



## SLSVS\_26 ABSTRACT SUBMISSION GUIDELINES

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Deadline for submission: **28th February 2026**

Decision on abstract acceptance will be notified by **mid-March 2026**

- Abstract submission is open to all levels of clinicians and students involved in vascular surgical care. This involves senior surgeons, trainees, and medical students.
- All submitted abstracts will be graded by the panel of experts and categorized for oral presentations and e-posters.

### **Guideline:**

- All abstracts should be original and previously unpublished work.
- Language - **English**.
- Abstracts should not contain commercial brand or device names.
- All abstracts must be submitted electronically through the submission platform below.
- Registration is mandatory for all presenting authors. The presenting author cannot be changed after acceptance.
- Registration fee will be discounted by 50% for the primary author of the abstract, provided he/she is a trainee in a recognized surgical training program.

If the primary author is a medical student, registration will be free.

- The SLSVS expert panel decision on abstracts will be final.
- The SLSVS reserves the right to publish the accepted abstracts in their website and newsletter.

- All abstracts should be submitted via **<https://forms.gle/kcf1n94kXF5HDJ33A>**



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### Format:

- Abstract should be submitted in **Microsoft Word/PDF format**.
- All abstracts should follow the following structure:  
***Title, Authors and Institution, Introduction, Methodology, Results and Conclusion***
- Total word count should be <250 (excluding title and author names)
- Additional content can be provided in **high quality .jpg images** (max -02) and tables (maximum 02)
- Name of the presenting author should be underlined in the submission.
- A single author can submit up to a **maximum of 3 abstracts**.
- All authors should include **name and institution they are attached to**.
- Please send **02 copies; one with authors and institution, one blinded**

### Areas for submission:

- Aortic disease
- Venous insufficiency
- Deep venous disease
- Acute limb ischaemia
- Carotid artery disease
- Vascular Trauma
- Chronic Limb Threatening Ischaemia
- Mesenteric and visceral artery disease
- Vascular access and Miscellaneous