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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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GUIDE FOR AUTHORS

INTRODUCTION

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

Editorial Office Contact Information

For any questions, you may contact the Journal office by telephone or email at the following:

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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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This type of manuscript requires the author(s) to submit a structured abstract, along with a Video Article. The Video article must be 6 to 8 minutes in length, must cover all elements found in a written manuscript, must have narration, and may not contain music. Please note that the narration must be in English. A Video Article submission may contain images, graphs and/or statistics that support or demonstrate the findings of the Video Article. Video Article Abstract Sample

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Contact details for submission

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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.*

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.

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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.
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Study Objective, Design, Setting, Patients, Interventions, Measurements and Main Results, and Conclusion. All abstract sections must be complete.

Original Articles have a 4,000 word limit (excluding the abstract, references, and legends).

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/). All Review articles must include a completed PRISMA Flow Diagram and Checklist with their submission items. When feasible, a meta-analysis is highly preferred. 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

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Images in gynecology: images that are novel, of high quality, and pertinent to minimally invasive gynecology. Images in gynecology do not include an abstract. (Word limit 300; Reference limit 10)

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We accept the following formats:
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Audio Video Interleave (.AVI) (Most are supported)

If your video is not in one of these formats, please contact our office and we may be able to assist you with converting the video.

Below is an example of an accepted Structured Abstract.

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.
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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

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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The validity of findings from observational studies depends on several important assumptions, including those relating to sample selection, measured and unmeasured confounding, and the adequacy of methods used to control for confounding, independent observations versus correlated observations. The statistical section of observational studies should describe fully how these and other relevant issues were managed in the design and statistical analysis.

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