

Special Issue

Peri-Operative Complications and Adverse Events in Urological Surgery: How to Assess, Prevent, and Manage Them

Message from the Guest Editors

This Special Issue is a comprehensive compendium focused on enhancing patient care through a critical examination of safety and outcomes in urologic surgeries. It invites contributions across four distinct but interrelated article types (see below). Contributors to this Special Issue will play a pivotal role in advancing our understanding of peri-operative complications in urological surgery, ultimately steering the field towards safer, more effective patient care practices. The following articles will be welcome:

Case Series (comparative and non-comparative): A Case Series would detail a group of patients who experienced similar surgical complications or adverse events.

How to avoid and manage complications: This type of article is usually practical in nature, offering clinicians strategies and guidelines for preventing and handling complications related to specific medical procedures or conditions.

Systematic reviews: Systematic Reviews are exhaustive summaries of the literature on a particular topic.

Perspective Pieces: Perspective Pieces would offer expert opinions on the broader aspects of surgical complications and adverse events.

Guest Editors

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Deadline for manuscript submissions

closed (31 October 2024)



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About the Journal

Message from the Editor-in-Chief

The reporting of surgical, interventional, and anesthesiologic complications and adverse events (AEs) is essential for improving the quality of healthcare delivery and for standardizing and reproducing outcomes data. To address underlying issues in the reporting of complications and adverse events, it may be necessary to provide education and training, establish standardized definitions and reporting requirements, and create incentives for healthcare providers to report complications and AEs. The journal invites authors to address four components of perioperative adverse events: assessment, reporting, analysis of anticipatable factors, and management. The usability and practical implications of this information can have significant implications for academic and clinical practice.

Editor-in-Chief

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Author Benefits

Open Access:

free for readers, with article processing charges (APC) paid by authors or their institutions.

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first decisions in 19 days; acceptance to publication in 4 days (median values for MDPI journals in the first half of 2025).

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APC discount vouchers, optional signed peer review, and reviewer names published annually in the journal.