

INSTRUCTIONS FOR AUTHORS

Recently revised on 2023, March

The *Journal of Minimally Invasive Surgery* (J Minim Invasive Surg; JMIS) is the official journal of The Korean Society of Endo-Laparoscopic & Robotic Surgery (<http://www.ksels.or.kr/>), is an international, peer-reviewed, open access journal for surgeons who want to share the latest and advanced information on practice and research in minimally invasive surgery.

The journal was launched as *Daehan Naesigyeong Bokgang-gyeong Hakhoeji* (means Journal of The Korean Society of Endo-Laparoscopic & Robotic Surgery) as biannual journal in November 1998 (ISSN 1738-7884 from 2005). The journal was renamed as the *Journal of Minimally Invasive Surgery* in 2012 (ISSN 2234-778X) to increase its international recognition. All or part of this journal is indexed/tracked/covered by PubMed Central (PMC), KoreaMed, KoMCI Web, ScienceCentral, and Google Scholar. Articles published in this journal can be obtained from the official website of the journal (<http://www.e-jmis.org>) as abstracts and full-text PDF files.

The journal publishes original articles, case reports, editorials, letters to the editor, technical notes, invited review articles, and multimedia articles in the field of minimally invasive surgery. It is published quarterly on the 15th day of March, June, September, and December.

Manuscripts submitted to JMIS should be prepared according to the following Instructions for Authors. For issues not addressed in these instructions, authors should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/recommendations/>) from the International Committee of Medical Journal Editors (ICMJE).

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ARTICLE PROCESSING CHARGE

JMIS is an open access journal that does not charge authors any fees. All costs associated with publishing, including article processing charges, are supported by the publisher. Effective as of September 15, 2022, this policy is a decision to ensure accessibility and broad-scope science.

RESEARCH AND PUBLICATION ETHICS

JMIS adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations, the Principles of Transparency and Best Practice in Scholarly Publishing (<https://doaj.org/bestpractice>), and the Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13). Furthermore, all processes of handling research and publication misconduct (or when faced with cases of suspected misconduct) shall follow the applicable Committee on Publication Ethics (COPE) flowchart (<https://publicationethics.org/resources/flowcharts>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection and may prejudice the acceptance of future submissions.

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

Statement of Informed Consent and Ethical Approval

Copies of written informed consents should be kept for studies on human subjects. All clinical studies involving human participants should include a certificate, agreement, or approval from the Institutional Review Board (IRB). For clinical studies with animal subjects, there should be a certificate, agreement, or approval from the Institutional Animal Care and Use Committee (IACUC). If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB/IACUC approval and study conduct.

Conflicts of Interest Statement

All participants in the publication and peer review process—not only authors but also peer reviewers, editors, and Editorial Board members of the journal—must consider their conflicts of interest when fulfilling their roles in the process of article review

and publication and must disclose all relationships that could be viewed as potential conflicts of interest. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion.

These conflicts of interest must be included on the title page. Authors should certify the disclosure of any conflict of interest with their signatures. Peer reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Further guidance is available from COPE (<http://www.icmje.org/recommendations/>). If undisclosed conflict of interest is suspected in a submitted manuscript or published article, a committee composed of Editorial Board members will be held and discussed, and JMIS will follow the process of the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

Authorship

According to the ICMJE recommendation, authorship credit should be based on the following four criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (2) Drafting the work or revising it critically for important intellectual content; AND (3) Final approval of the version to be published; AND (4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet all four criteria.

- A list of each author's role should accompany the submitted paper. The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or email from all authors. This letter must be signed by all authors of the paper. Each author must complete the copyright assignment.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication

process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflicts of interest forms and statements, are properly completed. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner and after publication should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.

- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantially to the study in terms of idea development, manuscript writing, conducting research, data analysis, and/or financial support should have their contributions listed in the Acknowledgments section of the article.
- Recommendations for working with people with personal connections: Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the "Guidelines for Preventing Illegitimate Authorship" by the National Research Foundation of Korea (<https://www.cre.re.kr/>).

Originality, Plagiarism, and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in the same or a different language). Secondary

publication may also be justifiable in conditions provided by ICMJE Recommendations (<https://www.icmje.org/recommendations>).

Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<https://publicationethics.org/guidance/Flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board and Research Ethics Council.

Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication of corrections, clarifications, retractions, and apologies when needed; and exclusion of plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; confirmation of no conflict of interest with respect to articles they reject or accept; promotion of publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

Research Ethics Council and Role of the Council

Research Ethics Council is composed of a chairperson of the Publication Committee of the Korean Society of Endo-Laparoscopic & Robotic Surgery and the members of the Committee.

The roles of the Council are as follows:

1. Research Ethics Council is established to deal with issues related to research ethics including data falsification or fabrication, plagiarism, dual publication, and wrongful authorship indication.
2. The Council reviews research ethics of the published papers. If anything that goes against publication ethics is found, the Council meeting will be held to investigate the issues.
3. The results of the Council meeting must be reported to the Board of Directors.
4. To promote best practices, the Council members shall serve ethics education for editors and authors of JMIS.

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Laparoscopic & Robotic Surgery. Copyright Transfer Form must be signed by every author and be submitted with other manuscripts during the first online submission process. The corresponding author is responsible for submitting the Copyright Transfer Form during the submission process. In addition, it is the authors' responsibility to obtain written permission to reproduce (in all media, including electronic) any material that has appeared previously in another publication. Authors should provide copies of permission letters for any material reproduced from copyrighted publications. Submitted material will not be returned to the author unless specifically requested.

Open Access Policy

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For any commercial use of material from the open access version of the journal, permission must be obtained from the Korean Society of Endo-Laparoscopic & Robotic Surgery (email: journal@e-jmis.org). Requests for reprints after the journal is published should be emailed to the editorial office. Copy reprints will be charged after committee approval and color prints needs an additional charge.

Article Sharing (Author Self-Archiving) Policy

JMIS is an open access journal, and authors who submit manuscripts to JMIS can share their research in several ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

EDITORIAL POLICY

Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered in the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS; <https://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform>), or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the US National Institutes of Health.

Data Sharing

JMIS encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the digital object identifier (DOI) within the text

of the manuscript. JMIS accepts the ICMJE Recommendations for data sharing statement policy (<http://www.icmje.org/recommendations/>). Authors may refer to the editorial, “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in *J Korean Med Sci* 2017;32(7):1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving Policy

JMIS provides the electronic archiving and preservation of access to the journal content in the event the journal is no longer published by archiving in the National Library of Korea and PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/4184/>; from the 22nd volume, 2019).

Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer reviewed scholarly journal. JMIS allows authors to submit the preprint to the journal. It is not treated as duplicate submission or duplicate publication. JMIS recommends authors to disclose it with DOI in the letter to the editor during the submission process. Otherwise, it may be screened from the plagiarism check program—Similarity Check (Crosscheck) or Copy Killer. Preprint submission will be processed through the same peer review process with a usual submission. If the preprint is accepted for publication, authors are recommended to update the information in the preprint with a link to the published article in JMIS, including DOI at JMIS. It is strongly recommended that authors cite the article in JMIS instead of the preprint in their next submission to journals.

Peer Review Policy

All papers, including those invited by the editor, are subject to peer review. JMIS has adopted a double-blind peer review policy, where the author identities remain anonymous to the reviewers, and vice versa, and the identities of the reviewers and authors are visible to (decision-making) the editor throughout the peer review process. The Editorial Board selects reviewers based on expertise, publication history, and past reviews. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor, which is known as “independent review.” An initial decision will normally be made within 4 weeks of receipt of a manuscript. No information about the review process or editorial decision process is published on the article page.

SUBMISSION & PEER REVIEW PROCESS

Online Submission

All manuscripts should be submitted online via the journal’s website (<https://e-jmis.org>) by the first or corresponding author. Once you have logged into your account, online system will lead you through

the submission process in a step-by-step orderly process. Submission instructions are available on the website. In case of any trouble, please contact the editorial office (Tel: +82-2-592-5009, Email: ksels2010@gmail.com).

Screening before Review

All papers, including those invited by the editor, are subject to peer review. If the manuscript does not fit the aims and scope of JMIS or does not adhere to the Instructions for Authors, it may be returned to the author immediately after submission without review. For double-blind peer review, the title page and manuscript should be provided as separate files. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check upon arrival. The title page will remain separate from the manuscript throughout the peer review process and will not be sent to the reviewers. The manuscript should be anonymized. Please make sure that any identifying information, such as authors’ names or affiliations, is removed from your manuscript before submission.

Peer Review Process

After screening, a manuscript is sent to the most two relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. JMIS recommends peer reviewers to follow JMIS Review Regulations or the COPE Ethical Guidelines for Peer Reviewers (<https://publicationethics.org/resources/guidelines-new/cope-ethical-guidelines-peer-reviewers>). The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa. An initial decision will normally be made within 4 weeks of receipt of a manuscript. Revised manuscripts must indicate the alterations that have been made in response to the reviewers’ comments item by item. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. After review, the Editorial Board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.

Submission by Editors

Final decisions regarding manuscript publication are made by the Editor-in-Chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal

against a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). JMIS does not consider second appeals.

MANUSCRIPT PREPARATION

General Requirements

The entire manuscript should be written in English. Medical terminology should be written based on the most recent edition of *Dorland's Illustrated Medical Dictionary*. The main document with manuscript text and tables should be prepared with an MS-word program.

- The manuscript for a major paper should be organized in the following order: title page, abstract, main text, references, tables, figure legends, and figures.
- The manuscript should be double-spaced on 21.6 × 27.9-cm (letter size) or 21.0 × 29.7-cm (A4) paper with 3.0-cm margins at the top, bottom, right, and left margin.
- All manuscript pages should be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages.
- The use of acronyms and abbreviations should be kept to a minimum. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first use.
- The names of manufacturers of equipment and non-generic drugs should be given.
- Name for microorganism is fully stated at the first appearance (e.g., *Escherichia coli*), then the abbreviation for the genus is used (e.g., *E. coli*). Scientific name of species is italicized. Do not italicize if the calling of a species is not a scientific name (e.g., E. Coli, Papovaviridae, Hepadnavirus, streptococci, coagulase negative staphylococci, Epstein-Barr virus, hepatitis B virus, herpes simplex virus). Gene nomenclature is written in italics, whereas protein product of certain genes is not italicized (e.g., BCR-ABL mutations, HER2 gene, BCRABL kinase domain, HER2-positive).
- P-value from statistical testing is expressed as uppercase P.
- When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.
- The title page and manuscript should be provided as separate files and the manuscript should be anonymized for double-blind peer review. Please make sure that any identifying information, such as authors' names or affiliations, is removed from your manuscript before submission. Authors should use the third person to refer to an article that the authors have previously published. Authors should make sure that figures and tables do

not contain any reference to author affiliations. If the manuscript includes any identifying information, it may be returned to the author immediately after submission without review.

Manuscript preparation is different according to the publication type, including original articles, case reports, editorials, letters to the editor, invited reviews, technical notes, and multimedia articles. Other types are also negotiable with the Editorial Board.

Cover Letters

The cover letter should inform the editor that the submitted material or any portions thereof have not been published previously or are not under consideration for publication elsewhere. It should state any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically related issues. Information about posting a paper at a preprint server and a link to the preprint also should be included.

Manuscript Type

- Original articles are reports of clinical or experimental investigations. Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. The manuscript for an original article should be organized in the following sequence: title page, abstract (including keywords), main text (introduction, methods, results, discussion), references, tables, figure legends, and figures.
- Case reports will be published only in exceptional circumstances, when they illustrate a rare occurrence of clinical importance. Case reports should address issues of importance to medical researchers and preferably should have helpful illustrations. The manuscript for a case report should be organized in the following sequence: title page, abstract and keywords, main text (introduction, case report, discussion), references, tables, figure legends, and figures. The abstract should be unstructured and its length should not exceed 150 words. There should be no more than five figures, including tables, and no more than 10 references. For case reports, authors should follow the CARE guidelines (<https://www.care-statement.org>). Authors should upload a completed checklist for the appropriate reporting guidelines during initial submission. Authors can refer to the following sources: EQUATOR Network (<https://www.equator-network.org/>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).
- Reviews are invited by the editor and should be comprehensive analyses of specific topics. They are organized as follows: title page, abstract and keywords, introduction, body text, conclusion, references, tables, figure legends, and figures. There should be an unstructured abstract equal to or less than 250 words. The length of the text excluding references, tables, and figures should not exceed 7,500 words.

- Editorials are invited by the editor and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in all fields of minimally invasive surgery. The manuscript for editorials should be prepared as follows: title page, body text, references, tables, figure legends, and figures. There should be no more than five figures, including tables, and no more than 10 references.
- Letter to the editor is a comment from readers regarding a published article with a reply from the authors of the article. Manuscript limitations are 500 words, two tables/figures, and five references.
- Technical note is a short description of an advanced surgical technique. Technical notes should not exceed 1,500 words. The abstract should be an unstructured summary not exceeding 150 words. The body of these manuscripts should consist of introduction, technique, discussion, references, tables, figure legends, and figures (if applicable). References should not exceed 10. A maximum of three figures and one table are allowed.
- Multimedia articles are brief text articles with video(s) included as supplemental electronic material. The video content should highlight novel/emerging technologies in the field of minimally invasive surgery or contain educational value and clinical interest within the scope of training programs. Standard instructions for manuscript submission should be followed. The manuscript, with supplemental video(s), should include title page, abstract (150 words limit) and keywords, main text (choose one of the following structures, depending on the nature and content of a paper: introduction, methods, results, discussion / introduction, case, discussion / introduction, operative procedures, discussion), acknowledgments, and references (10 references limit). Up to three videos and each up to 10 minutes in length maximum can be submitted. Videos should be in the highest resolution possible and must not exceed 2 GB in size. Videos must be in one of the following formats: avi, wmv, mp4, mov, m2p, mp2, mpg, or mpeg. YouTube videos are not a format that is allowed. The aspect ratio of videos should be 16:9 or 4:3. Videos must be narrated and in English. Annotation of important anatomic landmarks and visual aids (i.e., arrows, superimposed color, etc.) is encouraged. No music sound tracks are encouraged. Fancy video transitions are not encouraged. The video file must be playable on a Windows-based computer. It is recommended to submit a representative still photo (critical step, port placement, etc.) taken from the video, which is displayed on the JMIS journal homepage archive. The placement of the video clip(s) should be noted in your manuscript.

Title page

The title page must include a title, the authors' names (including ORCID), affiliations, corresponding author's name and contact

information, a running title, and notes. The corresponding author's contact information must include the name, address, email.

- ORCID: We recommend that the Open Researcher and Contributor ID (ORCID) of all authors be provided. To obtain an ORCID, authors should register at the ORCID website (<https://orcid.org>). Registration is free for all researchers.
- Authors' Contributions: The work authors have conducted for the study should be described in this section. The contributions of all authors must be described using CRediT (<https://credit.niso.org/>). To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, and data curation), as well as at least one of the writing contributions (original draft preparation, review and editing, and visualization). The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time. The information concerning sources of author contributions should be included in this section at the submission of the final version of the manuscript (at the first submission, this information should be included in the title page).
- Notes: this section includes conflicts of interest, funding, availability of data, authors' contributions, additional contributions, and ORCID of all authors. All contributors who do not meet the criteria for authorship as defined above should be listed in an additional contribution section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

Abstract & Keywords

A structured abstract is required for original articles and the format should consist of four sections, labeled as "Purpose," "Methods," "Results," and "Conclusion." The length should be less than 250 words for original articles and review articles, and less than 150 words for case reports. Up to five keywords should be listed immediately after the abstract to be used as index terms. We strongly recommend the keywords within Medical Subject Heading (MeSH) in Medline (<https://meshb.nlm.nih.gov/search>).

Main Text

The main text of the paper may have separate Introduction, Methods, Results, and Discussion sections.

- Introduction: Concisely state the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.
- Methods:

- Ethical statements: All articles using clinical samples or data and those involving human/animal subjects must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below. “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent was obtained or Informed consent was waived.”
- Study design: Whether it is a descriptive analysis, randomized controlled study, cohort study, or meta-analysis, the study design type should be provided.
- Sex and gender reporting: Authors should ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and/or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.
- Results: The results should be presented in logical sequence in the text, tables and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. The results should not include material appropriate to the discussion.
- Discussion: Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the results. Explain the meaning of the observed opinion along with its limits, and within the limits of the research results connect the conclusion to the purpose of the research. In a concluding paragraph, summarize the result and its meaning.

References

In the text, references should be cited with Arabic numerals in brackets (e.g., [1], [2,3], [4-6]), numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text. List all authors if there are less than or equal to 6 authors. List the first 3 authors followed by “et al.” if there are more than 6 authors. If an article has been published online but has not yet been given an issue or pages, the DOI should be supplied. References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the references. Personal communications and unpublished data must include the individual’s name, location, and date of communication. Journal titles should be abbreviated in the style used in

Medline. Other types of references not described below should follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<https://www.nlm.nih.gov/citingmedicine>).

- Examples of JMIS references style

- Journal articles

1. Ki HJ, Park JB, Sul JY. Umbilical port site hernia and diastasis recti. *J Minim Invasive Surg* 2020;23:80-85.
2. Jung KW, Won YJ, Kong HJ, Oh CM, Lee DH, Lee JS. Cancer statistics in Korea: incidence, mortality, survival, and prevalence in 2011. *Cancer Res Treat* 2014;46:109-123.
3. Wong JH, Irish WD, DeMaria EJ, et al. Development and assessment of a systematic approach for detecting disparities in surgical access. *JAMA Surg* 2020 Dec 16 [Epub]. <https://doi.org/10.1001/jamasurg.2020.5668>

- Books & Reports

4. Sabiston DC. *Davis-Christopher’s textbook of surgery*. 15th ed. WB Saunders; 1997.
5. Dozois RR. Disorders of the anal canal. In: Sabiston DC, Lysterly HK, editors. *Textbook of surgery: the biological basis of modern surgical practice*. 15th ed. WB Saunders; 1997. p. 1032-1044.
6. National Cancer Center, Ministry of Health and Welfare. *Cancer facts & figures 2014 in the Republic of Korea*. National Cancer Center; 2014.

- Online sources

7. Statistics Korea. Causes of death statistics [Internet]. Statistics Korea; c2020 [cited 2020 Dec 11]. Available from: <https://kosis.kr/eng/>
8. American Cancer Society. Cancer treatments and side effects [Internet]. American Cancer Society; c2020 [cited 2020 Aug 10]. Available from: <https://www.cancer.org/treatment/treatments-and-side-effects.html>

- Dissertation

9. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul National University; 2009.

- Conference paper

10. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. *Proceedings of the 10th World Congress on Pain*; 2002 Aug 17-22; San Diego, CA. IASP Press; 2003. p. 437-446.
11. Health and Social Care Information Centre. *National Bowel Cancer Audit Progress Report Tripartite Colorectal Meeting*. Health and Social Care Information Centre; 2014.

Tables

- Tables should be numbered in the order in which they are cited in the text.
- A table title should concisely describe the content of the table so that a reader can understand the table without referring to the

text.

- Each table must be simple and typed on a separate page with its heading above it.
- Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All abbreviations are explained in the footnotes.
- Footnotes should be indicated by a), b), c)... in superscript.
- Statistical measures such as standard deviation (SD) or standard error (SE) should be identified.
- In tables, remove internal horizontal or vertical lines. The horizontal line is only used for the title field and the bottom line.

Figures and Figure Legends

- Figures should be submitted as separate files during submission process.
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ABBREVIATIONS, ACRONYMS AND UNIT

Journal of Minimally Invasive Surgery provides a list of the official abbreviations. Otherwise, any unofficial abbreviation should be used where they appear in the text at least three times, and be explained in parentheses at the first time in the text. Do not use abbreviation(s) in the title.

α -FP	alpha-fetoprotein	HCV	hepatitis C virus
ACTH	adrenocorticotrophic hormone (adrenocorticotropin)	HDL	high density lipoprotein
ADP	adenosine diphosphate	HDV	hepatitis D (delta) virus
ADPase	adenosine diphosphatase	HIV	human immunodeficiency virus
ALP	alkaline phosphatase	HLA	histocompatibility leukocyte antigen
ALT	alanine aminotransferase	HPF	high power field
AMP	adenosine monophosphate	HPLC	high performance liquid chromatography
ANC	absolute neutrophil count	HPV	human papilloma virus
anti-HAV	antibody to hepatitis A virus	IFN	interferon
anti-HBc	antibody to hepatitis B core antigen	Ig	immunoglobulin
anti-HBe	antibody to hepatitis B e antigen	IL	interleukin
anti-HBs	antibody to hepatitis B surface antigen	kb	kilobase
anti-HCV	antibody to hepatitis C virus	Km	Michaelis constant
anti-HDV	antibody to hepatitis D (delta) virus	LDH	lactic dehydrogenase
aPTT	activated partial thromboplastin time	LDL	low density lipoprotein
AST	aspartate aminotransferase	MHC	major histocompatibility complex
ATP	adenosine triphosphate	MRI	magnetic resonance imaging
ATPase	adenosine triphosphatase	mRNA	messenger RNA
BCG	bacillus Calmette-Guérin	n	number in study group
bp	base pair(s)	NANB	non-A, non-B (hepatitis)
BUN	blood urea nitrogen	No.	number(s)
CA 125	cancer antigen 125	NS	not significant
CA 19-9	carbohydrate antigen 19-9	NSAID	nonsteroidal anti-inflammatory drug
cAMP	adenosine 3',5'-cyclic monophosphate	OD	optical density
cDNA	complementary DNA	PCR	polymerase chain reaction
CEA	carcinoembryonic antigen	PET	positron emission tomography
cGMP	guanosine 3',5'-cyclic monophosphate	PG	prostaglandin
CNS	central nervous system	PGI	prostacyclin
CRP	C-reactive protein	PNS	peripheral nervous system
CSF	cerebrospinal fluid	PSA	prostate specific antigen
CT	computed tomography	PT	prothrombin time
DNA	deoxyribonucleic acid	RBC	red blood cell
ECG	electrocardiography	RFLP	restriction fragment length polymorphism
EDTA	ethylenediaminetetraacetic acid	RIA	radioimmunoassay
ELISA	enzyme-linked immunosorbent assay	RNA	ribonucleic acid
EMG	electromyography	RT-PCR	reverse transcription polymerase chain reaction
ESR	erythrocyte sedimentation rate	TG	triglyceride
FACS	fluorescence-activated cell sorter	TGF	transforming growth factor
FDP	fibrinogen degradation product	TNF	tumor necrosis factor
FISH	fluorescence in-situ hybridization	TXA ₂	thromboxane A ₂
γ -GT	gamma glutamyltranspeptidase	UDCA	ursodeoxycholic acid
H&E	hematoxylin and eosin stain	UV	ultraviolet
HAV	hepatitis A virus	VIP	vasoactive intestinal polypeptide
HBcAg	hepatitis B core antigen	vol	volume(s)
HBeAg	hepatitis B e antigen	vs.	versus
HBsAg	hepatitis B surface antigen	WBC	white blood cell
HBV	hepatitis B virus	wt	weight

MEASUREMENTS AND UNITS OF MEASURE

Combining Prefixes

T	tera- (10^{12})
G	giga- (10^9)
M	mega- (10^6)
k	kilo- (10^3)
h	hecto- (10^2)
da	deca- (10^1)
d	deci- (10^{-1})
c	centi- (10^{-2})
m	milli- (10^{-3})
μ	micro- (10^{-6})
n	nano- (10^{-9})
p	pico- (10^{-12})
f	femto- (10^{-15})
a	atto- (10^{-18})

Units

A	ampere(s)
Å	angstrom(s)
cal	calorie(s)
CFU	colony-forming unit(s)
C	coulomb(s)
cpm	counts per minute
cps	counts per second
cm ³	cubic centimeter(s) (not cc)
Ci	Curie(s)
cycle/min	cycles per minute
cycle/sec	cycles per second
Da	dalton(s)
day(s)	day(s) (do not abbreviate)
dL	deciliter(s)
°C	degree(s) Celsius
<i>d</i>	density
dpm	disintegrations per minute
dps	disintegrations per second
eV	electron volt(s)
Eq	equivalent(s)
°F	degree(s) Fahrenheit
F	farad
ft	foot(feet)
G	gauss
g	gram(s)
$t_{1/2}$	half-life
H	henry(ies)
Hz	hertz
hr	hour(s)
in	inch(es)
IU	international unit(s)

J	joule(s)
K	kelvin
kcal	kilocalorie(s)
kDa	kilodalton(s)
kg	kilogram(s)
L	liter(s)
×	magnification
m	meter(s)
μ g	microgram(s)
μ L	microliter(s)
μ m	micrometers (do not use microns)
mL	milliliter(s)
mmHg	millimeter(s) of mercury
min	minute(s)
mol/L	molar
mol	mole(s)
mo	month(s)
Ω	ohm(s)
osm	osmole(s)
oz	ounce(s)
Pa	pascal(s)
lb	pound(s)
psi	pound-force per square inch
rpm	revolutions per minute
rps	revolutions per second
sec	second(s)
U	unit(s)
V	volt(s)
W	watt(s)
wk	week(s)
yr	year(s)

Statistical Terms

ANOVA	analysis of variance
CI	confidence interval
<i>r</i>	correlation coefficient
df	degrees of freedom
\bar{x}	mean
χ^2 -test	chi-square test
NS	not significant
<i>n</i>	number of observations
OR	odds ratio
P	probability
SD	standard deviation
SE	standard error
SEM	standard error of the mean
t-test	Student t-test
F	variance ratio