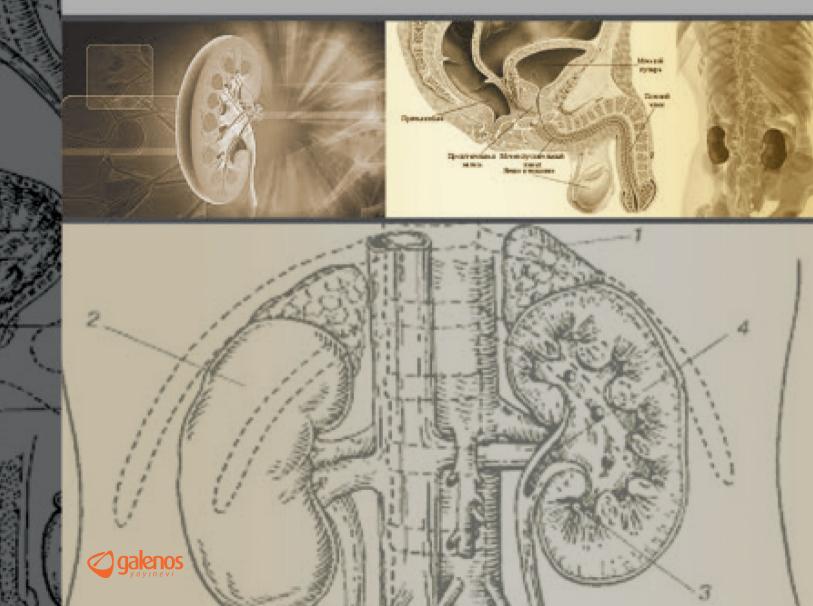


Volume 9 / Issue 1 / March 2022

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Web: www.galenos.com.tr Publisher Certificate Number: 14521

Publication Date: March 2022

E-ISSN: 2148- 9580

International scientific journal published quarterly.











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The Journal of Urological Surgery's editor and Editorial Board members are active researchers. It is possible that they would desire to submit their manuscript to the Journal of Urological Surgery. This may be creating a conflict of interest. These manuscripts will not be evaluated by the submitting editor(s). The review process will be managed and decisions made by editorin-chief who will act independently. In some situation, this process will be overseen by an outside independent expert in reviewing submissions from editors.

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Manuscripts should be prepared according to ICMJE guidelines (http://www.icmje.org/).

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Technical and other assistance should be provided on the title page.

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Title: The title should provide important information regarding the manuscript's content.

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Objective: The abstract should state the objective (the purpose of the study and hypothesis) and summarize the rationale for the study.

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Results: Important findings and results should be provided here.

Conclusion: The study's new and important findings should be highlighted and interpreted.

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After keywords in original research articles there must be a paragraph defining "What is known on the subject and what does the study add".

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Abstract length: Not to exceed 250 words. "What is known on the subject and what dos the study add" not exceed 100 words.

Article length: Not to exceed 3000 words.

Original researches should have the following sections:

Introduction: The introduction should include an overview of the relevant literature presented in summary form (one page), and whatever remains interesting, unique, problematic, relevant, or unknown about the topic must be specified. The introduction should conclude with the rationale for the study, its design, and its objective(s).

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Statistics: Describe the statistical methods used in enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Statistically important data should be given in the text, tables and figures. Provide details about randomization, describe treatment complications, provide the number of observations, and specify all computer programs used.

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Comparisons, and statistically important values (i.e. p value and confidence interval) should be provided.

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Ghoneim IA, Miocinovic R, Stephenson AJ, Garcia JA, Gong MC, Campbell SC, Hansel DE, Fergany AF. Neoadjuvant systemic therapy or early cystectomy? Singlecenter analysis of outcomes after therapy for patients with clinically localized micropapillary urothelial carcinoma of the bladder. Urology 2011;77:867-870.

2. Organization as Author

Yaycioglu O, Eskicorapci S, Karabulut E, Soyupak B, Gogus C, Divrik T, Turkeri L, Yazici S, Ozen H; Society of Urooncology Study Group for Kidney Cancer Prognosis. A preoperative prognostic model predicting recurrence-free survival for patients with kidney cancer. Jpn J Clin Oncol 2013;43:63-68.

3. Complete Book

Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. Campbell-Walsh Urology, 10th ed. Philadelphia, Elsevier&Saunders, 2012.

4. Chapter in Book

Pearle MS, Lotan Y Urinary lithiasis: etiology, epidemiology, and pathogenesis. In: Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. Campbell-Walsh Urology, 10th ed. Philadelphia, Elsevier&Saunders, 201, pp 1257-1323.





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5. Abstract

Nguyen CT, Fu AZ, Gilligan TD, Kattan MW, Wells BJ, Klein EA. Decision analysis model for clinical stage I nonseminomatous germ cell testicular cancer. J Urol 2008;179:495a (abstract).

6. Letter to the Editor

Lingeman JE. Holmium laser enucleation of the prostate-If not now, when? J Urol 2011:186:1762-1763.

7. Supplement

Fine MS, Smith KM, Shrivastava D, Cook ME, Shukla AR. Posterior Urethral Valve Treatments and Outcomes in Children Receiving Kidney Transplants. J Urol 2011;185(Suppl):2491-2496.

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tables.

Case reports should be structured as follows:

Abstract: An unstructured abstract that summarizes the case.

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Editor-in-chief: Ali Tekin

Mehmet Ali Aydınlar Acıbadem Üniversitesi Atakent Hastanesi Turgut Özal Bulvarı No: 16 34303 Kucukcekmece-İstanbul, Turkiye





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