Journal of Pediatric Surgery Open xxx (xxxx) 100291

Contents lists available at ScienceDirect

Journal of Pediatric Surgery Open

journal homepage: www.elsevier.com

Journal Cover Image

The legacy of published British Association of Paediatric Surgeons (BAPS) congress presentations (2008 - 24)

Christine S. Lam, Mark Davenport *

Department of Paediatric Surgery, Kings College Hospital, Denmark Hill, London, SE5 9RS, UK

ARTICLE INFO

Keywords:
Surgical conference
Measures of outcomes
Bibliometric indices

ABSTRACT

Background: Most published papers that are presented at the annual British Association of Paediatric Surgeons (BAPS) Congress, appear in a special issue of the Journal of Pediatric Surgery. We aimed to characterise the long-term impact of publication using standard bibliometric measures of outcome.
Methods: Articles from Congress issues from BAPS 2008–2024 (n = 16) were identified and current life-time citation count was calculated using Scopus©. Articles were graded according to origin (Invitational Lectures or General Submissions) and content assessed as basic science or clinical surgery. Papers were also divided into 4-year eras to assess differences over the period (i.e. 2008–11, 2012 – 15, 2016–19, 2021 – 24). The current *h*-index and status of the 1st authors was also noted. Data were quoted as median (IQR). Non-parametric statistics were used throughout. A P-value of ≤0.05 was regarded as significant.
Results: A total of 393 [UK n = 170, USA n = 98 and rest of world (ROW) n = 128, including 3 shared origin] papers were published over this period. The citation count rose over the period, reaching 35 (IQR 14–58) for the earliest congress (Salamanca 2008) in this analysis. Overall UK-origin median citations for 4-year eras were 27 (11–47); 13(7–36); 10(5–17) and 2(0–5) with USA origin papers having significantly greater citations for 2008–11 and 2016–19 (both P < 0.05). Overall citations (2008–19) were significantly less in the Basic Science and Invited vs. Clinical categories (13.5 vs. 8 vs 22; both P < 0.0001). The current 5–year Impact Factor for the BAPS cohort is 6.8. *h*-index for 1st authors increased over the eras from 6(2–10) to 11(6–19) (P < 0.001). 1st authorship was a good index of future career prospects with 59% (range 30–86%) becoming consultants.
Conclusions: Congress JPS publications have a significant and expanding impact and legacy with Clinical surgical papers contributing most. 1st authorship predicts subsequent career advancement

Introduction

The international congress of the British Association of Paediatric Surgeons (BAPS) has been held every year, with the exception of 2020 due to COVID, since 1954 [1]. It is a forum for the UK and international surgeons to contribute research and clinical data and is combined with invited lectures on subjects of current interest. Contributors are invited to submit a corresponding paper, which if on acceptance, are published in a Congress Issue of the Journal of Pediatric Surgery (JPS) the following year.

We have previously published on the success in achieving publication in any journal from oral presentations (2009–19) [2], and for this period it was about 52% of submissions, with most going to the JPS. The current study takes this further by an assessment of the legacy of those published papers in the JPS in a number of ways.

We had two principle aims. Primarily, we looked at the number of citations a paper accumulates over the period of study. Secondarily, we also looked at the future of the presenting author (assumed to be the 1st author) in terms of their current Hirsch index (*h*-index). This is a measure of an individual's career academic output [3] and is a composite of number of citations and number of publications.

Methods

Articles from JPS Congress issues (2009–25) from BAPS conferences 2008–2024 (n = 16) were identified and current life-time citation count was calculated using the Scopus© database (Elsevier). Due to the COVID pandemic, BAPS 2020 was cancelled and therefore there was no subsequent Congress Issue. The following year, BAPS 2021 was virtual and a Congress Issue in 2022 resumed.

* Corresponding author.
E-mail address: markdav2@ntlworld.com (M. Davenport).

https://doi.org/10.1016/j.yjpso.2026.100291
2949-7116/

Articles were graded according to origin (Invitational lectures or General submission) and content of the latter assigned broadly into a basic science or clinical surgery category (e.g. case-control studies, cohort studies and randomised control trials). Papers were divided into 4-year Eras to assess differences over the period (i.e. 2008–11, 2012 – 15, 2016–19, 2021 – 24).

We assessed what happened to those actually credited as the first author of these publications, who, typically, were in the early years of their surgical career. Their current *h*-index and status as of November 2025 was also identified from the Scopus© database. We noted the current status of 1st authors for UK-origin papers via hospital websites, LinkedIn™ and ResearchGate™. We excluded invitational lectures, as these authors were already well-established paediatric surgeons.

We regarded this project as an audit of outcome and, in line with NHS policy did not subject it to formal institutional board review. We declare no ethical or data protection issues given that information is freely available and in the public domain.

Data were quoted as median (IQR). Non-parametric statistics were used throughout. A P-value of ≤0.05 was regarded as significant.

Results

A total of 393 (invited contributions n = 47, 11.9%) papers appeared in the BAPS Congress Issue of the JPS over the 20 -year period with a median annual rate of 24 (IQR 22–27; range 21–33). This was consistent over the whole 16-year period with 100, 92, 107 and 97 papers for ERA I to IV respectively. Publications originated from the UK (n = 170), the USA (n = 98) and rest of world (ROW) (n = 128), including 3 of shared origin (Fig. 1).

Fig. 2 illustrates the rising citation count over the period, reaching 35 (IQR 14–58) for the earliest congress (Salamanca 2008) in the study. Overall median UK-origin citations for the 4-year eras were 27 (11–47); 13(7–36); 10(5–17) and 2(0–5) with USA-origin papers having significantly greater citations for 2008–11 and 2016–19 (both P < 0.05). Overall citations (2008–19) were significantly less in the Basic Science and Invited vs. Clinical categories [13.5 (7–19) vs. 8 (3–24) vs 22 (11–41); both P < 0.0001]. The current 5–year Impact Factor for the BAPS cohort can be calculated as 6.8.

Table 1 [4–19] illustrates the most cited paper by year with the highest (n = 128) being Cass et al. from Houston, TX on an outcome study on antenatally-diagnosed fetal lung masses [6]. Indeed, most of these were from North American institutions (n = 8, 40%), particularly from the Children's Hospital of Philadelphia (CHOP) (n = 4) with only 4 from UK centres overall.

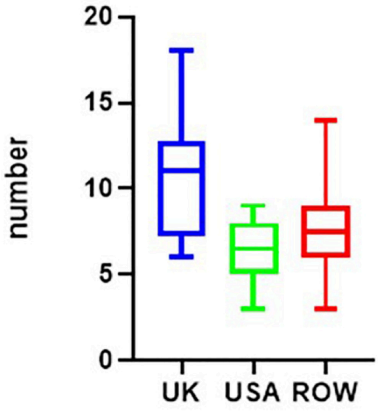

Fig. 1. UK and International Annual BAPS Congress Publications (2008–24). N.B. ROW – Rest of World.

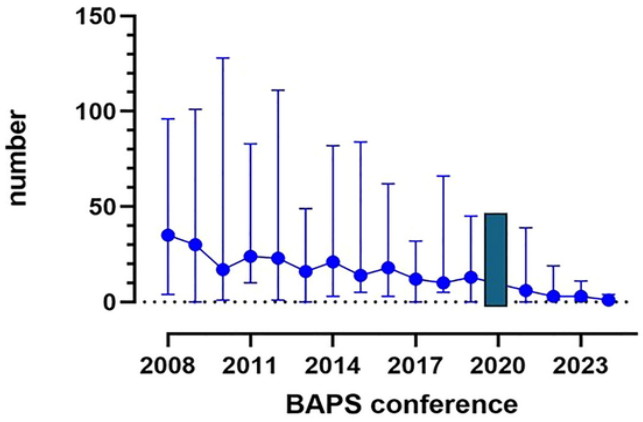

Fig. 2. Annual Citations by Year of Congress (2008–24) (median ± range). N.B. No data for 2020 (COVID).

By contrast, Table 2 [20–32] illustrates the least cited paper in the period 2008–2021, with 7/13 (54%) papers having zero citations. Featured Invited lectures were also not a marker of citation success here with 4/13 (31%) being the lowest cited paper of that year. Most were also of UK origin (10/13, 77%).

The *h*-index for 1st authors in Era I was 11 (6–19) rising from 6 (2–10) in the current Era IV (P < 0.001). First authorship was also a good index of future career prospects with 59% (range 30–86%) becoming consultants in this period.

Discussion

Publication of a special issue of the JPS based on presentations in the previous year's BAPS congress in Newcastle began in 1976 and was edited by Mr JES Scott. The first paper, reflecting its international audience was from the Children's Hospital, Basel, Switzerland, on an experimental study looking at Leydig cells in rat testes by a noted expert in the field Faruk Hadziselimovic [33]. Now some 50 years later this tradition continues still. This study showed that BAPS-derived JPS publications still have a long-life as evidenced by a progressive increasing citation count, even though the initial citation counts were relatively low. This is commensurate with the impact factor (IF) of the JPS which has been ~2 for the past two decades for both 2- and 5-year indices but is consistently the highest among its peer-group of paediatric surgical journals and in the highest quartile of surgical journals in general. Still, it is noteworthy that surgical journals also consistently underperform in this metric compared to science journals who have, perhaps, greater immediacy.

As we would expect, the older eras had more impact in terms of citations, *h*-index and percentage authors in consultant posts within paediatric surgery. The longer a paper is published, the more years it has to attract citations. Nevertheless, there were still a proportion of papers that had still to register any citations (Table 2). It is to be hoped that they do have a readership, if not the impact or authority to result in later citation.

In a previous study [2], we set out to analyse the "completion rate" of oral BAPS presentations (n = 1061 abstracts) in the period 2009–2019. Thus, 52% (n = 558) were subsequently published which represented a relative increase from an earlier period (1999–2008) [34]. There was a wide range of destination journals, but the JPS was by far the most common (n = 251, 45%). This time we limited our analysis to only those published in JPS to maintain relative homogeneity of output in a general paediatric surgical journal. There are very few published studies on this theme with which to compare our data. To our knowledge, only the European Paediatric Surgical Association (EUPSA)

Table 1
Highest Cited Paper by Year (2008 – 2024).

	Title	1st Author	Last Author	Institution	Country	Citations
2008 [4]	Decreased colonic transit time after transcutaneous interferential electrical stimulation in children with slow transit constipation DOI: 10.1016/j.jpedsurg.2008.10.100	Clarke MC	Southwell BR	Melbourne Children's Hospital	Australia	**96**
2009 [5]	Operative vs nonoperative management of blunt pancreatic trauma in children DOI: 10.1016/j.jpedsurg.2009.10.095	Wood JH	Moulton SL	The Children's Hospital, Colorado	USA	**101**
2010 [6]	Prenatal diagnosis and outcome of fetal lung masses DOI: 10.1016/j.jpedsurg.2010.11.004	Cass DL	Belleza-Bascon B	Texas Children's Hospital, Houston	USA	**128**
2011 [7]	A prospective study of safety and satisfaction with same-day discharge after laparoscopic appendectomy for acute appendicitis DOI: 10.1016/j.jpedsurg.2011.11.024	Alkhoury F	Stylianos S	Miami Children's Hospital,	USA	**83**
2012 [8]	Modern outcomes of oesophageal atresia: Single centre experience over the last twenty years DOI: 10.1016/j.jpedsurg.2012.11.007	Koivusalo A	Rintala R	Children's Hospital, Helsinki	Finland	**111**
2013 [9]	The Management of bladder exstrophy: The Manchester Experience DOI: 10.1016/j.jpedsurg.2013.11.031	Dickson A	*Ibid*	Royal Manchester Children's Hospital,	UK	**49**
2014 [10]	Thoracoamniotic shunts for the management of fetal lung lesions and pleural effusions: a single-institution review and predictors of survival in 75 cases DOI; 10.1016/j.jpedsurg.2014.11.019.	Peranteau W	Johnson MP	Children's Hospital, Philadelphia	USA	**82**
2015 [11]	Post-traumatic liver and splenic pseudoaneurysms in children: Diagnosis, management, and follow-up screening using contrast enhanced ultrasound (CEUS) DOI: 10.1016/j.jpedsurg.2015.10.074	Durkin N	Makin E	King's College Hospital, London	UK	**84**
2016 [12]	Does thoracoscopy have advantages over open surgery for asymptomatic congenital lung malformations? An analysis of 1626 resections DOI: 10.1016/j.jpedsurg.2016.11.014	Adams S	Stanton M	Southampton Children's Hospital,	UK	**71**
2017 [13]	Prenatal growth characteristics and pre/postnatal management of bronchopulmonary sequestrations DOI: 10.1016/j.jpedsurg.2017.11.020	Riley JS	Parenteau W	Children's Hospital, Philadelphia	USA	**32**
2018 [14]	Current epidemiology and antenatal presentation of posterior urethral valves: Outcome of BAPS CASS National Audit DOI: 10.1016/j.jpedsurg.2018.10.091	Brownlee E	McCarthy L	Multicentre	UK	**66**
2019 [15]	Thoracic duct-to-vein anastomosis for the management of thoracic duct outflow obstruction in newborns and infants: a CASE series DOI: 10.1016/j.jpedsurg.2019.10.029	Reisen B	Laje P	Children's Hospital, Philadelphia	USA	**45**
2021 [16]	Next day discharge after the Nuss procedure using intercostal nerve cryoablation, intercostal nerve blocks, and a perioperative ERAS pain protocol DOI: 10.1016/j.jpedsurg.2021.10.034	DiFiore JW	Sung W	Cleveland Clinic, Ohio	USA	**39**
2022 [17]	Thoracoscopic approach for oesophageal atresia: A real game changer? DOI: 10.1016/j.jpedsurg.2022.10.017	Patkowski D	*ibid*	Wroclaw Medical University,	Poland	**19**
2023 [18]	Surgical Management of Central Lymphatic Conduction Disorders: A Review DOI: 10.1016/j.jpedsurg.2023.10.039	Laje P	Maeda, K	Children's Hospital, Philadelphia	USA	**11**
2024 [19]	Robotic Surgery in Paediatric Oncology: Expanding Boundaries and Defining Relevant Indications DOI: 10.1016/j.jpedsurg.2024.162017	Blanc T	Sarnacki, S	Hôpital Necker-Enfants Malades, Paris	France	**4**

have analysed their own podium to publication data from 2017–22 [35], of which 48% went onto publication; with only those of a Basic Science background ever reaching a high impact journal.

The BAPS Congress, since its earliest days in the 1950s has attracted submissions from a worldwide fraternity, and especially from North America and Europe. This has been less evident over the past decade, due to the rise of EUPSA particularly. Nonetheless, although abstract submissions from the USA and the ROW have weakened recently, in terms of publication these areas are very much in the majority both in the past and currently. Furthermore, USA-origin publications have higher citation counts than UK- or ROW-origin publications. It maybe that if you have taken the trouble to have an overseas submission and travel to present, then it probably is a higher quality piece of work than more locally sourced, even parochial, studies – the Wimbledon effect. As to the undoubted winners in the legacy stakes (Table 1), the majority were from North American institutions (n = 8), particularly from the Children's Hospital of Philadelphia (CHOP) (n = 4) with only 4 from UK centres. Paediatric surgery remains the most academic surgical field in general surgery in the USA and is one of the most competitive fellowships, with extensive research experience and a good academic portfolio, a prerequisite to admission [36–39]. The median number of publications per applicant to the American system was 11, for instance.

We had assumed that publication of papers with a Basic Science content or from Invited Lectures would also have a great legacy. This, clearly, was not so. We have observed that the Basic Science abstracts that are often prize winners at Congress do not get offered to the JPS, their authors often bundling the content into bigger papers and submitting to a higher impact, exclusively scientific publication, often some years later. Those that do get published in the JPS are not highly cited. Different scientific fields tend to have differing preferences on whether clinical or basic science research accumulates more citations [14–16]. So, in cardiovascular research for example, it is clinical papers that tend to receive more citations [40].

The absence of legacy of Invited Lectures is more difficult to explain as these are often given by high-profile individuals with enviable reputations. Such papers appeared consistently in our table of lowest performers. Perhaps "state-of the art" content only has a somewhat limited shelf-life?

International presentation in one's early career has always been cited as a predictor of career success - marking out those with greater degrees of diligence, insight and enthusiasm. This did appear to be the case here with the majority achieving a definitive consultant post at some future point. Whether it was a marker of a true academic career was more arguable. The *h*-index is a person-specific marker of academic achievement based on number of publications and citations thereof [3,41]. So, the future *h*-index of 1st authors was consistent with an *h*-index of 12 (range 1–56) from our previous study on 232 contributing UK paediatric surgical consultants [21]. This is similar to the academic expectations in the USA, where the average *h*-index of attending paediatric surgeon was 14 [42]. There is some evidence, at least in UK paedi-

Table 2
Lowest Cited Paper by Year (2008 – 2021).

Congress Year [reference]	Title	1st Author	Last Author	Institution	Country	Citations
2008 [20]	ISL-1 is induced in stomach mesenchyme in the presence of pancreatic epithelia . doi: 10.1016/j.jpedsurg.2008.10.085.	Hull R	Johnson PRV	Oxford	UK	**1**
2009 [21]	Endosurgery of the future, today: lessons on how to be an innovator doi: 10.1016/j.jpedsurg.2009.10.062.	Lobe TE	*Ibid*	Memphis, TN	USA	**0**
2010 [22]	The Aberdeen Medico-Chirurgical Society 1789 to the present day: some leaders in medicine doi: 10.1016/j.jpedsurg.2010.11.003.	Galloway D	*Ibid*	Aberdeen Children's Hospital	UK	**0**
2011 [23]	Introduction of sodium pentosan polysulfate and avoidance of urethral catheterisation: improved outcomes in children with haemorrhagic cystitis post stem cell transplant/chemotherapy doi: 10.1016/j.jpedsurg.2011.11.037.	Duthie G	McCarthy L	Birmingham Children's Hospital	UK	**10**
2012 [24]	Gene alterations and intestinal mucosal changes following growth factor and omega-3 exposure in a rat model of inflammatory bowel disease doi: 10.1016/j.jpedsurg.2012.11.013.	Katz MS	Schwartz MZ	St Christophers Hospital, Philadelphia	USA	**1**
2013 [25]	Competence assurance — Who cares? doi: 10.1016/j.jpedsurg.2013.11.030.	Youngson G	*ibid*	Aberdeen	UK	**0**
2014 [26]	A novel continuous stitch fundoplication utilizing knotless barbed suture in children with gastroesophageal reflux disease: A pilot study doi: 10.1016/j.jpedsurg.2014.11.010	Lukish J	Columbani P	Baltimore	USA	**3**
2015 [27]	Contemporary pediatric surgical training in the UK doi: 10.1016/j.jpedsurg.2015.10.057.	Ford K	Cleeve S	Royal London Hospital	UK	**5**
2016 [28]	Bladder augmentation in anuric/defunctioned microbladders and a novel antireflux mechanism for Mitrofanoff anastomosis to the ileal patch doi: 10.1016/j.jpedsurg.2016.11.015.	Lopez J	McCarthy L	Birmingham Children's Hospital	UK	**3**
2017 [29]	George Macaulay: A short biography and his place in the history of congenital diaphragmatic hernia doi: 10.1016/j.jpedsurg.2017.11.006.	Cullis P	Davis C	Glasgow Children's Hospital	UK	**0**
2018 [30]	The Cambridge experience with buried bumpers doi: 10.1016/j.jpedsurg.2018.10.084.	Goneidy A	Aslam A	Cambridge	UK	**0**
2019 [31]	General surgery of childhood in the UK: a general surgeon's perspective . doi: 10.1016/j.jpedsurg.2019.10.026.	Gordon AC	Davenport M	Reading Hospital	UK	**0**
2021 [32]	Building human renal tracts doi: 10.1016/j.jpedsurg.2021.10.022.	Woolfe A	*ibid*	Manchester Children's Hospital	UK	**0**

atric surgery that there has been a decline in academic output overall [43] although the aspirations of those trying to access the specialty seem the same [44].

Our analysis was based on citation counts although we stretched its original premise which was to calculate a journal's impact factor, something that ignores the influence of a paper beyond 2–3 years, to create more of a life-time index reflecting a legacy more suited to (paediatric) surgical practice papers. It is difficult to think of an alternative bibliometric index to reflect this life-time element. A similar approach was taken in a study assessing the long-term impact of published practice surveys from EUPSA [45]

There are newer markers of impact and influence beyond formal citations within Scopus©, such as captures, mentions and social media engagement *via* PlumX Metrics© (Elsevier) [46]. *Captures* occur when a paper is bookmarked or saved on Mendeley© [47] and may indicate a future citation. Scopus© sources these from Mendeley © and any exports or saves of the paper. Mentions are from blogs and news articles that are curated by PlumX Metrics© as well as references on Wikipedia©. Social media metrics are calculated from share, likes or comments via Facebook©. As PlumX Metrics© can only capture these from certain resources, they again may not be a true reflection of their full reach. For example, within paediatric surgery, a popular 'social media' app for keeping up to date is globalcastMD© [48] which summarises and highlights interesting paediatric surgery papers – this would not be captured in any of the PlumX metrics. While these metrics were not fully established as a marker on Scopus©, some BAPS JPS papers did have a social media engagement count which could be indicative of future reach [48,49]. However, since they were not consistently available for all papers, we have not included those in our paper.

An obvious limitation of this study is the reliance on a single issue in a single journal (JPS). This, however, gives a consistent homogeneity on the nature of the accepted papers, the stringency of acceptance process and, until recently, was the quickest route to publication. Comparative surgical journals such a Pediatric Surgery International and European Journal of Pediatric Surgery are smaller both in terms of the number of their annual publications and their impact factor [43,50] arguably making them less likely as first-choice for the typical clinical paediatric surgical content study. It is also apparent that although citations provide an objective measure of impact, it doesn't fully capture the actual clinical impact of a study which is so much harder to quantify.

In conclusion, and reassuringly, this study shows that published papers over this period do have longevity, though it does take some time to get going. We await similar studies from equivalent single-congress Issues from the American Pediatric Surgical Association (APSA), Pacific Pediatric Surgeon Association (PAPSA) or the Canadian Association of Paediatric Surgeons (CAPS). A comparison is long overdue.

Statements

AI was not used in the creation of this paper.

All work is original and all authors agree with its content.

This paper was presented at the BAPS (LXXII) conference, Manchester June 2026

CRediT authorship contribution statement

Christine S. Lam: Writing – review & editing, Data curation. **Mark Davenport:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

[1] D.G. Young, From where did the BAPS emerge? J. Pediatr. Surg. 49 (2) (2014) 251–257, https://doi.org/10.1016/j.jpedsurg.2013.11.032.

[2] A. Goneidy, A. Macdonald, M. Davenport, Podium to publication: an analysis of papers presented at the British Association of Paediatric Surgeons (BAPS) Congress (2009-19), J. Pediatr. Surg. 60 (3) (2025) 161986, https://doi.org/10.1016/j.jpedsurg.2024.161986.

[3] J.E. Hirsch, An index to quantify an individual's scientific research output, Proc. Natl. Acad. Sci. U S. A 102 (46) (2005) 16569–16572, https://doi.org/10.1073/pnas.0507655102.

[4] M.C. Clarke, J.W. Chase, S. Gibb, V.J. Robertson, A. Catto-Smith, J.M. Hutson, B.R. Southwell, Decreased colonic transit time after transcutaneous interferential electrical stimulation in children with slow transit constipation, J. Pediatr. Surg. 44 (2) (2009) 408–412, https://doi.org/10.1016/j.jpedsurg.2008.10.100.

[5] J.H. Wood, D.A. Partrick, J.L. Bruny, A. Sauaia, S.L. Moulton, Operative vs nonoperative management of blunt pancreatic trauma in children, J. Pediatr. Surg. 45 (2) (2010) 401–406, https://doi.org/10.1016/j.jpedsurg.2009.10.095.

[6] D.L. Cass, O.O. Olutoye, C.I. Cassady, K.J. Moise, A. Johnson, R. Papanna, et al., Prenatal diagnosis and outcome of fetal lung masses, J. Pediatr. Surg. 46 (2011) 292–298, https://doi.org/10.1016/j.jpedsurg.2010.11.004.

[7] F. Alkhoury, C. Burnweit, L. Malvezzi, C. Knight, et al., A prospective study of safety and satisfaction with same-day discharge after laparoscopic appendectomy for acute appendicitis, J. Pediatr. Surg. 47 (2) (2012) 313–316, https://doi.org/10.1016/j.jpedsurg.2011.11.024.

[8] A.I. Koivusalo, M.P. Pakarinen, R.J. Rintala, Modern outcomes of oesophageal atresia: single centre experience over the last twenty years, J. Pediatr. Surg. 48 (2) (2013) 297–303, https://doi.org/10.1016/j.jpedsurg.2012.11.007.

[9] A.P. Dickson, The management of bladder exstrophy: the Manchester experience, J. Pediatr. Surg. 49 (2) (2014) 244–250, https://doi.org/10.1016/j.jpedsurg.2013.11.031.

[10] W.H. Peranteau, N.S. Adzick, M.M. Boelig, A.W. Flake, et al., Thoracoamniotic shunts for the management of fetal lung lesions and pleural effusions: a single-institution review and predictors of survival in 75 cases, J. Pediatr. Surg. 50 (2) (2015) 301–305, https://doi.org/10.1016/j.jpedsurg.2014.11.019.

[11] N. Durkin, A. Deganello, M.E. Sellars, P.S. Sidhu, et al., Post-traumatic liver and splenic pseudoaneurysms in children: diagnosis, management, and follow-up screening using contrast enhanced ultrasound (CEUS), J. Pediatr. Surg. 51 (2) (2016) 289–292, https://doi.org/10.1016/j.jpedsurg.2015.10.074.

[12] S. Adams, M. Jobson, P. Sangnawakij, A. Heetun, et al., Does thoracoscopy have advantages over open surgery for asymptomatic congenital lung malformations? An analysis of 1626 resections, J. Pediatr. Surg. 52 (2) (2017) 247–251, https://doi.org/10.1016/j.jpedsurg.2016.11.014.

[13] J.S. Riley, J.W. Urwin, E.R. Oliver, B.G. Coleman, et al., Prenatal growth characteristics and pre/postnatal management of bronchopulmonary sequestrations, J. Pediatr. Surg. 53 (2) (2018) 265–269 https://doi.org/10.1016/j.jpedsurg.2017.11.020, Epub 2017 Nov 16. PMID: 29229484; PMCID: PMC5828905.

[14] E. Brownlee, R. Wragg, A. Robb, H. Chandran, M. Knight, L. McCarthy, BAPS-CASS. Current epidemiology and antenatal presentation of posterior urethral valves: outcome of BAPS CASS National Audit, J. Pediatr. Surg. 54 (2) (2019) 318–321, https://doi.org/10.1016/j.jpedsurg.2018.10.091.

[15] B. Reisen, S.J. Kovach, L.S. Levin, E. Pinto, et al., Thoracic duct-to-vein anastomosis for the management of thoracic duct outflow obstruction in newborns and infants: a CASE series, J. Pediatr. Surg. 55 (2) (2020) 234–239, https://doi.org/10.1016/j.jpedsurg.2019.10.029.

[16] J.W. DiFiore, J.O. Robertson, S. Chhabada, A.L. DeRoss, et al., Next day discharge after the Nuss procedure using intercostal nerve cryoablation, intercostal nerve blocks, and a perioperative ERAS pain protocol, J. Pediatr. Surg. 57 (2) (2022) 213–218, https://doi.org/10.1016/j.jpedsurg.2021.10.034.

[17] D. Patkowski, Thoracoscopic approach for oesophageal atresia: a real game changer? J. Pediatr. Surg. 58 (2) (2023) 204–208, https://doi.org/10.1016/j.jpedsurg.2022.10.017.

[18] P. Laje, Y. Dori, C. Smith, E. Pinto, D. Taha, K. Maeda, Surgical management of central lymphatic conduction disorders: a review, J. Pediatr. Surg. 59 (2) (2024) 281–289, https://doi.org/10.1016/j.jpedsurg.2023.10.039.

[19] T. Blanc, K. Taghavi, M. Glenisson, C. Capito, et al., Robotic surgery in paediatric oncology: expanding boundaries and defining relevant indications, J. Pediatr. Surg. 60 (3) (2025) 162017, https://doi.org/10.1016/j.jpedsurg.2024.162017.

[20] A.M. Rowan-Hull, R. Rao, S.A. Robertson, P.R. Johnson, ISL-1 is induced in stomach mesenchyme in the presence of pancreatic epithelia, J. Pediatr. Surg. 44 (2) (2009) 348–352, https://doi.org/10.1016/j.jpedsurg.2008.10.085.

[21] T.E. Lobe, Endosurgery of the future, today: lessons on how to be an innovator, J. Pediatr. Surg. 45 (2) (2010) 295–299, https://doi.org/10.1016/j.jpedsurg.2009.10.062.

[22] D.B. Galloway, The Aberdeen Medico-Chirurgical Society 1789 to the present day: some leaders in medicine, J. Pediatr. Surg. 46 (2) (2011) 284–288, https://doi.org/10.1016/j.jpedsurg.2010.11.003.

[23] G. Duthie, L. Whyte, H. Chandran, S. Lawson, M. Velangi, L. McCarthy, Introduction of sodium pentosan polysulfate and avoidance of urethral catheterisation: improved outcomes in children with haemorrhagic cystitis post stem cell transplant/chemotherapy, J. Pediatr. Surg. 47 (2) (2012) 375–379, https://doi.org/10.1016/j.jpedsurg.2011.11.037.

[24] M.S. Katz, K.A. Thatch, M.Z. Schwartz, Gene alterations and intestinal mucosal changes following growth factor and omega-3 exposure in a rat model of inflammatory bowel disease, J. Pediatr. Surg. 48 (2) (2013) 345–352, https://doi.org/10.1016/j.jpedsurg.2012.11.013.

[25] G.G. Youngson, Competence assurance - who cares? J. Pediatr. Surg. 49 (2) (2014) 241–243, https://doi.org/10.1016/j.jpedsurg.2013.11.030.

[26] J. Lukish, H. Pryor, D. Rhee, J. Salazar, et al., A novel continuous stitch fundoplication utilizing knotless barbed suture in children with gastroesophageal reflux disease: a pilot study, J. Pediatr. Surg. 50 (2) (2015) 272–274, https://doi.org/10.1016/j.jpedsurg.2014.11.010.

[27] K. Ford, A.K. Khoo, J. Ng, A.L. Macdonald, S. Cleeve, Contemporary pediatric surgical training in the UK, J. Pediatr. Surg. 51 (2) (2016) 221–225, https://doi.org/10.1016/j.jpedsurg.2015.10.057.

[28] J. Lopes, A. Robb, L. McCarthy, Bladder augmentation in anuric/defunctioned microbladders and a novel antireflux mechanism for Mitrofanoff anastomosis to the ileal patch, J. Pediatr. Surg. 52 (2) (2017) 289–292, https://doi.org/10.1016/j.jpedsurg.2016.11.015.

[29] P.S. Cullis, C. Davis, George Macaulay: a short biography and his place in the history of congenital diaphragmatic hernia, J. Pediatr. Surg. 53 (2) (2018) 217–219, https://doi.org/10.1016/j.jpedsurg.2017.11.006.

[30] A. Goneidy, G. Malakounides, A. Aslam, The Cambridge experience with buried bumpers, J. Pediatr. Surg. 54 (2) (2019) 263–265, https://doi.org/10.1016/j.jpedsurg.2018.10.084.

[31] A.C. Gordon, M. Davenport, General surgery of childhood in the UK: a general surgeon's perspective, J. Pediatr. Surg. 55 (2) (2020) 213–217, https://doi.org/10.1016/j.jpedsurg.2019.10.026.

[32] A.S. Woolf, Building human renal tracts, J. Pediatr. Surg. 57 (2) (2022) 172–177, https://doi.org/10.1016/j.jpedsurg.2021.10.022.

[33] F. Hadziselimovic, B. Herzog, The meaning of the Leydig cell in relation to the etiology of cryptorchidism: an experimental electron-microscopic study, J. Pedatri. Surg. 11 (1976) 1–8.

[34] A.L. Macdonald, C. Parsons, M. Davenport, Outcome of abstracts presented at the British association of paediatric surgeons congresses (1999-2008), J. Pediatr. Surg. 47 (2) (2012) 386–390 https://doi.org/10.1016/j.jpedsurg.2011.09.043, PMID: 22325397.

[35] G. Gerçel, Ç.U. Durakbaşa, An analysis regarding the ultimate outcome of abstracts presented at the European Paediatric Surgeons' Association Congress, Eur. J. Pediatr. Surg. 35 (1) (2025) 002–008, https://doi.org/10.1055/a-2447-8720.

[36] D.C. Little, S.M. Yoder, T.C. Grikscheit, C.-C.A. Jackson, et al., Cost considerations and applicant characteristics for the pediatric surgery match, J. Pediatr. Surg. 40 (2005) 69–74, https://doi.org/10.1016/j.jpedsurg.2004.09.013.

[37] K.B. Savoie, N. Kulaylat, J.T. Huntington, L. Kelley-Quon, D.O. Gonzalez, H. Richards, et al., The pediatric surgery match by the numbers : defining the successful application, J. Pediatr. Surg. 55 (2020) 1053–1057, https://doi.org/10.1016/j.jpedsurg.2020.02.052.

[38] T.A. Markel, F.J. Rescorla, A survey of the pediatric surgery program directors : optimizing resident research to make pediatric surgery training more efficient, J. Pediatr. Surg. 50 (2015) 1053–1057, https://doi.org/10.1016/j.jpedsurg.2015.03.038.

[39] T. Markel, N. Valsangkar, T. Bell, B. Kiel, T. Zimmers, L. Koniaris, Endangered Academia: preserving the pediatric surgeon scientist, J. Pediatr. Surg. 52 (2017) 1079–1083, https://doi.org/10.1016/j.jpedsurg.2016.12.006.

[40] Opthof T. Differences in citation frequency of clinical and basic science papers in cardiovascular research 2011:613–21. doi:10.1007/s11517-011-0783-6.

[41] T. Saleem, The Hirsch index - a play on numbers or a true appraisal of academic output? Int. Arch. Med. 4 (2011) 25, https://doi.org/10.1186/1755-7682-4-25.

[42] N. Desai, L.V. Veras, A. Gosain, Using bibliometrics to analyze the state of academic productivity in US pediatric surgery training programs, J. Pediatr. Surg. 53 (2018) 1098–1104, https://doi.org/10.1016/j.jpedsurg.2018.02.063.

[43] M. Davenport, W.B. Jawaid, P.D. Losty, UK paediatric surgical academic output (2005 –2020): a cause for concern ? J. Pediatr. Surg. 56 (2021) 2142–2147, https://doi.org/10.1016/j.jpedsurg.2021.07.023.

[44] O. Aubert, M. Gazzaneo, J.C. Moreno-Alfonso, et al., publishing trends, motivations, and obstacles among pediatric surgeons: an international survey on research dissemination and peer review challenges, Eur. J. Pediatr. Surg. 35 (5) (2025) 369–374, https://doi.org/10.1055/a-2544-9739.

[45] F. Doktor, N.J. Hall, C. Mesas-Burgos, E. Zani-Ruttenstock, et al., Impact and citation trends of surveys endorsed by the EUPSA Network Office in Pediatric Surgery: a bibliometric analysis, Eur. J. Pediatr. Surg. 36 (2) (2026) 136–143 https://doi.org/10.1055/a-2690-9595, Epub 2025 Aug 27.

[46] Elsevier, PlumX Metrics. https://www.elsevier.com/insights/metrics/plumx (accessed 1 May 2026)

[47] https://www.mendeley.com/(accessed 13th May 2026).

[48] Global Cast MD, Stay Current: Pediatric Surgery. https://staycurrent.globalcastmd.com/login (accessed 7 May 2026)

[49] Champieux R. Plum X. J Medi Libr Assoc. 2015; 103(1):63–64. Doi: 10.3163/1536-5050.103.1.019.

[50] S. Jehangir, E.H. Barnes, D. McDowell, A.J.A. Holland, Publishing trends in Journal of Pediatric Surgery, Pediatric Surgery International and European Journal

of Pediatric Surgery over the past three decades, Pediatr. Surg. Int. 35 (2019) 413–418, https://doi.org/10.1007/s00383-019-04445-w.