Royal Australasian College of Surgeons

ANZ Journal of Surgery: soon to make the shift from print to digital publishing

The Council of the Royal Australasian College of Surgeons has recently made the decision to move the journal to a digital-only publication format from 2022. This is consistent with the college's long-term environmental sustainability strategy. The journal is published 10 times a year, with an extra supplement in May which contains all the abstracts of research presentations delivered at the Annual Scientific Congress. Going digital will save the printing of 16 million pages and the shipping of 85 000 copies, each wrapped in a plastic bag, from the printers in Singapore.

Most readers already access the journal's content online. Only four copies of the journal are printed for readers other than college fellows, trainees and specialist international medical graduates. With over 360 000 article downloads annually, readership of the online publication is already well established and the online journal, both in HTML and PDF formats, is undergoing constant refinement and improvement on the Wiley Online Library platform. Multiple sharing options make it easy for fellows, trainees and specialist international medical graduates to share articles with colleagues and researchers, even if they do not have subscription access. Simple access and electronically delivered table of contents alerts ensure that updates will not be missed.

A wholly digital publication will mean the journal becomes more agile. Article publication will become more efficient such that surgical research will be published more quickly, read faster on any device and have a potential impact on practice sooner. Video clips, photo galleries and sound bites, previously impossible in the print version, can easily be included. The overall cost of publishing and distributing each issue will be significantly reduced and the number of actual pages will increase. Future improvements will occur such as in more streamlined submission, proofing and publication systems, a process of continuous rather than per issue publication, integration with pre-print services and authoring tools and many others.

Further details regarding the logistics of the digital transition will be communicated to all college stakeholders in due course and well in advance of the 2022 commencement.

Author Contributions

Julian Smith: Conceptualization; writing original draft. **Lawrence Malisano:** writing - review and editing.

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Penetrating neck trauma: No zone, no problem?

After decades of experience with zone-based and gradually more selectively practiced surgical management of penetrating neck injuries, a rather radical change is evolving worldwide. Recent literature summarised by Chandrananth et al.[1] is proposing to abandon the zone-based selective management and to rely entirely on multidetector computed tomography (CT) angiography (CTA) in all haemodynamically normal patients with penetrating neck injuries as a guide for operative or non-operative approach.

Similar to any human-made classifications, the zones of the neck were rather arbitrary, but still very pragmatic, until the most recent era. In brief, for Zone 2 (between the level of the cricoid cartilage and the angle of the mandible), surgical exploration and vascular control is quite straightforward while above and below, towards and the base of skull and the thoracic outlet, it can be difficult and warrants detailed multimodality imaging of the adjacent vascular, aerodigestive and nervous structures.[2] The multimodal (endoscopy, contrast swallow and CT) was gradually completely replaced by CTA. Emerging evidence showed that surgical exploration is not needed more frequently in Zone 2 than in Zones 1 and 3. Having a reliable and easily accessible one-step imaging to guide surgical approach or non-operative management makes any further classification impractical and unnecessary.[3]

In this issue of *ANZ Journal of Surgery*, Chandrananth et al. present a review of observational data published between 2006 and 2019. The authors outline the role of CTA in the management of penetrating neck injuries extending beyond platysma.[1] Their results