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 (no longer available for submission after January 4, 2021), review articles, and letters to the editors.

Written Manuscripts (Traditional Method): Written manuscripts require the author(s) to submit a structured abstract, along with a full written manuscript. The article may contain images, graphs, statistics and even video to support or demonstrate the findings of the article.

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*Submit your article*


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**Manuscript Preparation, General**

All manuscripts must be submitted in Arial 11 point font with continuous line numbering, page numbers, and double spaced. Title must be title case. The title page must include: Authors' full first and last (family) names, degrees, Authors institutional affiliations (using the institution at the time of the research on the article) Conflict of interest statement Source of funding Statement of prior presentation or publications and/or abstract/poster presentation Corresponding authors complete contact information including complete mailing address, telephone and facsimile numbers, email address Clinical trial registry number (if applicable) Date and number of IRB Data availability statement Word count

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

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.

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**Acknowledgments**
It is acceptable to acknowledge others in acknowledgments. Please limit acknowledgments to those who are directly and scientifically involved in the preparation of the manuscript.

**Manuscript Preparation, Specific**

**Original Articles Checklist** (Word limit 4,000; Reference limit 30).

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**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 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 in 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** (no longer available for submission after January 4, 2021): substantive new information concerning innovative surgical techniques. Instruments and techniques require an unstructured abstract in paragraph form. Please see 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 10; Figure Limit 3). (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)

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**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.

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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 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?

**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:

![ELECTROSURGERY TERMINOLOGY.JPG](ELECTROSURGERY TERMINOLOGY.JPG)

**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:

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