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

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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.

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

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.

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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Manuscript Preparation, Specific

Manuscript Guidelines

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

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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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Below is an example of an accepted Structured Abstract.

Video Article Abstract Sample

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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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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

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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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