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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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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Study Objective, Design, Setting, Patients, Interventions, Measurements and Main Results, and 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.

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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
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**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)

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**Special articles**: by invitation only.

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Below is an example of an accepted Structured Abstract.

**Video Article Abstract Sample.**

**Instruments and techniques**: 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 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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**Video Article Abstract Sample.**
When Writing Your Research Paper
Please keep in mind the following when writing your clinical manuscript. Each submission is peer reviewed and the reviewers are looking for the following to ensure that your research is of the highest value.

**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**
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**

**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.

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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 be reported without the sample sizes and how the data were obtained. Odd's 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.

For observational studies:

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Reference Formatting

References must be cited in the order that they appear in the text in brackets inside punctuation. Every entry must have only one number; if it is cited a second time, it should have the first (original) number, not a new number, ibid, or op cit. If a new entry is inserted into an established list, it must be numbered consecutively (not, 10a, 10b, etc.), with subsequent entries renumbered both in the text and in the reference list.
To maintain relevance, timeliness, and comprehensiveness of current research, references must be verified and accurate, formatted per JMIG style, complete, from peer-reviewed journals, and the majority must be no older than 8 years unless used for historic reasons.

If it becomes clear that the references are cited incorrectly, are single-spaced, incomplete, unclear, or otherwise in unacceptable format, they will be returned to you to be corrected. This will delay publication of the article. You are responsible for the accuracy of references and are reminded that inaccurate references are highly frustrating to the reader, the cited author, and indexing services. Footnotes are not acceptable JMIG style.

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**Journal article online ahead of print**

**Book**

**Chapter in a book**

**Presentation**

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**
Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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Title Page Sample

Structured abstract

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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Review Process
Three or more referees are assigned to review each full-length original article. Decisions are based on significance, originality, and validity of the material presented. If the article is accepted for publication, editorial revisions may be made to aid clarity and understanding without altering the meaning.

Reviewers are requested to recommend papers for publication with the greatest scientific competence and accuracy that are important to the practice of minimally invasive gynecologic surgery and those which will have the greatest clinical, theoretical, and/or educational impact on the field.

Reviewers consider the following:
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2. Are the methods and experimental techniques of the highest scientific standard?
3. Can the study be replicated?
4. Are the results reliable and presented clearly?
5. Is the discussion relevant?
6. Are the conclusions justified by the results presented?
7. Are the illustrations and references appropriate and necessary?
8. Is the abstract informative and intelligible to readers not working in the specific area?
9. Is the organization of the paper sound and the writing clear?
10. Is the material original?
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Once the manuscript has been reviewed and comments and requests for changes have been sent via email back to the authors, the authors are requested to send back to the editorial office two Word files for revised manuscript submissions:

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2. The author(s) response.
3. A statement about what changes have been made to the manuscript (or an explanation why no changes were made), including page and line number of the change.

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