DESCRIPTION

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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INTRODUCTION
The Journal of Minimally Invasive Gynecology is a bimonthly periodical devoted to the health care of women.

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Types of Articles
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, review articles, and letters to the editors.

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Keywords: include 3 to 5 words that differ from the title, in alphabetical order, separated by semicolons.

Arrange the manuscript as follows: title page, precis, abstract, keywords, text, acknowledgments, disclosures, references, tables, and figure legends.

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.
Numbers are Arabic, not spelled out. Delete zeros before decimal point when reporting p values, which should not be carried out past 3 decimal places.

Scientific (generic) names of drugs should be used at all times. Weights and measures must be expressed in metric values and temperatures in Celsius (centigrade). Prior presentation as an abstract or at a professional meeting should be described fully on the title page.

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Manuscript Preparation, Specific

Manuscript Guidelines

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
- Conclusion

All abstract sections must be complete.

Please see [Original Article Checklist](#) (Word limit 4,000; Reference limit 30).

Manuscripts that do not contain original research are placed in the section of **JMIG** that is most appropriate; for example, Review Articles, Case Reports, Instruments and Techniques, 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/](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.

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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 with PROSPERO for all systematic reviews to improve the transparency and rigor of secondary research but at present it is not a requirement. Information on registering can be found at [https://www.crd.york.ac.uk/prospero/#aboutregpage](https://www.crd.york.ac.uk/prospero/#aboutregpage).

- 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](https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools).

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**Instruments and techniques**: substantive new information concerning innovative surgical techniques. Instruments and techniques require an unstructured abstract in paragraph form. Please see the Instruments and Techniques Checklist. (Word limit 4,000; Reference limit 30).

**Images in gynecologic surgery**: Up to 3 images that are novel, of high quality, and pertinent to minimally invasive gynecology. Images in gynecology do not include an abstract. See the Images in Gynecologic Surgery Checklist. (Word limit 300; Reference limit 5; Author limit: 6). (Word limit 300; Reference limit 10; Figure Limit 3)

**Letters to the Editor**: comments and opinions regarding recently published articles in JMIG. (Word limit 300; Reference limit 5; Author limit: 6).

**Special articles**: by invitation only.

**Perspectives**: a short article of current interest of the minimally invasive community; by invitation only. Perspectives do not include an abstract. (Word limit 2,000; Reference limit 5)

**Editorials**: a commentary or a topic assigned by the Editor in Chief; by invitation only. (Word limit 750; Reference limit 5; Author limit 4).

**Video Articles**: *The Journal of Minimally Invasive Gynecology* now accepts Video Articles. What exactly is a Video Article? A Video Article contains all elements outlined in a structured abstract and full written manuscript but is presented in video form. Using video, authors now can present scientific findings through visual media without having to write a paper. Instead the video provides the viewer with all the elements supporting the findings of the data, but in a visual way. See the Video Articles Checklist.

**Video Article Requirements**

All the rules and guidelines governing how and what can be included in written manuscripts apply to Video Articles. Work must be original and not published elsewhere, and all portions of the video clips must be the property of the author(s). A structured abstract is required. Section headings should include Objective, Design, Setting, interventions, and Conclusion. Narration is mandatory and must be in English. Video may not contain music. Videos should be approximately 6 to 8 minutes long. Please ensure videos are uploaded in a single file. Videos may include slides, such as a title slide and slide(s) containing all or some elements provided in the structured abstract. All the slides should be no more than 1 minute in viewing length. The video should be focused on surgical technique. Occasionally, a very important educational video may be selected for publication, if considered to be of high importance for scientific proposes. Videos that have been previously posted online, including on social media sites or YouTube, will not be considered.

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Below is an example of an accepted Structured Abstract.

**Video Article Abstract Sample**.
When Writing Your Research Paper

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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**
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.

**Methodology**
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?

**Results**
Logical and systemic presentation of data mirroring the same sequence as in the methods. If one author does not have a statistical background, a statistician should have been consulted. Values of measured variables to be shown with error limits (standard deviations). Tables and figures presented here.

**Conclusion**
Summary of main findings balanced to the stated hypothesis and objectives. How does this article change what the reader recommends to patients? Comparison to other previous publications on the topic. Discussion of alternative explanations for the observations. Clinical relevance. Limitations of the study; explanation of unexpected findings. Rational defensible conclusion or take-home message. Is the conclusion justified by the results?

**Electrosurgery Terminology**
JMIG has specific electrosurgery terminology:

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**Statistics**
The statistical section must only include the tests needed for the particular study data. It must be written based on the appropriate design or data collection methods as appropriate. Multiple comparison tests must be used when needed and the Type I error level should be listed. In particular:

For all studies: The statistical section of all manuscripts should contain a brief description of sample size and power considerations for the study, as well as a brief description of the methods for primary and secondary analyses. Evidence must show that the data are independent or correlated with the appropriate test. A clear distinction between correlated observations and independent observations should be accompanied by confidence intervals for estimated effect sizes, measures of association, or other parameters of interest. The confidence intervals should be adjusted to match any adjustment made to significance levels in the corresponding test. When comparing outcomes in two or more groups, investigators should use the testing procedures specified in the statistical analysis section to control overall Type I error. Post hoc analyses should be clearly labeled as post hoc in the manuscript. If subgroups are small, however, formal inferences about the homogeneity of treatment effects may not be feasible. A list of P values for treatment by subgroup interactions is subject to the problems of multiplicity and has limited value for inference. Consultation with a PhD statistician or biostatistician prior to starting the research and certainly before that data are collected is advised.

For clinical trials: All protocols and the statistical models should be submitted along with the manuscript, and details of changes made during the process. Analyses of the data should conform to the protocol. The statistical models must be in agreement with the data collection. The editors may ask for additional analyses that are not specified in the protocol. When comparing outcomes in two or more groups, investigators should use appropriate multiple comparison tests as specified in the protocol with control overall Type I error. Hierarchical data structures should address the intraclass correlation at each stage. The p values adjusted for multiple comparisons should be reported when appropriate and labeled as such in the manuscript. If the study team believes a post hoc analysis of
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Editors request that p values be reported for comparisons of the frequency of adverse events among treatment groups, regardless of whether such comparisons were known in advance. When possible, the editors prefer that absolute event counts or rates be reported before relative risks or hazard ratios. The goal is to provide the reader with both the actual event frequency and the relative frequency. Odds ratios should not be listed without the sample sizes and how the data were obtained. Odds ratios may overestimate the relative risks in certain cases and be misinterpreted. The editors also encourage authors to submit all the relevant information included in the study. Although, all of this information may not be published with the manuscript, it should be provided in a supplementary appendix at the time of submission. The Journal requires authors to deposit data for clinical trials in one of the online repositories designed for this purpose. All randomized control trials (RCTs) must be prospectively registered prior to the first patient being enrolled at the website ClinicalTrials.gov or a similar website.

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