DESCRIPTION

Authors - Effective from 1st Jan 2018, authors will not be able to submit your new/revised submissions on this platform until a new platform has been created by the journal. For any query, please send to Editorial office at: gmit.apage@gmail.com

Gynecology and Minimally Invasive Therapy (GMIT) is the official peer-reviewed open access journal of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) and is published quarterly by Elsevier. It is indexed in Scopus, ScienceDirect, Scholars Portal, Emerging Sources Citation Index (ESCI), and EBSCO host, INIST-CNRS, OhioLINK and SwetsWise Online Content and aims to publish original research and review papers on minimally invasive therapies, such as gynecologic endoscopy (including laparoscopy, hysteroscopy, cystoscopy, and etc.), vaginal surgery, small incisional surgery, sono-guided therapy, biological and/or immunotherapy therapy, women’s health issues and related scientific fields of study. Manuscripts on clinical, laboratory, educational and social research in the relevant fields are eligible for consideration.

GMIT accepts Review Articles, Original Articles, Short Communications, Case Reports, Clinical Images, Video Abstract and Letters to the Editor.

APAGE was officially founded in 2003 and is the largest Asia-Pacific gynecologic association with 15 affiliated societies around the world. It endeavors to promote educational trainings and collaborations between hospitals and countries in the Asia-Pacific region.

Today, there are more than 6 international workshops, symposiums, and congresses held by the APAGE each year. These congresses offer participants the chance to uncover the value of MIT and gain the advanced skills with latest trends in the world.

Benefits to authors
We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.
ABSTRACTING AND INDEXING

EBSCOhost
ScienceDirect
Scopus
Directory of Open Access Journals (DOAJ)
Emerging Sources Citation Index (ESCI)

EDITORIAL BOARD

Editor-in-Chief:
Chyi-Long Lee, M.D., Ph.D., Chang Gung Memorial Hospital, Keelung, Taiwan

Honorary Editors-in-Chief:
Pong-Mo Yuen, F.R.C.O.G., Hong Kong Sanatorium and Hospital, Hong Kong
Chih-Ping Chen, M.D., Ph.D., Mackay Memorial Hospital, Taipei, Taiwan

Associate Editors-in-Chief:
Bernard Chern, M.D., KK Women's and Children's Hospital, Singapore
Sun-Wei Guo, M.D., Ph.D., Fudan University Shanghai College of Medicine, Shanghai, China
Yutaka Osuga, M.D., Ph.D., The University of Tokyo, Tokyo, Japan
Peng-Hui Wang, M.D., Ph.D., National Yang-Ming University and Taipei Veterans General Hospital, Taipei, Taiwan

Managing Editor:
Chih-Feng Yen, M.D., Chang Gung Memorial Hospital, Taoyuan, Taiwan

Editorial Board
Duk-Soo Bae, M.D., Ph.D., Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea
Joong Sub Choi, M.D., Ph.D., College of Medicine, Hanyang University, Seoul, South Korea
Danny Chou, M.D., St. George Private Hospital, Kogarah, Australia
Hua Duan, M.D., Beijing Obstetrics and Gynecology Hospital, Capital Medical University, Beijing, China
Wai-Ieng Fong, M.D., Macau Obstetricians and Gynecologists Association, Macau
Teófilo Guerra, M.D., University Hospital of Valley d’Hebron, Barcelona, Spain.
Blanca C. De Guia, M.D., University of the Philippines–Philippine General Hospital, Manila, Philippines
Wachyu Hadisaputra, M.D., University of Indonesia, Jakarta, Indonesia
Somchaisak Kevitvichareonkul, M.D., The Bangkok Christian Hospital, Bangkok, Thailand
Byung Seok Lee, M.D., Ph.D., Yonsei University College of Medicine, Seoul, South Korea
Zhiqing Liang, M.D., Ph.D., Southwest Hospital, Third Military Medical University, Chongqing, China
Jeffrey Low, F.R.A.N.Z.C.O.G., F.R.C.O.G., M.Med. (O&G), F.A.M.S. (O&G), National University Hospital, Singapore
Javier F. Magrina, M.D., Ph.D., Mayo Clinic, Scottsdale, Arizona, USA
Doris Ng, M.D., Union Hospital, Hong Kong
Carlos Fernandez Ossadey, M.D., Clinica Las Condes, Santiago, Chile
Hyoung Moo Park, M.D., Chung-Ang University, Seoul, Korea
Osama Shawki, M.D., Cairo University, Giza, Egypt
Rakesh Sinha, M.D., Beams Hospitals Private Limited, Mumbai, India
Pao-Ling Torn, M.D., Ph.D., National Taiwan University Hospital, Taipei, Taiwan
Rafael F. Valle, Northwestern University Feinberg School of Medicine in Chicago, USA
Tzu-Hao Wang, M.D., Ph.D., Chang Gung Memorial Hospital, Taoyuan, Taiwan
Keong Wong, M.D., Centro Hospitalar Conde de Sao Januario, Macau
Ming-Ping Wu, M.D., Ph.D., Chi Mei Foundation Hospital, Tainan, Taiwan
Jehn-Hsiayn Yang, National Taiwan University, Taiwan

Advisory Editorial Board
Gautam Nand Allahbadia, MD, DNB, FNAMS, Rotunda-The Center For Human Reproduction, Bandra, Mumbai, India
Yasuyoshi Hayashi, M.D., Ph.D, Kawasaki Municipal Hospital, Kawasaki, Japan
Jinghua Leng, M.D., Peking Union Medical College Hospital, Beijing, China
Eric Tat Choi Lee, MBBS, MRCOG, FRCOG, Canossa Hospital (Caritas), Hong Kong, China
Keen Whye Lee, M.D., KW Lee Clinic and Surgery for Women, Singapore
Wu-Chou Lin, M.D., China Medical University Hospital, Taichung, Taiwan
C.Y. Liu, M.D., Chattanooga Women’s Laser Center, Tennessee, USA
Prashant Mangeshikar, M.D., Center for Gynecological Endoscopic Surgery, India
Takeshita Murakami, M.D., Ph.D., Shiga University of Medical Science, Shiga, Japan
Joo-Hyun Nam, M.D., Ph.D., University of Ulsan Asan Medical Center, Seoul, South Korea
Mitsuru Shiota, M.D., Ph.D., Kinki University Faculty of Medicine, Osaka, Japan
University of the Philippines–Philippine General Hospital, Manila, Philippines
Yung-Kuei Soong, M.D., Chang Gung Memorial Hospital, Taoyuan, Taiwan
Sevellara Supermaniam, M.D., Mahkota Medical Centre, Melaka, Malaysia
Toshiyuki Takeshita, M.D., Ph.D., Nippon Medical School Hospital, Tokyo,
Osamu Tsutsumi, M.D., Ph.D., International University of Health and Welfare, Ohtawara, Japan
Togas Tulandi, FRCSC, FACOG, McGill University, Montreal, Quebec, Canada
Felix Wong, M.D., The University of New South Wales, Sydney, Australia
Enlan Xia, M.D., Ph.D., Fu Xing Hospital, Capital Medical University, Beijing, China
GNUDE FOR AUTHORS

INTRODUCTION

Gynecology and Minimally Invasive Therapy (GMIT) is the official peer-reviewed open access journal of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) and is published quarterly by Elsevier. It is indexed in Scopus, ScienceDirect, Scholars Portal, Emerging Sources Citation Index (ESCI), and EBSCO host, INIST-CNRS, OhioLINK and SwetsWise Online Content and aims to publish original research and review papers on minimally invasive therapies, such as gynecologic endoscopy (including laparoscopy, hysteroscopy, cystoscopy, and etc.), vaginal surgery, small incisional surgery, sono-guided therapy, biological and/or immunotherapy therapy, women's health issues and related scientific fields of study. Manuscripts on clinical, laboratory, educational and social research in the relevant fields are eligible for consideration.

GMIT accepts Review Articles, Original Articles, Short Communications, Case Reports, Clinical Images, Video Abstract and Letters to the Editor.

APAGE was officially founded in 2003 and is the largest Asia-Pacific gynecologic association with 15 affiliated societies around the world. It endeavors to promote educational trainings and collaborations between hospitals and countries in the Asia-Pacific region.

Today, there are more than 6 international workshops, symposiums, and congresses held by the APAGE each year. These congresses offer participants the chance to uncover the value of MIT and gain the advanced skills with latest trends in the world.

The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at http://www.icmje.org.

The Guide for Authors will be revised periodically by the Editors as needed. Authors should consult a recent issue of the Journal or visit External link http://www.e-gmit.com for the latest version of these instructions. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

*Types of article*

**Editorials**

Editorials are short articles or comments concerning a specific paper in the Journal or a topical issue in the field. Although editorials are normally invited, unsolicited editorials may be submitted and will be given due consideration.

**Review Articles**

These should aim to provide the reader with a balanced overview of an important and topical subject in the field. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Format guide

- Word limit: 4000 words
- References: up to 60
- Tables/Figures: 6 maximum

**Original Articles**

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Format guide
• Word limit: 4000 words
• References: up to 60
• Tables/Figures: 6 maximum

**Short Communications**
These reports should be concise presentations of research results or novel techniques or use of equipment, pioneering instruments or advanced surgical skills. The editors reserve the right to decide what constitutes a Short Communication.

Format guide
• Word limit: 2000 words
• References: up to 10
• Tables/Figures: 4 maximum

**Case Reports**
These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe rare cases, complications or morbidities from an educational perspective, or new information on diseases of interest. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if any), and References.

Format guide
• Word limit: 1500 words
• References: up to 10
• Tables/Figures: 2 maximum

**Clinical Images**
These comprise clinical images, photographs or diagnostic tests with educational value (such as ultrasound scans, MRI films, endoscopic photographs, histopathology, immunohistochemistry, photomicrographs, DNA blots, or pictures of molecular studies). The report should be of a specific case and focus on the image(s). The use of multimedia components such as additional images or video clips is acceptable.

Format guide
• author: no more than 4
• Word limit: 800 words
• References: up to 6
• Tables/Figures: 4 maximum

**Correspondence**
Correspondences include short case reports, letter to Editor, and comments. All of the above are welcome in response to previously published GMIT articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other communications of general interest. If there may be any replies, it will be published in the same issue as the letter, and are invited at the discretion of the Editor. Correspondences should have a title and include appropriate references, and include the author's mailing and e-mail addresses. Correspondences are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of the Editors. Letters are selected based on clarity, significance, and space.

Format guide Word limit: 700 words References: up to 5 Tables/Figures: 1 maximum No subheadings Begin with "Dear Editor".

**Contact details for submission**
Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) must be submitted to our online submission system EVISE at https://www.evise.com/profile/api/navigate/null. Please contact the Editorial Office.
BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. Available at: http://www.wma.net/en/30publications/10policies/b3/17c.pdf. For investigation of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (e.g., oral or written). For work involving animals, the guidelines for their care and use should be in accordance with European Commission Directive 86/609/EEC for Animal Experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm); this should be stated in the methods section of the manuscript.

Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the journal’s style.

- You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes, headers and footers. References especially should NOT be formatted using the MS Word "endnotes" or "footnotes" function. References especially should NOT be formatted using the MS Word "endnotes" or "footnotes" function; instead, you may use the commercially available EndNote® or Reference Manager® software to manage your references.

- Put text, references, table headings and tables, and figure legends in one file.

- Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number, e.g., “Fig1.tif”, “Fig2.jpg”. Please see section 9.8. for more information.

Supporting Documents

The following documents must be included in your submission (refer also to the Checklist that follows these author instructions). Items (1), (2) and (3) are mandatory. Items (4), (5), (6) and (7) are required only if they are applicable to your manuscript.

1. Cover Letter. This must include the title of the manuscript, the name, address, telephone and fax numbers, and e-mail address of the corresponding author. The letter must state that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere. A manuscript that has been previously submitted but rejected by another journal will be considered if it has been revised, provided that this is stated in the cover letter. Make a note in the letter of manuscripts that have been published, submitted, or are in press that are similar to the submission to GMIT, and include in your submission copies of those similar manuscripts so that the editors can be assured there is no overlap. Your signature and those of ALL your coauthors must be included on the cover letter.
2. Authorship & Conflicts of Interest Statement. Each author’s contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed (see Section 2 for more information). Please use the GMIT Authorship & Conflicts of Interest Statement form that follows these author instructions and that is also provided on the Journal’s website at http://www.e-gmit.com. The corresponding author must sign the statement on behalf of all the authors listed in the manuscript.

3. Copyright Transfer Agreement. You are required to transfer all copyright ownership in and relating to the work to the APAGE. Please use the GMIT Copyright Transfer Agreement form that follows these author instructions and that is also provided on the Journal’s website at http://www.e-gmit.com. Your signature must be included. However, the Agreement will be null and void if your manuscript is not published in GMIT.

4. Ethics Statement. Articles covering the use of human or animal samples in research, or human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities. See Section 3 for more information.

5. Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See Section 4 for more information.

6. Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. See Section 5 for more information.

7. Copyright Permission. If you have reproduced or adapted material from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to reproduce or adapt the copyrighted sources must be supplied. Otherwise, such material must be removed from your manuscript.

**Human and animal rights**

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

**Reporting Clinical Trials**

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to http://www.consort-statement.org for more information). This GMIT has adopted the ICMJE proposal from the International Committee of Medical Journal Editors (ICMJE) that require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration. Further information can be found at http://www.icmje.org.

**Disclosure of Conflicts of Interest**

A conflict of interest occurs when an individual’s objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. The editors of GMIT strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.
Conflicts of interest may be financial or nonfinancial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers’ bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

**Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: ‘Declarations of interest: none’. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal’s official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Please ensure that any conflicts of interest are fully declared on page 2 of the GMIT Authorship & Conflicts of Interest Statement form.

**Submission declaration**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see http://www.elsevier.com/postingpolicy), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

**Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see ‘Multiple, redundant or concurrent publication’ section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

**Changes to Authorship**

This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts. Before the accepted manuscript is published online, requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (i) the reason the name should be added or removed, or the author names rearranged; and (ii) an updated Authorship & Conflicts of Interest Statement with signatures from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of author names, this must include confirmation from the author(s) being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedures as described above.

Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) online publication of the accepted manuscript is suspended until authorship has been agreed.

After the accepted manuscript is published online, any requests to add, remove, or rearrange author names in an article will follow the same policies as detailed above and result in a corrigendum.

**Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500
words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to http://www.consort-statement.org for more information). This GMIT has adopted the ICMJE proposal from the International Committee of Medical Journal Editors (ICMJE) that require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration. Further information can be found at http://www.icmje.org.

Registration of clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

GMIT is the official peer-reviewed publication of the APAGE (Taipei, Taiwan, Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy and Taiwan Association of Minimally Invasive Gynecology). Manuscripts published in the GMIT become the permanent property of APAGE. All articles published in the Journal are protected by copyright, which covers the exclusive rights to reproduce and distribute the article, as well as translation rights. No GMIT article, in part or whole, may be reproduced, stored in any retrieval system, or transmitted in any form or by any means, electronic, mechanical, by photocopying, recording, or otherwise, without prior written permission from APAGE.

Copyright
Upon acceptance of an article, authors will be asked to complete a ‘Journal Publishing Agreement’ (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a ‘Journal Publishing Agreement’ form or a link to the online version of this agreement.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

GMIT is the official peer-reviewed open access publication of the APAGE (Taipei, Taiwan, Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy and Taiwan Association of Minimally Invasive Gynecology). Manuscripts published in the GMIT become the permanent property of APAGE. All articles published in the Journal are protected by copyright, which covers the exclusive rights to reproduce and distribute the article, as well as translation rights. No GMIT article, in part or whole, may be reproduced, stored in any retrieval system, or transmitted in any form or by any means, electronic, mechanical, by photocopying, recording, or otherwise, without prior written permission from APAGE.

Open Access
This Journal is a peer reviewed, subsidized open access journal where the The Asia-Pacific Association for Gynecologic Endoscopy & Minimally Invasive Therapy pays for the publishing costs incurred by the Journal. Authors do not have to pay any Article Processing Charge or Open Access Publication Fee.

User Rights
All articles published open access will be immediately and permanently free for everyone to read, download, copy and distribute. Permitted reuse is defined by the following user license: Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND): for non-commercial purposes, let others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Role of the funding source
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)
For non-commercial purposes, let others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

Green open access
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our green open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution’s repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 0 months.

Elsevier Publishing Campus
The Elsevier Publishing Campus (www.publishingcampus.com) is an online platform offering free lectures, interactive training and professional advice to support you in publishing your research. The College of Skills training offers modules on how to prepare, write and structure your article and explains how editors will look at your paper when it is submitted for publication. Use these resources, and more, to ensure that your submission will be the best that you can make it.

Language (usage and editing services)
Please write your text in American English. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier’s WebShop http://webshop.elsevier.com/languageediting/ or visit our customer support site http://support.elsevier.com for more information.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Previous Publication or Duplicate Submission
Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium.
Submission
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts source files to a single PDF file of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF files at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including notification of the Editor’s decision and requests for revision, takes place by e-mail removing the need for a paper trail.

PREPARATION
Peer review
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor’s decision is final. More information on types of peer review.

Manuscript Preparation
Text should be typed double-spaced on one side of white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, text, references, conflicts of interest statement (if any), acknowledgments (if any), and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

Abstract and Keywords
An abstract and 3-5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Original Articles, Short Communications, and Case Reports. Abstracts for Original Articles and Short Communications should be structured, with the section headings: Study Objective, Design, Setting, Patients, Intervention(s), Measurements and Main Results, and Conclusion.

Abstracts for Original Articles should be no longer than 250 words and that of Short Communications no longer than 200 words.

Abstracts for Review Articles should be unstructured, in one single paragraph of no more than 250 words in length that clearly summarize the main findings.

Abstracts for Case Reports should be unstructured, in one single paragraph of not more than 150 words, but should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case.

An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html). Avoid general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

No abstract or keywords are required for the following article categories: Editorials, Clinical Images, and Letters to the Editor.

Title Page
The title page should contain the following information (in order, from the top to bottom of the page): article category article title names (spelled out in full) of all authors*, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author name and in front of the matching affiliation conflicts of interest declaration; if none, then state "The author(s) have no conflicts of interest relevant to this article." corresponding author details (name, e-mail, mailing address, telephone and fax numbers) word counts of abstract, main text and references *The name of each author should be written with the family name last, e.g. Wan-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work.
Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Main Text

Section headings

The text for Original Articles should be organized into the following sections: Background/Introduction, Purpose(s)/Aim(s), Materials and Methods, Results, and Discussion.

The Background/Introduction should provide a brief background to the subject of the paper and explain the importance of the study. The Purposes(s)/Aims(s) should state a precise study question or purpose. The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research. The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results. The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Sections for Case Reports should be :- Introduction, Case Report, and Discussion. Each section should begin on a new page. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Abbreviations :- Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary.

Numbers :- Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the Eighties or nineteenth century. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

Units :- Système International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Please use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees Celsius.
Names of drugs, devices and other products: Use the Recommended International Nonproprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text.

For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)". Thereafter, the generic term (if appropriate) should be used.

Statistical requirements: Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature of statistical methods (e.g., two sample t test, not unpaired t test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All p values should be presented to the third decimal place for accuracy. The smallest p value that should be expressed is p < 0.001, since additional zeros do not convey useful information; the largest p value that should be expressed is p > 0.99.

Personal communications and unpublished data: These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

**Tables**

Table should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

**Figures**

General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the legend in alphabetical order. Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section Formats) and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg".

Formats Regardless of the application used, when your electronic artwork is finalized, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: Vector drawings. Embed the font or save the text as “graphics”
- TIFF: Color or grayscale photographs (halftones) — always use a minimum of 300 dpi.
- TIFF: Bitmapped line drawings — use a minimum of 1000 dpi
- TIFF: Combination of bitmapped line/half-tone (color or grayscale) — a minimum of 600 dpi
- DOC, XLS or PPT: If your electronic artwork is created in any of these Microsoft Office applications, please supply “as is”.

Please do not:

- Supply files that do not meet the resolution requirements detailed above;
- Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low;
- Submit graphics that are disproportionately large for the content.
A detailed guide on electronic artwork is available at http://www.elsevier.com/artworkinstructions. Please note that the cost of color illustrations will be charged to the author.

**Video**

**General guidelines**

Video abstracts will enhance author's understanding and appreciation of an article through the accessible presentation of the main results and conclusions reported. To maximize engagement and visibility, authors are encouraged to combine footage of surgery with other relevant material of interest such as surgery related videos, animations, footage of an experiment running or a lab tour. Patient identification should be obscured. English spoken narration is mandatory. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph.

**Video Formats**

Categories: Uterus, Hysteroscopy, Ovary, Oncology, Tube, Robotic Surgery, Pelvis, Prolapse, Pregnancy LESS & NOTES (Single-port natural orifice approach), Millerian, Miscellaneous

**Videos with inspirational ideas and innovative surgical techniques that have not been published**

Formats: MP2, MP4, M4V, MOV

Length: 6 minute maximum.

Frame size: 1920 x 1080 / 1280 x 720 / 960 x 720

Video size: cannot exceed 500MB

**Caption Image /Video Still Formats**

Please refer to Figures format

**Acknowledgments**

After the main text, general acknowledgments for consultations and statistical analysis should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified.

**Reference style**

In the main text, tables, figure legends

- References should be identified using superscripted numbers, and numbered consecutively in order of appearance.

- The superscripted numbers should be placed outside periods and commas, and placed inside colons and semicolons.

- Do not cite abstracts unless they are the only available reference to an important concept.

- Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., “unpublished observation”, “personal communication”) as references. Also see Personal communications and unpublished data

In the references list

- References should be compiled at the end of the manuscript according to the order of citation in the text and should follow the American Medical Association (AMA) style and format.

- References should be limited to those cited in the text only.

- Journal references should include, in order, authors’ surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.

- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 3 authors only followed by “et al.”
• Abbreviations for journal names should conform to those used in MEDLINE.

• If citing a website, provide the author information, article title, website address and the date you accessed the information.

• Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

Examples are given below.

**Standard journal articles**


**Journal supplement**

**Journal article not in English but with English abstract**

**Book with edition**

**Book with editors**

**Book series with editors**

**Bulletin**

**Electronic publications**


**Items presented at a meeting but not yet published (conference proceedings)**

**Item presented at a meeting and published (conference paper)**

Theses


Website


Company/manufacturer publication/pamphlet


Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Video

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

The Editorial and Peer Review Process

As a general rule, the receipt of a manuscript will be acknowledged within 1 week of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Manuscripts are reviewed by the Editorial Office to ensure that the submission contains all parts. The Editorial Office will not accept a submission if the author has not supplied all parts of the manuscript as outlined in this document.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, then the manuscript will be rejected without review. Rejected manuscripts will not be returned to authors unless requested.

Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. The GMIT follows a single-blind peer review process. These peer reviewers will remain anonymous and may or may not be the reviewers suggested by the author(s) as the selection of reviewers is at the sole discretion of GMIT editors. The editors and reviewers will not disclose any information about a manuscript or its review to anyone.
The corresponding author will usually be notified within 10 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance (however, do note that delays are sometimes unavoidable). If revisions are required, authors are asked to return a revised manuscript to the Editorial Office via the EVISE within 30 days. Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

**Preparation for Publication**

Once a manuscript has been accepted for publication, authors should submit the final version of their manuscript in MS Word format, with all tables/figures as applicable, via the EVISE. Accepted manuscripts are then copyedited according to the Journal's style and the galley proofs in the form of a PDF file are sent by the Publisher to the corresponding author for final approval. Authors are responsible for all statements made in their work, including changes made by the copy editor. Proofreading is solely the authors' responsibility. Note that the Editorial Board reserves the right to make revisions to the manuscript and the Publisher may proceed with the publication of your article if no response from the author(s) is received.

**Changes to Authorship**

This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts. Before the accepted manuscript is published online, requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (i) the reason the name should be added or removed, or the author names rearranged; and (ii) an updated Authorship & Conflicts of Interest Statement with signatures from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of author names, this must include confirmation from the author(s) being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedures as described above. Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) online publication of the accepted manuscript is suspended until authorship has been agreed.

After the accepted manuscript is published online, any requests to add, remove, or rearrange author names in an article will follow the same policies as detailed above and result in a corrigendum.

**AFTER ACCEPTANCE**

**Online proof correction**

Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors.

If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

**Offprints**

The corresponding author will be notified and receive a link to the published version of the open access article on ScienceDirect. This link is in the form of an article DOI link which can be shared via email and social networks. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Webshop. Authors requiring printed copies of multiple articles may use Elsevier Webshop's 'Create Your Own Book' service to collate multiple articles within a single cover.

**AUTHOR INQUIRIES**

Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.

**Forms**
Checklist  Authorship & Conflicts of Interest Statement  Copyright Transfer Agreement  Video Submission Form

© Copyright 2018 Elsevier | https://www.elsevier.com