editorial board, which—with assistance of Springer—promotes the highest quality in scientific publication. It is also clear that a surgical journal should excel by “sharpness of vision” as shown by the cover picture. Therefore, the introduction of visual reporting and education needs to be in the future an essential feature of *Gynecological Surgery*.

Addendum. The two most cited papers for each year during the 2005–2009 period:

Sutton, C., Minelli, L., García, E., Korell, M., Pouly, J.L., Pados, G., Crowe, A.M., Osborne, L.W.J., Knight, A.D. Use of icodextrin 4% solution in the reduction of adhesion formation after gynaecological surgery (2005) *Gynecological Surgery*, 2 (4), pp. 287–296.

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- Lalchandani, S., Phillips, K. Laparoscopic entry technique - A survey of practices of consultant gynaecologists (2005) *Gynecological Surgery*, 2 (4), pp. 245–249.
- Weyers, S., Selvaggi, G., Monstrey, S., Dhont, M., Van Den Broecke, R., De Sutter, P., De Cuypere, G., T'Sjoen, G., Hoebeke, P. Two-stage versus one-stage sex reassignment surgery in female-to-male transsexual individuals (2006) *Gynecological Surgery*, 3 (3), pp. 190–194.
- Abdel Malak, K., Shawki, O. Management of menorrhagia with the levonorgestrel intrauterine system versus endometrial resection (2006) *Gynecological Surgery*, 3 (4), pp. 275–280.
- DeWilde, R.L., Trew, G. Postoperative abdominal adhesions and their prevention in gynaecological surgery. Expert consensus position. Part 2 - Steps to reduce adhesions (2007) *Gynecological Surgery*, 4 (4), pp. 243–253.
- DeWilde, R.L., Trew, G. Postoperative abdominal adhesions and their prevention in gynaecological surgery. Expert consensus position (2007) *Gynecological Surgery*, 4 (3), pp. 161–168.
- Kolkman, W., Van De Put, M.A.J., Wolterbeek, R., Trimbos, J.B.M.Z., Jansen, F.W. Laparoscopic skills simulator: Construct validity and establishment of performance standards for residency training (2008) *Gynecological Surgery*, 5 (2), pp. 109–114.
- Molinas, C.R., De Win, G., Ritter, O., Keckstein, J., Miserez, M., Campo, R. Feasibility and construct validity of a novel laparoscopic skills testing and training model (2008) *Gynecological Surgery*, 5 (4), pp. 281–290.
- Panayotidis, C., Weyers, S., Bosteels, J., Van Herendael, B. Intrauterine adhesions (IUA): Has there been progress in understanding and treatment over the last 20 years? (2009) *Gynecological Surgery*, 6 (3), pp. 197–211.
- Hiemstra, E., Kolkman, W., Van De Put, M.A.J., Jansen, F.W. Retention of basic laparoscopic skills after a structured training program (2009) *Gynecological Surgery*, 6 (3), pp. 229–235.