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.

Benefits to authors

We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

IMPACT FACTOR

2018: 2.414 © Clarivate Analytics Journal Citation Reports 2019

EDITORIAL BOARD

Editor-in-Chief
Tommaso Falcone

Deputy Editor
Gary N. Frishman

Associate Editors
Jason Abbott
David M. Boruta, II
Rosanne Kho

Media Editor
Antonio M. Setubal
Statistical Associate Editor
Jeffrey R. Wilson

Social Media Editor
Mireille Truong

Senior Managing Editor
Lindsey Huckabee

Managing Editors
Linda Michels

Former Editors
Stephen L. Corson
R. Hunt

Founding Editor
J. Phillips

Editorial Board
Mauricio Abrao
Joao Alves
Ted L. Anderson
Sawsan As-Sanie
Elizabeth Ball
Mohammed A. Bediway
Benjamin Beran
Jay M. Berman
Bala Bhagavath
Megan Billow
Daniel Breitkopf
Andrew Brill
Joy Brotherton
Douglas Brown
William Burke
Jose Carugno
James Casey
Scott G. Chudnoff
Ettore Cicinelli
Sarah Cohen
Howard L. Curlin
Mark W. Dassel
Michael Diamond
Noor Ebbiary
Jon Einarsson
Pedro Escobar
M. Max Ezzati
Abimbola Famuyide
Martin Farrugia
Afshin Fazel
Rebecca Flyckt
David A. Forstein
John B. Gebhart
Dobie Giles
Jeffery M. Goldberg
Mikel Gorostidi
Isabel Green
Xiaoming Guan
David L. Howard
Warren Huber
Hye-Chun Hur
Cheryl Iglesia
Keith B. Isaacson
Olav Istre
Karl Jailad
Peter Clegg Jeppson
Jesus S. Jimenez
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:

Amy Swartz, Journal Office Administrator
Jon Sciandra, Editorial Assistant

JMIG Editorial Office
(919) 650-1459 ext. 218
Email: jmig@jjeditorial.com

AAGL Mailing Address
6757 Katella Ave
Cypress, Ca. 90630
714-503-6200
Monday - Friday: 8:00 am - 5:00 pm Pacific

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.

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.

Video Articles (Work presented in Video Form).
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

For all submission types you must submit all work via the Editorial Manager (Elsevier Editorial Site) at https://www.editorialmanager.com/TJMIG/default.aspx.

Contact details for submission
Manuscript Submission
All manuscripts must be submitted via the Editorial Manager (Elsevier Editorial Site). Authors must be registered on the site to submit manuscripts online. Every submission, regardless of category, must include a cover letter, indicating the category of article; the complete manuscript including title page, abstract, text, tables, acknowledgments, required disclosures, references, and illustrations.

When a manuscript is received via Editorial Manager, the corresponding author will be sent a verification letter. Any manuscript submitted must be original material that has not been published previously and is not under consideration by another Journal. A manuscript will not be published unless a conflict of interest has been signed by all contributors and returned to the JMIG office.
When a manuscript is published, it becomes the sole property of the AAGL, and the copyright will be held in the name of JMIG. The editor and publishers accept no responsibility for opinions expressed by contributors. Authors may be required to provide data or cited works upon request for purposes of peer review or validation of any published study.

Authorship
Authorship is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICJME):
1. Individuals who have made substantial contributions to the concept or design of the work;
2. Individuals who have made substantial contributions to the acquisition, analysis, or interpretation of data; and
3. Individuals who have made substantial contributions to drafting or critically revising the work; and
4. Individuals who have provided final approval of the work; and
5. Individuals who have agreed to be accountable for all aspects of the work.
The cover letter that accompanies the submitted manuscript must include confirmation that each author has fulfilled these conditions. Cover Letter Sample.

By publishing a manuscript in the JMIG, the authors(s) agree to transfer copyright authorization to the JMIG. This authorization will provide the widest distribution of your paper under established publication guidelines.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Disclosures
All listed authors must complete and submit the International Committee of Medical Journal Editors? (ICJME) standardized disclosure form. Please submit all completed conflict of interest forms via Editorial Manager with your manuscript submission.

ICMJE - DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST.JPGICMJE

If uncertain as to what might be considered a potential conflict of interest, authors should err on the side of full disclosure. The ICJME disclosure form was created to be a uniform document for the reporting of potential conflicts of interest and requires Adobe Reader to work properly. Note to Apple Mac users, Apples operating system includes a program called Preview that will not correctly display all content contained in the COI PDF. Download the COI Form Here.
You may also download Adobe reader for Mac or PC here.

Manuscripts submitted without disclosure or an attestation report will not be forwarded to the editor until received. The attestation report is required if there are more than three authors. JMIG Author Attestation Report.

Clinical Trials Registration
JMIG complies with the ICMJE requirement that clinical trials must be registered in a public trials registry (ClinicalTrials.gov or any registry that is a primary register of the World Health Organization International Clinical Trials Registry Platform) at or before the time of first patient enrollment to be considered for publication. Randomized controlled trials that are not registered at or before the time of
first patient enrollment will be editorially rejected without peer review. Authors must provide the trial registry name, URL, the registration number and date of trial registration at the end of the abstract as well as a statement in the methods section of the manuscript.

Further, a flow diagram in CONSORT format and all of the information required by the CONSORT checklist according to the CONSORT Web site (http://www.consort-statement.org) must be included.

Authors submitting Randomized Clinical Trials must upload their data into a data repository before publishing. The submitted manuscript should include a link to this repository. See the Research data section of the guidelines for more information.

**Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardize consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

**Institutional Review Board Approval**

Human subjects research must be performed in accordance with the Declaration of Helsinki and approved by an appropriate ethics committee/institutional review board. A statement to this effect must appear in all manuscripts. If a study has been granted an exemption from ethics approval, this should be noted in the manuscript. Further information and documentation to support this should be made available on request. For all submissions, authors must provide a copy of Institutional Review Board protocol approval, with the date of the approval included. If the institution’s IRB does not require approval for case reports, provide an exemption letter or public URL that reiterates the policy that approval is not needed. If the IRB letter is in a language other than English, please provide an English translation.

If a study has not been granted committee approval prior to commencing, retrospective approval usually cannot be obtained leading to the possibility that the manuscript may not be considered for peer review.

For all research involving human subjects, informed consent to participate in the study must be obtained and a statement to this effect must appear in the manuscript.

**BEFORE YOU BEGIN**

**Ethics in publishing**

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

**Studies in humans and animals**

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.
Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Submission declaration
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Copyright
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If
excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For gold open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of gold open access articles is determined by the author's choice of user license.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Role of the funding source
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Open access
Please visit our Open Access page for more information.

Naming Conventions
The names of instruments which include the name of the inventor is permitted but manuscripts will not be published which include procedures or anatomical landmarks named after people unless previously recognized.

Reporting on Internet Surveys
For any manuscripts reporting on the results of Internet e-surveys, authors must follow the CHERRIES guidelines and submit a completed checklist using the following

CHERRIES CHECKLIST

Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's Author Services.

TRANSLATION SERVICES

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

What is the Editorial Manager?
Editorial Manager is the system used by JMIG to keep track of and maintain all submissions. All authors submitting a written manuscript or video article must have an account on Editorial Manager. Please use the appropriate links below once you have read through this guide and are ready to begin the submission process.

**New Authors!**
If you have never submitted a manuscript to JMIG, you must first register and create an account for yourself. This account will allow all your materials to be easily managed and tracked throughout the review process. You may create a new account here.

**Returning Authors**
If you have previously submitted a manuscript to JMIG, you may log in here.

**Forgotten Username / Passwords**
If you have previously submitted to JMIG but do not remember your user name or password, you may click Log In and then Forgotten Username/Password here. You will need to supply a valid email address on file and your user name and password will be sent to you.

**Manuscript Preparation, General**
All manuscripts must be submitted in Arial 11 point font with continuous line numbering, page numbers, and double spaced. Title must be title case. The title page must include: Authors' full first and last (family) names, degreesAuthors institutional affiliations (using the institution at the time of the research on the article)Conflict of interest statementSource of fundingStatement of prior presentation or publications and/or abstract/poster presentationCorresponding authors complete contact information including complete mailing address, telephone and facsimile numbers, email addressClinical trial registry number (if applicable)Date and number of IRBData availability statementWord count

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.

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.

It is your responsibility to obtain written permission from the original copyright holder (generally the publisher, not the author or editor) to reproduce figures, tables, and text. Permission from the Journal or book concerned must be sent with the manuscript. An appropriate credit line should appear at the end of a figure legend or in a table footnote; for example, "Reprinted with permission from reference 17." Full publication data must appear in a numbered entry in the reference list.

**It is the authors' responsibility to ensure that all data are accurate and verified.**
American English or British English spelling should be used throughout the manuscript (including the illustrations, tables, and supplemental material), but a mixture of the two is not allowed.

**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.
The **Original Articles** section of *JMIG* is reserved for manuscripts that represent original research. Abstracts for these manuscripts have a 300 word limit and 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.

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/](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

PROSPERO aims to provide a comprehensive listing of systematic reviews registered at inception to help avoid duplication and reduce opportunity for reporting bias by enabling comparison of the completed review with what was planned in the protocol. We recommend registration with PROSPERO for all systematic reviews to improve the transparency and rigor of secondary research but at present it is not a requirement. Information on registering can be found at [https://www.crd.york.ac.uk/prospero/#aboutregpage](https://www.crd.york.ac.uk/prospero/#aboutregpage).

- 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](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. Only exceptional case reports are considered by the Journal and both novelty and educational value are important for this type of submission (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). **Special articles**: by invitation only.

**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).

Video Articles:
The Journal of Minimally Invasive Gynecology now accepts Video Articles. What exactly is a Video Article? A Video Article contains all elements outlined in a structured abstract and full written manuscript but is presented in video form. Using video, authors now can present scientific findings through visual media without having to write a paper. Instead the video provides the viewer with all the elements supporting the findings of the data, but in a visual way.

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.

Important: Your video article must be in the right format for publication and in a file small enough to be properly uploaded to Editorial Manager. As such, we recommend authors a free video conversion app called Handbrake that works on both PC and Mac. You can find Handbrake at https://handbrake.fr/ and it is a free download. The instructions for using Handbrake can be found here: https://handbrake.fr/docs/en/latest/introduction/quick-start.html.

We accept the following formats:
Quicktime (.MOV)
MPEG (MPEG-4, MPEG-2, MPEG-1)
.MPEG, .MPG) Windows Media (.WMV)
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.
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?

Electrosurgery Terminology

JMIG has specific electrosurgery terminology:

Electrosurgery Terminology.jpg

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:

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 advanced. 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.

**For observational studies:**

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.

The *Journal* encourages authors to deposit the statistical analyses as conducted for observational studies in one of the online repositories designed for this purpose. When appropriate, observational studies should use prespecified accepted methods for controlling family-wise error rate or false discovery rate when multiple tests are conducted. In manuscripts reporting observational studies without a prespecified method for error control, summary statistics should be limited to point estimates and 95% confidence intervals. No P values should be reported for these analyses. If no prespecified analysis plan exists, the Methods section should provide an outline for the planned method of analysis, including eligibility criteria for the selection of cases and method of sampling from the data, with a diagram as appropriate. A description of the association or causal effect to be estimated and the rationale for this choice. The prespecified method of analysis to draw inference about treatment or exposure effect or association. Studies reporting the effect of a treatment or exposure should show the distribution of potential confounders and other variables, stratified by exposure or intervention group. When the analysis depends on the confounders being balanced by exposure group, differences between groups should be summarized with point estimates and 95% confidence intervals when appropriate. Complex models and their diagnostics can often best be described in a supplementary appendix. Authors are encouraged to conduct an analysis that quantifies potential sensitivity to bias from unmeasured confounding; absent that, authors must provide a discussion of potential biases induced by unmeasured confounders. Authors are encouraged to retest findings in a similar but independent study or studies to assess the robustness of their findings. In hierarchical analysis, testing procedures, P values should be reported at each level with the sample size identifying the fact that such data are correlated. Tests for correlated data must be used. Sound statistical methods and critical analysis of data provide greater understanding of the results and reproducibility of the study. It is *JMIG*’s goal to provide the community with data that are placed in proper context, so that sound policies and practice changes can be based. The Journal requires authors to deposit data for observational studies in one of the online repositories designed for this purpose. If editors or reviewers notice any discrepancies in manuscript data, we require authors to upload their data to a repository with their submission.

**Reference Formatting**

References must be cited in the order that they appear in the text in brackets inside punctuation. Every entry must have only one number; if it is cited a second time, it should have the first (original) number, not a new number, ibid, or op cit. If a new entry is inserted into an established list, it must be numbered consecutively (not, 10a, 10b, etc.), with subsequent entries renumbered both in the text and in the reference list.

To maintain relevance, timeliness, and comprehensiveness of current research, references must be verified and accurate, formatted per *JMIG* style, complete, from peer-reviewed journals, and the majority must be no older than 8 years unless used for historic reasons.

If it becomes clear that the references are cited incorrectly, are single-spaced, incomplete, unclear, or otherwise in unacceptable format, they will be returned to you to be corrected. This will delay publication of the article. You are responsible for the accuracy of references and are reminded that inaccurate references are highly frustrating to the reader, the cited author, and indexing services. Footnotes are not acceptable *JMIG* style.
No unpublished data, personal communications, papers presented at meetings, manuscripts submitted for publication may be listed in the reference list.

*JMIG* requests that the following formats be used for all reference lists, and that they be typed and double-spaced. For up to 6 authors, list all authors; for 7 or more, list the first 3 authors + et al.

**Journal article**

**Journal article online ahead of print**

**Book**

**Chapter in a book**

**Presentation**

Unpublished observations must not be included in the reference list.

**Use of word processing software**
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

**Essential title page information**
- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**

• **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

**Title Page Sample**

**Structured abstract**

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

To see an example of an accepted Structured Abstract [click here].

**Acknowledgements**

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

**Artwork**

Electronic artwork

General points

• Make sure you use uniform lettering and sizing of your original artwork.
• Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

A detailed [guide on electronic artwork](https://www.elsevier.com/) is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

**Formats**

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, half-tones, and line/half-tone combinations given below):

- **EPS (or PDF):** Vector drawings, embed all used fonts.
- **TIFF (or JPEG):** Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- **TIFF (or JPEG):** Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- **TIFF (or JPEG):** Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

**Please do not:**

• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
• Submit graphics that are disproportionatenely large for the content.
**Color artwork**

Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF) or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. For further information on the preparation of electronic artwork.

**Illustration services**

Elsevier's Author Services offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

**Figure captions**

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Tables**

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

**Reused Tables or Figures**

It is your responsibility to obtain written permission from the original copyright holder (generally the publisher, not the author or editor) to reproduce figures, tables, and text. Permission from the Journal or book concerned must be sent with the manuscript. An appropriate credit line should appear at the end of a figure legend or in a table footnote; for example, "Reprinted with permission from reference 17." Full publication data must appear in a numbered entry in the reference list.

**Video Clips to Supplement Written Manuscripts**

The Journal of Minimally Invasive Gynecology accepts electronic supplementary material to support and enhance your scientific research. Supplementary files may include movies, animations sequences, high-resolution videos, sound clips, and more. Supplementary files supplied will be published online together with the electronic version of your article in Elsevier Web products, including ScienceDirect.

Videos will be accepted only for an Original Article or an article for the section titled Instruments and Techniques.

JMIG will not edit any video or computer graphics nor may reviewers suggest changes in the video or computer graphic following submission. The video will be accepted or rejected as presented without an option for revision. Videos and computer graphics will not be accepted separately from a manuscript that has been rejected; however, a manuscript may be accepted

**Review Process**

Three or more referees are assigned to review each full-length original article. Decisions are based on significance, originality, and validity of the material presented. If the article is accepted for publication, editorial revisions may be made to aid clarity and understanding without altering the meaning.

Reviewers are requested to recommend papers for publication with the greatest scientific competence and accuracy that are important to the practice of minimally invasive gynecologic surgery and those which will have the greatest clinical, theoretical, and/or educational impact on the field.

Reviewers consider the following:
1. What is the importance of the research question or subject field of study?
2. Are the methods and experimental techniques of the highest scientific standard?
3. Can the study be replicated?
4. Are the results reliable and presented clearly?
5. Is the discussion relevant?
6. Are the conclusions justified by the results presented?
7. Are the illustrations and references appropriate and necessary?
8. Is the abstract informative and intelligible to readers not working in the specific area?
9. Is the organization of the paper sound and the writing clear?
10. Is the material original?
11. Will the paper impact the specialty?

**Following Peer Review**
Once the manuscript has been reviewed and comments and requests for changes have been sent via email back to the authors, the authors are requested to send back to the editorial office two Word files for revised manuscript submissions:
(1) a revised, marked manuscript Word file showing additions and deletions, using track changes; and
(2) a revised, unmarked clean manuscript Word file. PDF files will not be accepted; please submit Microsoft Word files only.

**Response to the Reviewers**
A point-by-point response to the Editors and reviewers comments indicating what changes were made to the manuscript, and where the changes were made, must be submitted. For each comment the authors must provide the following three items:
1. Each of the Editors or reviewer's comments.
2. The author(s) response.
3. A statement about what changes have been made to the manuscript (or an explanation why no changes were made), including page and line number of the change.

**Maximum cumulative length of videos or animated computer graphics is approximately 6 to 8 minutes.**

Video files are often very large files. We ask that you submit your file to our video server and compress the file before submitting it through JMIG. Video segments cannot exceed 50MB. The submission program will timeout if the file size is larger than 50MB.

Concise legends (typed on a separate page) must accompany each video clip or computer graphic presentation. A sound track is highly recommended.

The following formats for video will be accepted: MPEG-4, MPEG-1 or MPEG-2 (.mpg), QuickTime (.mov), Audio/Video Interface (.avi). The Journal of Minimally Invasive Gynecology provides a free conversion service that will convert your video into the appropriate format and correct size for submissions, at no charge. This service can be used by going to http://www.JournalVideos.com.

**Supplementary material**
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

**Research data**
This journal encourages you to share data that supports your research publication in an appropriate data repository, and enables you to interlink the data with your published articles. If you are sharing data, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation.

Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.
Submission Checklist
The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

Ensure that the following items are present:
One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address
• Phone numbers
• A conflict of interest statement for all authors
• Clinical trial information (if applicable)
• A Data Availability Statement
The manuscript file contains:
• An abstract
• The full text and references
• A statement regarding Institutional Review Board approval or exemption
• Continuous line numbering and page numbers
All necessary files have been uploaded, and contain:
• Keywords
• All figure captions
• All tables (including title, description, footnotes)
• ICMJE Disclosure Forms for each author
Further considerations
• Manuscript has been ‘spell-checked’ and ‘grammar-checked’
• References are in the correct format for this journal
• All references mentioned in the Reference list are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Web)
• Color figures are clearly marked as being intended for color reproduction on the Web (free of charge) and in print, or to be reproduced in color on the Web (free of charge) and in black-and-white in print
• If only color on the Web is required, black-and-white versions of the figures are also supplied for printing purposes
For any further information please visit our customer support site at https://service.elsevier.com.

AFTER ACCEPTANCE
Availability of accepted article
This journal makes articles available online as soon as possible after acceptance. This concerns the Journal Pre-proofs (both in HTML and PDF format), which have undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but are not yet the definitive versions of record. A Digital Object Identifier (DOI) is allocated, thereby making it fully citable and searchable by title, author name(s) and the full text. The article's PDF also carries a disclaimer stating that it is an unedited article. Subsequent production stages will simply replace this version.

Proofs
One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author (if we do not have an e-mail address then paper proofs will be sent by post) or a link will be provided in the e-mail so that authors can download the files themselves. To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download the free Adobe Reader, version 9 (or higher). Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site.
If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and scan the pages and return via e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.
Offprints
The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s Author Services. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

Reprints
Reprints will be supplied at a nominal fee. Order blanks will accompany page proofs. Return orders, together with payment, to:

Derrick Imasa
230 Park Avenue
Suite 800
New York, NY 10169
Email: reprints@elsevier.com

Reprints ordered after the issue is printed will be charged at a substantially higher rate.

AUTHOR INQUIRIES
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.