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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.

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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.

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**Acknowledgments**

It is reasonable 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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The Original Articles section of JMIG is reserved for manuscripts that represent original research. Abstracts for these manuscripts must appear in structured format, as follows:

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

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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.

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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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- 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)

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

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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)

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)

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

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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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We accept the following formats:
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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 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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Journal article

Journal article online ahead of print

Book

Chapter in a book

Presentation

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