



Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol

Kaiping Zhang^{1,2^}, Yanfang Ma³, Qianling Shi⁴, Jianfei Shen⁵, Jinlin Wu⁶, Xianzhuo Zhang⁴, Panpan Jiao⁴, Grace S. Li¹, Xueqin Tang¹, René Horsleben Petersen⁷, Calvin S. H. Ng⁸, Alfonso Fiorelli⁹, Nuria M. Novoa¹⁰, Benedetta Bedetti¹¹, Giovanni Battista Levi Sandri¹², Steven Hochwald¹³, Toni Lerut¹⁴, Alan D. L. Sihoe¹⁵, Leandro Cardoso Barchi¹⁶, Sebastien Gilbert¹⁷, Ryuichi Waseda¹⁸, Alper Toker¹⁹, Diego Gonzalez-Rivas^{20,21,22}, Robert Fruscio^{23,24}, Marco Scarci²⁵, Fabio Davoli²⁶, Guillaume Piessen²⁷, Bin Qiu²⁸, Stephen D. Wang¹, Yaolong Chen^{29,30}, Shugeng Gao²⁸

¹Editorial Office, AME Publishing Company, Hong Kong, China; ²School of Public Health, Imperial College London, London, UK; ³Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China; ⁴The First School of Clinical Medicine, Lanzhou University, Lanzhou, China; ⁵Department of Cardiothoracic Surgery, Taizhou Hospital of Zhejiang Province Affiliated to Wenzhou Medical University, Linhai, China; ⁶Department of Cardiovascular Surgery, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Guangdong, China; ⁷Department of Cardiothoracic Surgery, University Hospital of Copenhagen, Rigshospitalet, Copenhagen, Denmark; ⁸The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, New Territories, Hong Kong, China; ⁹Thoracic Surgery Unit, University of Campania "Luigi Vanvitelli", Naples, Italy; ¹⁰Thoracic Surgery Service, University Hospital of Salamanca, Salamanca, Spain; ¹¹Department of Thoracic Surgery, Helios Clinic Bonn/Rhein Sieg, Bonn, Germany; ¹²Division of General Surgery and Liver Transplantation, S. Camillo Hospital, Rome, Lazio, Italy; ¹³Department of Surgical Oncology, Roswell Park Cancer Institute, Buffalo, NY, USA; ¹⁴Department of Thoracic Surgery, University Hospital Leuven, Leuven, Belgium; ¹⁵Gleneagles Hong Kong Hospital, Hong Kong, China; ¹⁶Digestive Surgery Division, Department of Gastroenterology, University of Sao Paulo School of Medicine, São Paulo, Brazil; ¹⁷Division of Thoracic Surgery, Department of Surgery, The Ottawa Hospital, University of Ottawa, Ottawa, Canada; ¹⁸Department of General Thoracic, Breast and Pediatric Surgery, Fukuoka University, Fukuoka, Japan; ¹⁹Department of Cardiovascular and Thoracic Surgery, West Virginia University Heart and Vascular Institute, Morgantown, WV, USA; ²⁰Department of Thoracic Surgery and Lung Transplant, Coruña University Hospital, Coruña, Spain; ²¹Minimally Invasive Thoracic Surgery Unit (UCTMI), Coruña, Spain; ²²Department of Thoracic Surgery, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China; ²³Clinic of Obstetrics and Gynecology, San Gerardo Hospital, Monza, Italy; ²⁴Department of Medicine and Surgery, University of Milan-Bicocca, Milan, Italy; ²⁵Department of Thoracic Surgery, S. Gerardo Hospital, Monza, Italy; ²⁶Department of Thoracic Surgery, AUSL Romagna, S. Maria delle Croci Teaching Hospital, Ravenna, Italy; ²⁷University of Lille, Department of Digestive and Oncological Surgery, Claude Huriez University Hospital, Lille, France; ²⁸Department of Thoracic Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China; ²⁹World Health Organization (WHO) Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China; ³⁰Lanzhou University Institute of Health Data Science, Lanzhou, China

Correspondence to: Yaolong Chen, MD, MSc, MBBS. Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, No. 199 Donggang West Road, Lanzhou, China. Email: chenyaolong@lzu.edu.cn; Shugeng Gao, MD. Department of Thoracic Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, No. 17, Panjiayuan Nanli, Beijing 100021, China. Email: gaoshugeng@vip.sina.com.

Background: The reporting of surgical techniques is of mixed quality, with most at a very minimal level. Reporting guidelines that could be applied to guide surgical technique reporting vary in methodology for development, discipline coverage, dimension coverage and detail requested. However, a scoping review that could indicate the gaps and efforts needed in surgical technique reporting guidelines is lacking and warranted. This study aims to design a methodological rigour protocol to guide the development of a scoping review of surgical technique reporting guidelines.

[^] ORCID: 0000-0002-7645-2631.

Methods: This protocol is designed following the 2020 manual proposed by the Joanna Briggs Institute. To further ensure the soundness of the protocol, we also included multidisciplinary professionals (including methodologists, clinicians, and journal editors) to refine the protocol.

Discussion: Seven key steps for developing the scoping review are identified and presented in detail, including (I) identifying the research questions; (II) inclusion criteria; (III) search strategy; (IV) source of evidence selection; (V) data extraction; (VI) analysis of the evidence; and (VII) presentation of the results. Guided by this protocol, the subsequent scoping review will inform us the overview of surgical technique reporting guidelines and precisely guide our direction and next steps in improving surgical technique reporting guidelines.

Trial registration: This protocol is not registered as the PROSPERO database only accepts registration of systematic review protocols while does not accept registration of scoping review protocols.

Keywords: Surgical technique; reporting guidelines; protocol

Submitted May 10, 2021. Accepted for publication Jun 23, 2021.

doi: 10.21037/gs-21-311

View this article at: <https://dx.doi.org/10.21037/gs-21-311>

Introduction

Currently, no clear definition of surgical technique is found in the literature or dictionaries. According to the Oxford Dictionary, “surgical” means “used in or connected with surgery” and “technique” stands for “a particular way of doing something, especially in which you have to learn special skills” (1). Therefore, “Surgical Technique” is defined as “*The specific way and skills of performing a particular medical operation*”. Specifically, the surgical technique that we are concerned with here are the skills of treatments of injuries, diseases or any discomforts or abnormalities in people, by removing abnormalities, repairing affected parts, or implanting substitutions, by cutting open, whether invasive, minimally invasive or non-invasive and whether they are carried out by surgeons or other medical practitioners. In PubMed, 38,208 articles were identified using the search term “surgical technique” [Title/Abstract] (search date Oct 27, 2020) (2). The application of the surgical technique among the first 100 relevant articles is confirmed consistent with this definition. Noteworthy, while the term “operative technique” could be interchangeably used with “surgical technique”, “surgical procedure” is not the same as “surgical technique”. Surgical procedure covers the entire operation, including preoperative, intraoperative, and postoperative process. Surgical technique, on the other hand, specifically focuses more on the intraoperative implementation instead of perioperative care (3,4).

Surgical technique is delicately described as the essential

component of the craft and art of surgery (5). A surgical technique can be defined as excellent when it meets several aims, including ensuring the safety of surgery (6), reducing postoperative complications (7), achieving good patient outcomes and making the surgery and future good outcomes reproducible (5). However, the reporting of a surgical technique is of mixed quality, with most at a very minimum level. A systematic review that included 92 surgical case series indicates poor reporting represented by non-use of standard definitions (57%), missing data (66%) and incomplete reporting (70%) etc. (8). In terms of case reports and case series of surgical techniques, few studies have very detailed descriptions of the technique, such as the length of incision, the depth of dissection, appropriate instruments and retractors, and the duration of the procedure (9). Few studies are accompanied by surgical videos. Those with videos are often non-edited lacking corresponding subtitles or audio guidance (10), which is notably different with edited videos. A large number of studies have focused on preoperative preparation, with only a rough description of the steps and a lack of detailed implementation skills or of the “pros” and the “cons” of the reported surgical technique or when this technique is really indicated or when not-indicated (11-13). In terms of randomized controlled trials of surgical techniques, the focus is on the study design and statistics, while the two surgical techniques being compared are not described in details, frequently with no more than two paragraphs (14). The incompleteness, lack of details,

and low quality of surgical technique reporting severely limit the evaluation, dissemination, and reproducibility of the surgical technique.

Reporting guidelines are the preferred tool for improving the completeness, detail, transparency, and quality of surgical technique reporting. According to the Equator Network, a reporting guideline is “*a checklist, flow diagram, or structured text to guide authors in reporting a specific type of research, developed using explicit methodology. A reporting guideline provides a minimum list of information needed to ensure a manuscript which can be understood by a reader, replicated by a researcher, used by a doctor to make a clinical decision, and included in a systematic review*” (15). Although a reporting guideline is not a tool for assessing the methodological quality of an article (16), it can be helpful to authors, reviewers, and journal editors in improving the reporting and educational quality. A survey that included 1,391 authors and 259 reviewers (17) recognized that the earlier an author uses a reporting guideline the more valuable the study is perceived to be, with 77% of reviewers using the reporting guideline in the peer-review process and 60% indicating that the reporting guideline influenced their comments. Owing to the improved recognition of the value of reporting guidelines, a large number of guidelines were published after the publication of CONSORT in 1996 (18). As of October 27, 2020, Equator Network has indexed 442 reporting guidelines (19), with an average of more than 18 newly published or updated reporting guidelines per year in the latest two decades.

However, the 43 reporting guidelines in surgery from pre-search (search date October 17, 2020) in Equator Network have mixed information either describing the discipline covered, the focus on the surgical technique, or the methodology of development. Among the pre-search result, only IDEAL (20) is both focused on surgical technique and covers all clinical disciplines. Nevertheless, the reporting requirement in IDEAL requires the authors to “provide a detailed description” without further specification about the depth or the kind of details are required. A large amount of reporting guidelines is primarily concerned with perioperative management, with insufficient attention, a brief description, or no provision for the surgical technique itself (21-25). Some of the reporting guidelines for certain clinical specialties are very detailed regarding the requirements for surgical technique, including additional details beyond identifying anatomical markers like width,

volume, depth, length, distance, angle, and stability of key steps, such as TEVAR (26) for thoracic endovascular aortic repair. Other reporting guidelines addressing a specific surgical technique from other clinical specialties are much less stringent, such as the CORDES (27) for deep endometriosis surgery. Many reporting guidelines in surgery poorly describe the methodology used, e.g., many do not report which databases they have searched (20-23,26,27).

While reporting guidelines for surgical technique exist with incomplete methodological reporting, inconsistent coverage of a surgical discipline, and varying concerns and requirements for surgical technique, a systematic review or scoping review of reporting guidelines for surgical techniques is not found after searching in PubMed and Google Scholar. Due to this gap, there is no way to systematically know the reporting guidelines for surgical techniques with regards to the overall number, the distribution of disciplines, the methodological rigour with which they are developed, the focus on steps, and the extent to which they required detailed description, etc. Most importantly, it is unclear what surgical discipline and technique reporting we need to strengthen and improve the most.

Therefore, given the importance of reporting guidelines for surgical techniques to improve completeness, detail, transparency and quality, the variations in reporting guidelines, and the lack of systematic understanding, we propose to conduct a scoping review for surgical technique reporting guidelines in all clinical disciplines. By the scoping review, we aim to identify the current state of surgical technique reporting guidelines and the areas that need improvement. This protocol is intended to provide the design, steps, details, and considerations for the scoping review.

Protocol design

This scoping review protocol is designed according to the 2020 manual proposed by Joanna Briggs Institute (28). The manual suggests organizing the scoping review protocol in the steps listed below, which our protocol will accordingly include: Step 1: Identifying the research questions; Step 2: Inclusion criteria; Step 3: Search strategy; Step 4: Source of evidence selection; Step 5: Data extraction; Step 6: Analysis of the evidence; Step 7: Presentation of the results.

Identifying the research questions

The research questions proposed to answer are mainly in three dimensions: (I) what are the number, distribution of disciplines, and the coverage of pre-/intra-/post-operative procedure of the reporting guidelines? (II) what is the methodology, reporting, assessment, and updating plan of the reporting guidelines? (III) what are the specific requirements and concerns of the items in the reporting guidelines?

The more elaborated questions to be answered are listed below:

- ❖ How many reporting guidelines are there regarding surgical technique in different clinical disciplines?
- ❖ How many items are in the reporting guidelines?
- ❖ What are the demographics of the reporting guidelines in terms of authors, journals, countries and specialties etc.?
- ❖ Are there any descriptions about the analysis of the reporting guidelines, including its update plan?
- ❖ How many items are about the surgical technique and perioperative care, respectively?
- ❖ What are the focuses of the items regarding the surgical technique?

Inclusion criteria

Eligible studies will be included following the criteria below:

- ❖ Study topic: surgical technique and surgery on human patients;
- ❖ Study concept: reporting checklists/items/guidelines;
- ❖ Context: any clinical specialty;
- ❖ Publication type: all, including journal articles and grey literature;
- ❖ Evidence sources: Equator Network, MEDLINE (via PubMed), Google Scholar and Networked Digital Library of Theses and Dissertations (NDLTD);
- ❖ Time frame: no restriction;
- ❖ Language: English only;
- ❖ Geographic location: all locations.

Search strategy

Equator Network, MEDLINE (via PubMed), Google Scholar and NDLTD are planned to be searched. Equator

Network is chosen, considering that it is the largest platform for indexing biomedical reporting guidelines. Since the topic is the biomedical field, MEDLINE (via PubMed) is chosen as one of the premier search platforms in this field. In addition, to avoid any publication bias, Google Scholar and NDLTD are chosen to search for relevant grey literature.

How will we do it

Two teams will conduct independent searches to ensure consistency of search results. When there are inconsistencies, discussions will be held to reach consensus and a final agreed search result. The search will use both keywords and subject headings methods, and will be logically connected with Boolean operators “OR” and “AND”. The search strategy (*Table 1*) will be adapted to other databases.

Source of evidence selection

Before the evidence is selected, a consensus and document on the eligibility criteria and elaboration will be achieved. The selection of studies will be carried out by two independent groups in which each person has to receive training before implementation. The training will include detailed eligibility criteria explanation with examples and test, both with selected and excluded cases. Also, a pilot test will be proceeded to refine the selection process. The screening will only get started after 100% agreement is achieved.

Endnote X9 will be used as the screening software. After eliminating duplicates, the screening will be carried out based on title and abstract examination, and then full-text examination. A consensus discussion will be conducted to solve disagreements.

A flowchart of the review process will be drawn in accordance with the PRISMA extension for scoping reviews (PRISMA-ScR) (29), accompanied by an appendix for details of included and excluded sources with reasons.

Data extraction

Corresponding to the research questions to answer, *Table 2* summarizes the data to be extracted.

Table 1 Search strategy (Medline) of reporting guidelines related to surgical technique

Step	Search strategy
#1	“reporting guideline*” [Title/Abstract]
#2	“reporting requirement*” [Title/Abstract]
#3	“research reporting” [Title/Abstract]
#4	“minimum information” [Title/Abstract]
#5	“guideline*” [Title] AND “reporting” [Title]
#6	“guidance” [Title/Abstract] AND “reporting” [Title/Abstract]
#7	“transparen*” [Title/Abstract] AND “reporting” [Title/Abstract]
#8	“guideline*” [Title] AND “publication*” [Title]
#9	“standard*” [Title] AND “reporting” [Title]
#10	“practice” [Title] AND “reporting” [Title]
#11	“design” [Title] AND “reporting” [Title]
#12	“conduct” [Title] AND “reporting” [Title]
#13	“criteri*” [Title] AND “reporting” [Title]
#14	“recommendation*” [Title] AND “reporting” [Title]
#15	“analys*” [Title] AND “reporting” [Title]
#16	“method*” [Title] AND “reporting” [Title]
#17	“experiment*” [Title] AND “reporting” [Title]
#18	“responsible” [Title] AND “report*” [Title]
#19	“clarity” [Title] AND “report*” [Title]
#20	“presentation” [Title] AND “publication” [Title]
#21	“presentation” [Title] AND “standard*” [Title]
#22	“presentation” [Title] AND “guideline*” [Title]
#23	OR/#1-#22
#24	“Surgical Procedures, Operative”[Mesh]
#25	“surgery” [Title/Abstract]
#26	“surgical” [Title/Abstract]
#27	“operat*” [Title/Abstract]
#28	“technique*” [Title/Abstract]
#29	“procedure*” [Title/Abstract]
#30	OR/#24-#29
#31	#23 AND #30
#32	Filters: Humans

Analysis of the evidence

Unlike systematic reviews, the scoping review will only summarize and analyze the results without evaluation. Both quantitative data and descriptive qualitative data (*Table 2*) will be analyzed regarding frequency, distribution, characteristics, and key words etc.

Presentation of the results

The scoping review will summarize the evidence on reporting items for surgical technique in clinical disciplines, identify what is not done well, make practical conclusions, and propose useful insights for improvement.

The scoping review will be written in accordance with the PRISMA-ScR Checklist (29). The results will be presented with both text and visualized figures and tables as appropriate.

Strengths and limitations of the protocol

This protocol’s strengths include its methodological rigour and full consideration of multiple disciplines. The protocol was strictly developed with reference to the classic Joanna Briggs Institute manual, which ensures the rigour of the subsequent scoping review. Additionally, the protocol was discussed by members from multiple disciplines, including methodologists, journal editors and surgeons, making the proposed data to be extracted very detailed and representative. However, the scoping review will only include English reporting guidelines, which induces limited applicability to reporting guidelines in other languages. Moreover, due to the lack of existing tools for evaluating the quality of reporting guidelines, the protocol was only used for summarizing and analyzing, without evaluating the literature. In the future, tools are needed for assessing the quality of reporting guidelines. In this way, a systematic review and relating protocol in this area will be possible.

Conclusions

In summary, this protocol details our plans for an upcoming scoping review. The scoping review will indicate the gaps and efforts needed in surgical technique reporting guidelines.

Table 2 Data extraction framework

Main category	Subcategory	Description
Demographics	1. Title	Clear description with “reporting checklist/items/guideline/guidance” in the title.
	2. Authors	Number of authors and country of origin of the first author.
	3. Journal	Journal name
Coverage	4. Year of publication	
	5. Coverage of the intervention-level	Whether the guideline aimed to focus on the scope of overall intervention-level rather than a specific specialty or article type. Extract by Yes or No.
	6. Coverage of a certain type of article	Whether the guideline aimed to focus on certain types of articles. E.g. cohort studies, case-control studies, randomized controlled trials, case reports, case series. Extract the types of articles the guideline covers.
Methodology	7. Coverage of the entire or general clinical specialties	Extract by Yes or No.
	8. Coverage of a particular clinical specialty	Extract by Yes or No. Extract the covered clinical specialties.
	9. Coverage of aspects of surgical technique	Which part (s) the guideline covered regarding the whole surgery procedure—meaning the preoperative, intraoperative, and postoperative part.
Methodology	10. A clear description of methodology	Extract by Yes or No. If yes, whether the guideline was developed in accordance with established methodologies. Extract the methodology used.
	11. A detailed description of the development team	Whether the guideline has reported the team who developed the guideline including country, numbers of team members, specialty, and gender, including those unsigned as authors.
	12. A detailed description of the steps to develop the guideline	Extract by Yes or No.
	13. Steps of developing the guideline	If the guideline was developed in accordance with Equator recommended steps/Moher et al. steps (30), extract by Yes or No regarding step 1–6 and 8–11. For step 2, extract whether the guideline has reported databases they have searched; if yes, extract the names.

Table 2 (continued)

Table 2 (continued)

Main category	Subcategory	Description
Items/ checklists	14. A summary table	Whether the guideline had a table to summarize the items.
	15. Number of items	How many items the guideline has.
	16. Applicable condition	Whether the guideline has required the authors to clarify under what circumstances and which patients could receive the surgical technique, and required a multidisciplinary team to support or evaluate the stated application.
Post- publication	17. Information about the person/team who perform the surgical technique	Whether the guideline has required the authors to present information about the surgical staff or surgical team.
	18. Information about any instruments or supports for performing the surgical technique	Whether the guideline has required the authors to list essential instruments and/or any possible supports needed.
	19. Detailed surgical technique	Whether the guideline has a detailed requirement regarding steps and details of the surgical technique. If yes, extract required details.
	20. Surgical technique images and/or videos	Whether the guideline has required the authors to provide or set rules of the quality of images and/or video clips to visualize the surgical technique.
	21. Description of quality assurance	Whether the guideline has required the authors to share the surgeon's instructions/insights/advice to achieve high-quality completion of the surgical technique.
	22. Description of safety assurance	Whether the guideline has required the authors to share the surgeon's instructions/insights/advice to prevent or handle potential safety issues.
	23. Description of the strengths and weaknesses of the surgical technique	Whether the guideline has required the authors to list both strengths and weaknesses of the surgical technique.
	24. Description of future improvements	Whether the guideline has required the authors to provide an improvement plan/insight.
	25. Other items in terms of details of the surgical technique	Extract any other requirements closely related to the surgical technique.
	26. A description of ways to collect, seek and deal with feedback and criticism	Post-publication description or plan of the reporting guideline. Extract by Yes or No.
	27. A description of endorsement plan or strategy	Post-publication description or plan of the reporting guideline. Extract by Yes or No.
	28. A description of supports to facilitate the adherence to the guideline	Post-publication description or plan of the reporting guideline. Extract by Yes or No.
29. A description of evaluation plan of the guidance impact	Post-publication description or plan of the reporting guideline. Extract by Yes or No.	
30. A description of website development plan	Post-publication description or plan of the reporting guideline. Extract by Yes or No.	
31. A description of multi-language translation plan	Post-publication description or plan of the reporting guideline. Extract by Yes or No.	
32. A description of any update considerations	Post-publication description or plan of the reporting guideline. Extract by Yes or No.	

Acknowledgments

Funding: This project is supported by the AME Reporting Guidelines Research Fund (No. 2020-1016-885) and Lanzhou University Institute of Health Data Science Fund.

Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://dx.doi.org/10.21037/gs-21-311>). AF declares a pending patent (PCT/IT2018/00000S) related to the project. ADLS receives Speaker's honoraria from Medtronic and is the consultancy of Medela. FD declares a licensed patent (Italian patent application "TO2013A000038") related to the project. RHP receives Speaker fee from Medtronic and Advisory Board member AstraZeneca. KZ, GSL, XT and SDW are staff of AME publishing company (the publisher of *Gland Surgery*). The other authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. As a scoping review which synthesizes information from published sources, there is no requirement for ethical approval. The scoping review will be published as open access. Meanwhile, academic conferences, mainstream media and other channels will be used for broader dissemination.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Oxford Dictionary. Available online: <https://www.oxfordlearnersdictionaries.com/>
2. Bethesda, MD: National Library of Medicine, 2020. Available online: <https://www.nlm.nih.gov/>
3. Hayes K, Eid G. Laparoscopic Sleeve Gastrectomy: Surgical Technique and Perioperative Care. *Surg Clin North Am* 2016;96:763-71.
4. Biertho L, Lebel S, Marceau S, et al. Biliopancreatic Diversion with Duodenal Switch: Surgical Technique and Perioperative Care. *Surg Clin North Am* 2016;96:815-26.
5. Hosseinpour AR. The Importance of Surgical Technique. *J Surg Tech Proced* 2017;1:1001.
6. World Health Organization. WHO guidelines for safe surgery: safe surgery saves lives. Available online: https://www.who.int/patientsafety/safesurgery/knowledge_base/SSSL_Brochure_finalJun08.pdf
7. Brkic F, Mujic M, Umihanic S, et al. Haemorrhage Rates After Two Commonly Used Tonsillectomy Methods: a Multicenter Study. *Med Arch* 2017;71:119-21.
8. Agha RA, Fowler AJ, Lee SY, et al. Systematic review of the methodological and reporting quality of case series in surgery. *Br J Surg* 2016;103:1253-8.
9. Okhunov Z, Farhan B, Ahmed A, et al. Surgical technique for removal of tined lead for InterStim. *Can J Urol* 2017;24:8918-20.
10. De la Huerta I, Yonekawa Y, Thomas BJ, et al. A Surgical Technique for the Management of Tractional Retinal Detachment in Aggressive Posterior Retinopathy of Prematurity Treated With Intravitreal Bevacizumab. *Retina* 2019;39 Suppl 1:S156-9.
11. Stancu B, Grad NO, Mihaileanu VF, et al. Surgical technique of concomitant laparoscopically assisted vaginal hysterectomy and laparoscopic cholecystectomy. *Clujul Med* 2017;90:348-52.
12. Singh SR, Yangzes S, Gupta R, et al. Surgical technique for management of isolated lenticular coloboma with high corneal astigmatism. *Indian J Ophthalmol* 2018;66:562-4.
13. Reddy SSP. Pinhole Surgical Technique for treatment of marginal tissue recession: A case series. *J Indian Soc Periodontol* 2017;21:507-11.
14. Wei S, Guo C, He J, et al. Effect of Vein-First vs Artery-First Surgical Technique on Circulating Tumor Cells and Survival in Patients With Non-Small Cell Lung Cancer: A Randomized Clinical Trial and Registry-Based Propensity Score Matching Analysis. *JAMA Surg* 2019;154:e190972.
15. Equator. What is a reporting guideline. Available online: <https://www.equator-network.org/about-us/what-is-a-reporting-guideline/>
16. Logullo P, MacCarthy A, Kirtley S, et al. Reporting guideline checklists are not quality evaluation forms: they are guidance for writing. *Health Sci Rep* 2020;3:e165.
17. Dewey M, Levine D, Bossuyt PM, et al. Impact and perceived value of journal reporting guidelines

- among Radiology authors and reviewers. *Eur Radiol* 2019;29:3986-95.
18. Begg C, Cho M, Eastwood S, et al. Improving the quality of reporting of randomized controlled trials. The CONSORT statement. *JAMA* 1996;276:637-9.
 19. Equator. Reporting guidelines. Available online: <https://www.equator-network.org/reporting-guidelines/>
 20. Bilbro NA, Hirst A, Paez A, et al. The IDEAL Reporting Guidelines: A Delphi Consensus Statement Stage Specific Recommendations for Reporting the Evaluation of Surgical Innovation. *Ann Surg* 2021;273:82-5.
 21. Agha R, Abdall-Razak A, Crossley E, et al. STROCSS 2019 Guideline: Strengthening the reporting of cohort studies in surgery. *Int J Surg* 2019;72:156-65.
 22. Agha RA, Borrelli MR, Farwana R, et al. The PROCESS 2018 statement: Updating Consensus Preferred Reporting Of CasE Series in Surgery (PROCESS) guidelines. *Int J Surg* 2018;60:279-82.
 23. Agha RA, Borrelli MR, Farwana R, et al. The SCARE 2018 statement: Updating consensus Surgical CASE REport (SCARE) guidelines. *Int J Surg* 2018;60:132-6.
 24. Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ* 2014;348:g1687.
 25. Boutron I, Altman DG, Moher D, et al. CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: A 2017 Update and a CONSORT Extension for Nonpharmacologic Trial Abstracts. *Ann Intern Med* 2017;167:40-7.
 26. Fillinger MF, Greenberg RK, McKinsey JF, et al. Reporting standards for thoracic endovascular aortic repair (TEVAR). *J Vasc Surg* 2010;52:1022-33.e15.
 27. Vanhie A, Meuleman C, Tomassetti C, et al. Consensus on Recording Deep Endometriosis Surgery: the CORDES statement. *Hum Reprod* 2016;31:1219-23.
 28. Aromataris E, Munn Z (editors). *JBIManual for Evidence Synthesis*. JBI, 2020. Available online: <https://synthesismanual.jbi.global>
 29. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med* 2018;169:467-73.
 30. Moher D, Schulz KF, Simera I, et al. Guidance for developers of health research reporting guidelines. *PLoS Med* 2010;7:e1000217.

Cite this article as: Zhang K, Ma Y, Shi Q, Shen J, Wu J, Zhang X, Jiao P, Li GS, Tang X, Petersen RH, Ng CSH, Fiorelli A, Novoa NM, Bedetti B, Levi Sandri GB, Hochwald S, Lerut T, Sihoe ADL, Barchi LC, Gilbert S, Waseda R, Toker A, Gonzalez-Rivas D, Fruscio R, Scarci M, Davoli F, Piessen G, Qiu B, Wang SD, Chen Y, Gao S. Evidence on reporting guidelines for surgical technique in clinical disciplines: a scoping review protocol. *Gland Surg* 2021;10(7):2325-2333. doi: 10.21037/gs-21-311