The Journal of Minimally Invasive Gynecology is a bimonthly periodical devoted to the health care of women.

The Journal of Minimally Invasive Gynecology
Authors Guide

Revised 02/2018
Editorial Office Contact Information

For any questions, you may contact the Journal office by telephone or email at the following:

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714-503-6200
Monday -Thursday: 8:00 am - 5:00 pm Pacific
Friday: 8:00 am - 4:00 pm Pacific

Article Types

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 be narrated in English, and may not contain music. A Video Article

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submission may contain images, graphs and/or statistics that support or demonstrate the findings of the Video Article.

For all submission types you must submit all work via the EES (Elsevier Editorial Site) at https://ees.elsevier.com/jmig/default.asp.

**Manuscript Submission**

All manuscripts must be submitted via the EES (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 EES, 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.

**What is the EES?** The EES (Elsevier Editorial System) 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 EES. 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.

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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.

**Authors**

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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.

**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 EES with your manuscript submission.

**ICMJE Form for Disclosure of Potential Conflicts of Interest**

*Instructions*

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored.

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, Apple’s 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.

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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. [Attestation Letter Sample]

**Clinical Trials Registration**
The 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](http://www.consort-statement.org)) must be included.

**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.

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.

**Note to Authors from Non-English Speaking Countries**
Elsevier offers authors two services to help prepare their manuscripts for submission to an English-language journal.

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**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, degrees
- Authors’ institutional affiliations
- Conflict of interest statement
- Source of funding
- Statement of prior presentation or publications and/or abstract/poster presentation
- Corresponding author’s complete contact information including complete mailing address, telephone and facsimile numbers, email address
- Clinical trial registry number
- Date and number of IRB
- Word count [Title Page Sample](#)

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

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](#).

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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 spelling should be used throughout the manuscript, including within illustrations.

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.

Electrosurgery Terminology
The JMIG has specific electrosurgery terminology:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current (I)</td>
<td>Flow of electrons past a point in the circuit/unit time</td>
<td>Amperes (coulombs/second)</td>
</tr>
<tr>
<td>Voltage (V)</td>
<td>Difference in electrical potential between two points in the circuit; force required to push a charge along the circuit</td>
<td>Volts (joules/coulomb)</td>
</tr>
<tr>
<td>Impedance (resistance) (R)</td>
<td>Degree to which the circuit or a portion of the circuit impedes the flow of electrons</td>
<td>Ohms</td>
</tr>
<tr>
<td>Power (P)</td>
<td>Work; amount of energy per unit time; Product of V and I</td>
<td>Watts (joules/second)</td>
</tr>
<tr>
<td>Energy</td>
<td>Capacity of a force to do work; cannot be created or destroyed</td>
<td>Joules (watts/second)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Article type</th>
<th>Precis, word limit</th>
<th>Abstract</th>
<th>Word limit‡</th>
<th>References, maximum number§</th>
<th>Authors, total number permitted</th>
<th>Text headings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Article</td>
<td>30 words</td>
<td>300 words Structured: Study Objective, Design (Canadian Task Force Classification), Setting, Patients, Interventions, Measurements and Main Results, Conclusion</td>
<td>4,000 words</td>
<td>30</td>
<td>None</td>
<td>Materials and Methods, Results, Discussion, Conclusion</td>
</tr>
<tr>
<td>Review Article</td>
<td>30 words</td>
<td>250 words Unstructured</td>
<td>5,000 words</td>
<td>60</td>
<td>None</td>
<td>Introduction, Objective, Conclusion.</td>
</tr>
<tr>
<td>Case Report</td>
<td>30 words</td>
<td>125 words Unstructured</td>
<td>2,000 words</td>
<td>10</td>
<td>6 authors</td>
<td>Introduction, Case Summary/Summaries, Conclusion.</td>
</tr>
<tr>
<td>Instruments and Techniques</td>
<td>30 words</td>
<td>200 words Unstructured</td>
<td>2,000 words</td>
<td>10</td>
<td>None</td>
<td>Materials and Methods, Results, Discussion, Conclusion</td>
</tr>
<tr>
<td>Special Articles</td>
<td>30 words</td>
<td>200 words Unstructured</td>
<td>Per invitation</td>
<td>Per invitation</td>
<td>Per invitation</td>
<td>Materials and Methods, Results, Discussion, Conclusion</td>
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<tr>
<td>Perspectives</td>
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<td>None</td>
<td>2,000 words</td>
<td>5</td>
<td>None</td>
<td>Materials and Methods, Results, Discussion, Conclusion</td>
</tr>
<tr>
<td>Editorials</td>
<td>None</td>
<td>None</td>
<td>750 words</td>
<td>5</td>
<td>4 authors</td>
<td></td>
</tr>
<tr>
<td>Images in Gynecology</td>
<td>None</td>
<td>None</td>
<td>300 words</td>
<td>10</td>
<td>None</td>
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</tr>
<tr>
<td>Letters to the Editor</td>
<td>None</td>
<td>None</td>
<td>300 words</td>
<td>5</td>
<td>6 authors</td>
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<tr>
<td>Video Article</td>
<td>None</td>
<td>250 words Structured: Study Objective, Design (Canadian Task Force Classification), Setting, Intervention, Conclusion</td>
<td>5</td>
<td></td>
<td>None</td>
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</tbody>
</table>

*All manuscripts must be submitted via EES. Font must be submitted as Arial 11 point with continuous line numbering, page numbers, and double spaced. Title must be title case and title page must include Authors’ full names, degrees, affiliations; conflict of interest statement; source of funding; statement of prior presentation, corresponding authors complete contact information; clinical trial registry number; date and number of Institutional Review Board; word count. Keywords: include 3 to 5 words that differ from the title.

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in alphabetical order, separated by semi-colons.

Introduction of all articles should not exceed 250 words; the discussion should not exceed 750 words.

†Article types are defined as Original article: original research study; Review article: a 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; Should follow PRISMA guidelines; Case report: a brief description up to 3 cases of a particular condition that reports an unusual presentation or novel diagnostic or therapeutic approach; Instruments and techniques: substantive new information concerning innovative surgical techniques; Special articles: by invitation only and peer reviewed; Perspectives: a short article of current interest o the minimally invasive community; Editorials: a commentary or a topic assigned by the Editor in Chief; Images in gynecology: images that are novel, of high quality, and pertinent to minimally invasive gynecology; Letters to the Editor: comments and opinions regarding recently published articles in JMIG.

‡Word limit does not include title page, précis, or abstract.

§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 (eg, Phillips DR, Nathanson HG, Milim SJ, et al. Laparoscopic bipolar coagulation for the conservative treatment of adenomyomata. J Am Assoc Gynecol Laparosc. 1996;4:20-24.)

Acknowledgments: limit to those who are directly and scientifically involved in the preparation of the manuscript.
**Manuscript Preparation, Specific**

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 (Design [Canadian Task Force] Classification), Setting, Patients, Interventions, Measurements and Main Results, and Conclusion. All abstract sections must be complete.

The Design portion of abstracts are to be classified by the author according to the Canadian Task Force Classification of Study Designs (see table below).

<table>
<thead>
<tr>
<th>I</th>
<th>Evidence obtained from a properly designed, randomized, controlled trial</th>
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</thead>
<tbody>
<tr>
<td>II-1</td>
<td>Evidence obtained from a well-designed, controlled trial without randomization</td>
</tr>
<tr>
<td>II-2</td>
<td>Evidence obtained from well-designed cohort or case-control studies, preferably from more than one center or research group</td>
</tr>
<tr>
<td>II-3</td>
<td>Evidence obtained from several timed series with or without the intervention; dramatic results in uncontrolled experiments, such as the results of the introduction of penicillin treatment in the 1940s, could also be regarded as this type of evidence</td>
</tr>
<tr>
<td>III</td>
<td>Opinions of respected authorities based on clinical experience, descriptive studies, or a report of an expert committee</td>
</tr>
</tbody>
</table>

Adapted from Woolf SH. Arch Intern Med. 1992;152:946-952.

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

**Review articles**: a 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. The preferred reporting of systematic review article and meta-analyses should follow PRISMA guidelines (Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. BMJ 2009;339:b2700) (Word limit 5,000; Reference limit 60). See PRISMA Flow Diagram and Checklist.

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

**Instruments and techniques**: substantive new information concerning innovative surgical

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techniques. (Word limit 2,000; Reference limit 10)

Special articles: by invitation only.

Perspectives: a short article of current interest of the minimally invasive community. (Word limit 2,000; Reference limit 5)

Editorials: a commentary or a topic assigned by the Editor in Chief. (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. (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)

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).

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• 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.

References
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

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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.

The 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**

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Unpublished observations must not be included in the reference list.

**Figures, Illustrations, and Tables**
Figures/tables should be of high quality, clear, concise and not redundant to the material in the paper; the purpose is to make data more understandable. Figure legends must be included in the paper only following the references and tables (not in the figure itself) and include abbreviation definitions. The editors reserve the right to limit the number of black and white illustrations that will be reproduced free of charge.

**Electronic tables must be submitted as separate word files. All photographs, figures or Illustrations, images, line-art images should be submitted at a resolution of 300 dpi.** Black and white photographs should be gray scale and bit map for line-art images. **Do not embed figures within documents.** Color figures are preferred, but must be submitted in high resolution (300 dpi) tiff file form. The colors must be dark enough and have enough contrast for reproduction.

**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 Science Direct.

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

The 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 even if a video is rejected.

**Maximum cumulative length of videos or animated computer graphics is approximately 6 to 8 minutes.**
Files may be divided into several smaller clips not to exceed 8 minutes in total. 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. To hasten the upload time, please ZIP the file and upload the ZIP file.

If the video or animation is divided into several clips, each clip should be identified at the beginning of the section, (e.g., Video Clip 1 or Graphic 1) and each clip or graphic should be

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saved as a separate file. 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 [www.JournalVideos.com](http://www.JournalVideos.com)

**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 must be submitted.

For each comment the authors must provide the following three items:
1. Each of the Editor’s 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).

Page Proofs (Galleys)
You will receive page proofs by e-mail. You will be requested to correct and return them within 48 hours. Changes involving line or page length will be made at your expense. You are fully responsible for the accuracy of all data, references, figures, author affiliations, degrees and disclosures, and corresponding addresses as they appear in the page proofs.

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Videos 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**

1. All the rules and guidelines governing how and what can be included in written manuscripts apply to Videos Articles.
2. Work must be original and not published elsewhere, and all portions of the video clips must be the property of the author(s).
3. A structured abstract is required.
4. Narration must be in English.
5. Video may not contain music.
6. Videos should be approximately 6 to 8 minutes long.
7. 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.
8. The video should be focused on surgical technique.
9. Occasionally, a very important educational video may be selected for publication, if considered to be of high importance for scientific proposes.
10. 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: For this reason, the AAGL has created a service to automatically convert your video to a format and size acceptable for submission through the EES system, at no charge to you. Unless you are an expert in video types and file compression, we highly recommend that you upload the highest quality video possible to this site and allow us to create an acceptable file for you. The service can be found here [http://www.journalvideos.com/](http://www.journalvideos.com/). 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.

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Below is an example of an accepted Structured Abstract and Video Article.

Sample Structured Abstract
Sample Video Article Submission

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