The *Journal of Minimally Invasive Gynecology*, formerly titled The Journal of the American Association of Gynecologic Laparoscopists, is an international clinical forum for the exchange and dissemination of ideas, findings and techniques relevant to gynecologic endoscopy and other minimally invasive procedures. The Journal, which presents research, clinical opinions and case reports from the brightest minds in gynecologic surgery, is an authoritative source informing practicing physicians of the latest, cutting-edge developments occurring in this emerging field.

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The Journal of Minimally Invasive Gynecology, formerly titled The Journal of the American Association of Gynecologic Laparoscopists, is an international clinical forum for the exchange and dissemination of ideas, findings, and techniques relevant to gynecologic endoscopy and other minimally invasive procedures. The Journal of Minimally Invasive Gynecology, which presents research, clinical opinions and case reports from the brightest minds in gynecologic surgery, is an authoritative source informing practicing physicians of the latest, cutting-edge developments occurring in this emerging field.

The Journal of Minimally Invasive Gynecology publishes original articles on research as well as images in gynecologic surgery, case reports, instruments and techniques (no longer available for submission after January 4, 2021), review articles, and letters to the editors.

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The precis is a one-sentence synopsis of no more than 30 words that describes the basic findings of the article. It appears in the table of contents under the author(s) name(s). Precis Letter Sample.

Introduction of all articles should not exceed 250 words; the discussion should not exceed 750 words.

The JMIG style now reflects AMA Manual of Style, 10th edition.

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American English or British English spelling should be used throughout the manuscript (including the illustrations, tables, and supplemental material), but a mixture of the two is not allowed.

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Original Articles: The Original Articles section of JMIG is reserved for manuscripts that represent original research. Abstracts for these manuscripts have a 300 word limit and must appear in structured format, as follows: Study Objective, Design, Setting, Patients, Interventions, Measurements and Main Results, and Conclusion. All abstract sections must be complete.

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Manuscripts that do not contain original research are placed in the section of JMIG that is most appropriate; for example, Review Articles, Case Reports, Images in Gynecology, Letters to the Editor, and Video Articles. Special Articles, Perspectives, and Editorials are also considered by invitation only.

Review articles: a comprehensive review and evaluation of current evidence and previously published literature regarding condition, diagnosis, and/or technique considering the progress toward resolution of a problem in minimally invasive gynecology. Because non-systematic reviews often include an element of selection bias, a Systematic Review, as opposed to traditional narrative review, is required.

Systematic Review articles must follow the structured abstracts (outlined below) and MUST follow PRISMA Guidelines (http://prisma-statement.org/). All Review articles must include a completed PRISMA Flow Diagram and Checklist with their submission items. When feasible, a meta-analysis is highly preferred. Please see Review Article Checklist (Word limit 3,000; Reference limit 60).

Review Abstract format:Objective: Statement of purpose of the review.Data Sources: Sources searched, including dates, terms, and constraints.Methods of Study Selection: Number of studies reviewed and selection criteria.Tabulation, Integration, and Results: Guidelines for extracting data, methods of correlating, and results of review.Conclusion: Primary conclusions and their clinical applications.Registration of Systematic Reviews

PROSPERO aims to provide a comprehensive listing of systematic reviews registered at inception to help avoid duplication and reduce opportunity for reporting bias by enabling comparison of the completed review with what was planned in the protocol. We recommend registration
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- Item 12 of the checklist states: Risk of bias in individual studies - (Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. An example of study assessment tool can be found here: https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools.

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**Letters to the Editor:** comments and opinions regarding recently published articles in JMIG. (Word limit 300; Reference limit 4; Author limit: 6).

**Special articles:** by invitation only.

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Video Article Abstract Sample.

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**Title/Abstract**
Why was the study performed? How is this study different from others? Can the study be replicated? Will the study results and publication improve patient care? If not, the paper is not relevant. Is it novel and suitable to fill the gap of existing publications? The abstract must be able to stand alone and be understood without reading the manuscript. The objective must be clear.

*Introduction must include* The rationale, or motivation for the current investigation; what is the problem that the authors are trying to answer? Is it the next logical step in a line of an investigation or have prior studies been deficient in some way that the current study addresses? Coherent and comprehensive background information as to why the study was performed, including gaps in current knowledge. Previous relevant publications. Study hypothesis.

*The methodology must include* Inclusion and exclusion criteria. One single primary endpoint (outcome measure). Secondary endpoints (when appropriate). Tests, procedures, interventions, analyses. Institutional review board approval statement. Could another investigator replicate the study?

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*Electrosurgery Terminology* 
**JMIG** has specific electrosurgery terminology: ELECTROSURGERY TERMINOLOGY.JPG Electrosurgery Terminology

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