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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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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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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**Acknowledgments**

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

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, Perspectives, Editorials, Images in Gynecology, Letters to the Editor, and Video Articles.

**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.

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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.

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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.

Case reports: a brief description up to 3 cases of a particular condition that reports an unusual presentation or novel diagnostic or therapeutic approach. Case Reports require an unstructured abstract in paragraph form. (Word limit 2,000; Reference limit 10; Author limit 6)

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Special articles: by invitation only.

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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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Below is an example of an accepted Structured Abstract.

**Video Article Abstract Sample**

**Electrosurgery Terminology**

*JMIG* has specific electrosurgery terminology:

**ELECTROSURGERY TERMINOLOGY.JPG Electrosurgery Terminology**

**Manuscript Guidelines**

**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 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?
**Statistics**
Manuscripts dealing with comparisons between groups--cohort, case-control and/or randomized clinical trials--must use proper statistical analyses. Failure to do so may result in the manuscript being returned to the author(s) without peer review. Means or medians, depending on distribution of the data, must be accompanied by standard deviations. Confidence intervals are mandatory where applicable. Use of "p" values for comparisons between groups is not sufficient; use of probability ratios, odds ratios or hazard ratios, where appropriate are necessary. Consultation with a medical statistician prior to submission is advised.

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