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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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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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**Manuscript Preparation, Specific**

**Manuscript Guidelines**

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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.

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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..

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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)

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Video Articles:
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Video Article Requirements
All the rules and guidelines governing how and what can be included in written manuscripts apply to Videos 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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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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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

Statistics
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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. Significance tests 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.

For clinical trials: All protocols and the statistical models should be submitted along with the manuscript, and details of changes made during the process. Analyses of the data should conform to the protocol. The statistical models must be in agreement with the data collection. The editors may ask for additional analyses that are not specified in the protocol. When comparing outcomes in two or more groups, investigators should use appropriate multiple comparison test as specified in the protocol with control overall type I error. Hierarchical data structures should address the intraclass correlation at each stage. The \( p \) values adjusted for multiple comparisons should be reported when appropriate and labeled as such in the manuscript. If the study team believes a post hoc analysis of subgroups is important, the rationale for conducting that analysis should be stated. Post hoc analyses should be clearly labeled as post hoc in the manuscript. Plots can be a useful display of estimated treatment effects across subgroups, and the journal recommends that they be included for important subgroups. If subgroups are small, however, formal inferences about the homogeneity of treatment effects may not be feasible. Therefore, in most cases, no \( p \) values for interaction should be provided in the plots or in cases of small sample sizes. The same can be said of large sample sizes although it is less observable in clinical trials. 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 not be listed without the sample sizes and how the data were obtained. Odds 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.

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