



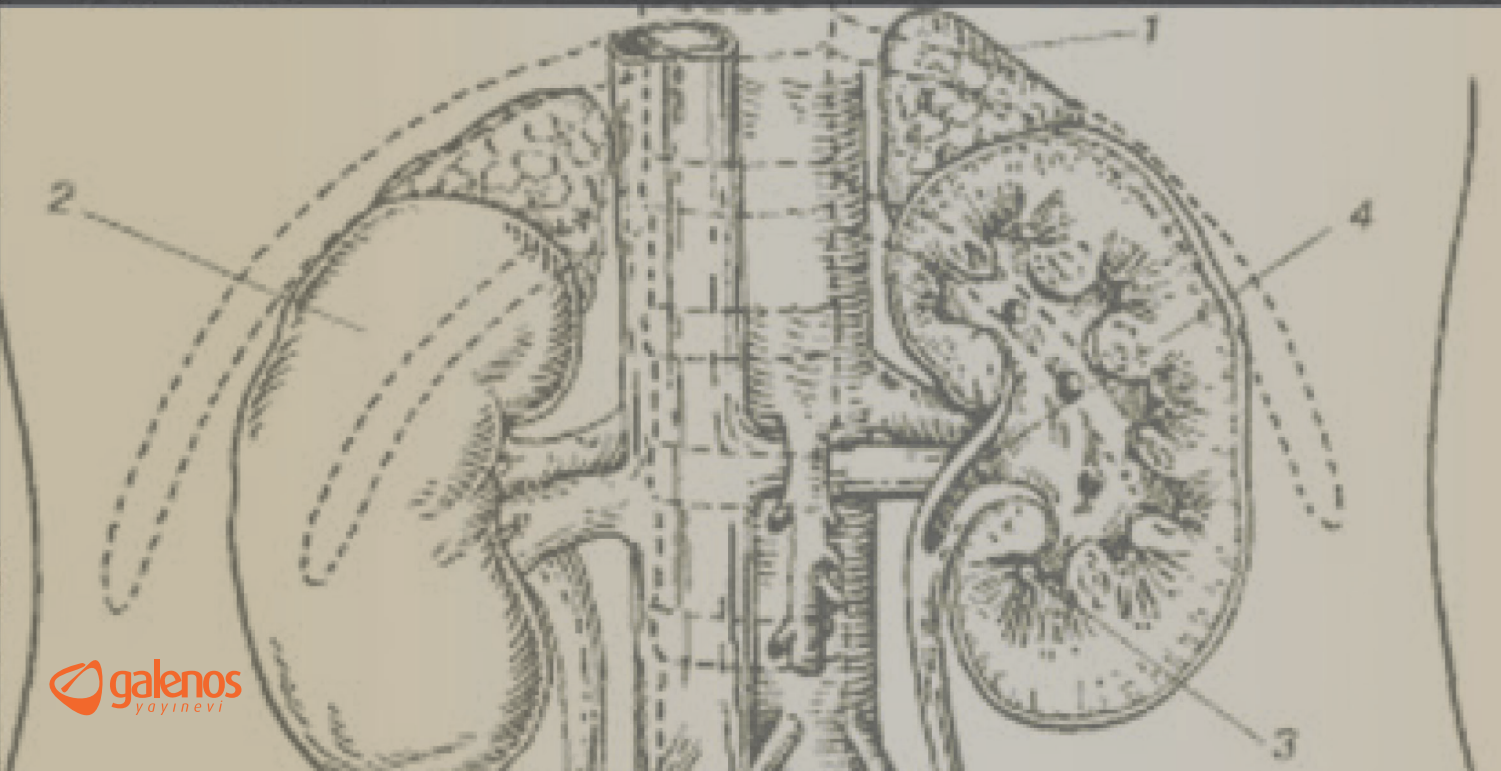
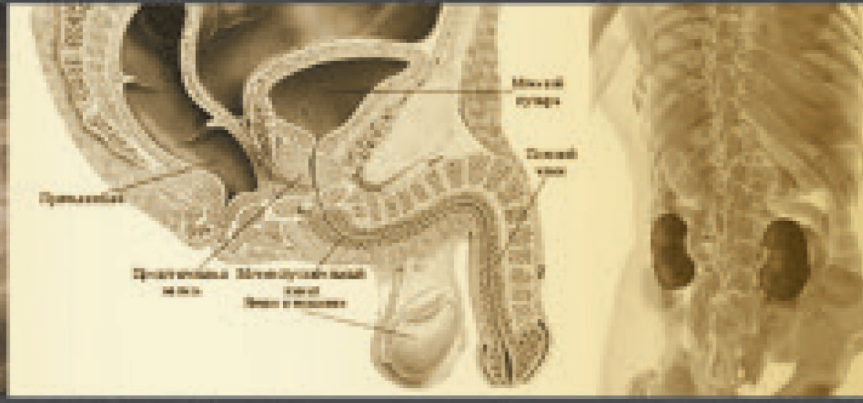
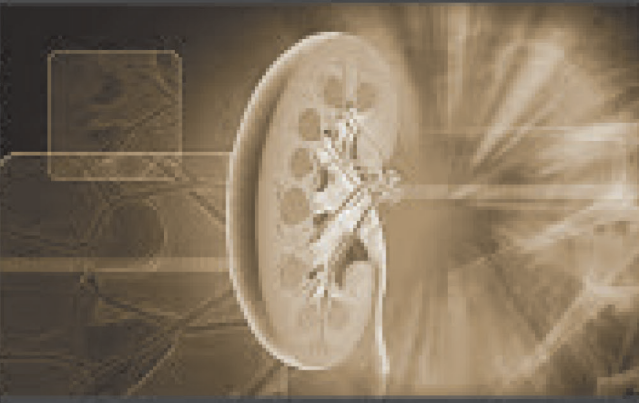
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The target audience of the journal includes physicians working in the fields of urology and all other health professionals who are interested in these topics.

The editorial processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE) (<http://www.icmje.org>) and the Committee on Publication Ethics (COPE) (<http://publicationethics.org>).

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Journal of Urological Surgery does not charge any fee for article submission or processing. Also manuscript writers are not paid by any means for their manuscripts.

The journal should be abbreviated as “J Urol Surg” when referenced.

The Journal of Urological Surgery accepts invited review articles, research articles, brief reports, case reports, letters to the editor, and images that are relevant to the scope of urology, on the condition that they have not been previously published elsewhere. Basic science manuscripts, such as randomized, cohort, cross-sectional, and case control studies, are given preference. All manuscripts are subject to editorial revision to ensure they conform to the style adopted by the journal. There is a single blind kind of reviewing system.

The Editorial Policies and General Guidelines for manuscript preparation specified below are based on “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)” by the International Committee of Medical Journal Editors (2013, archived at <http://www.icmje.org/>).

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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 editor-in-chief who will act independently. In some situation, this process will be overseen by an outside independent expert in reviewing submissions from editors.

### Preparation of Manuscript

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

Original manuscripts require a structured abstract. Label each section of the structured abstract with the appropriate subheading (Objective, Materials and Methods, Results, and Conclusion). Case reports require short unstructured abstracts. Letters to the editor do not require an abstract. Research or project support should be acknowledged as a footnote on the title page.

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

### Title Page

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

The title page should include the authors’ names, degrees, and institutional/professional affiliations, a short title, abbreviations, keywords, financial disclosure statement, and conflict of interest statement. If a manuscript includes authors from more than one institution, each author’s name should be followed by a superscript number that corresponds to their institution, which is listed separately. Please provide contact information for the corresponding author, including name, e-mail address, and telephone and fax numbers.

**Running Head:** The running head should not be more than 40 characters, including spaces, and should be located at the bottom of the title page.

**Word Count:** A word count for the manuscript, excluding abstract, acknowledgments, figure and table legends, and references, should be provided not exceed 3000 words. The word count for an abstract should be not exceed 250 words.

**Conflict of Interest Statement:** To prevent potential conflicts of interest from being overlooked, this statement must be included in each manuscript. In case there are conflicts of interest, every author should complete the ICMJE general declaration form, which can be obtained at: [http://www.icmje.org/coi\\_disclosure.pdf](http://www.icmje.org/coi_disclosure.pdf)

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Turkish abstract texts should be written in accordance with the Turkish Dictionary and Writing Guide of the Turkish Language Association.

### Abstract

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

**Materials and Methods:** Important methods should be written respectively.

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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.

Other types of manuscripts, such as case reports, reviews and others will be published according to uniform requirements. Provide at least 3 keywords below the abstract to assist indexers. Use terms from the Index Medicus Medical Subject Headings List (for randomized studies a CONSORT abstract should be provided (<http://www.consort-statement.org>).

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

### Original Research

**Abstract length:** Not to exceed 250 words. "What is known on the subject and what does 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).

**Materials and Methods:** Clearly describe the selection of observational or experimental participants, such as patients, laboratory animals, and controls, including inclusion and exclusion criteria and a description of the source population. Identify the methods and procedures in sufficient detail to allow other researchers to reproduce your results. Provide references to established methods (including statistical methods), provide references to brief modified methods, and provide the rationale for using them and an evaluation of their limitations. Identify all drugs and chemicals used, including generic names, doses, and routes of administration. The section should include only information that was available at the time the plan or protocol for the study was devised on STROBE (<http://www.strobe-statement.org/>).

**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.

**Results:** Present your results in logical sequence in the text, tables, and figures. Do not present all the data provided in the tables and/or figures in the text; emphasize and/or summarize only important findings, results, and observations in the text. For clinical studies provide the number of samples, cases, and controls included in the study. Discrepancies between the planned number and obtained number of participants should be explained.

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

**Discussion:** This section should include a discussion of the data. New and important findings/results, and the conclusions they lead to should be emphasized. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by the data. Do not repeat the findings/results in detail; important findings/results should be compared with those of similar studies in the literature, along with a summarization. In other words, similarities or differences in the obtained findings/results with those previously reported should be discussed.

**Study Limitations:** Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

**Conclusion:** The conclusion of the study should be highlighted.

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Cite references in the text, tables, and figures with numbers in parentheses. Number references consecutively according to the order in which they first appear in the text. Journal titles should be abbreviated according to the style used in Index Medicus (consult List of Journals Indexed in Index Medicus). Include among the references any paper accepted, but not yet published, designating the journal and followed by, in press. Authors are solely responsible for the accuracy of all references.

#### Examples of References:

##### 1. List All Authors

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, 2012, 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.

### Case Reports

**Abstract length:** Not to exceed 100 words.

**Article length:** Not to exceed 1000 words.

Case Reports can include maximum 1 figure and 1 table or 2 figures or 2 tables.

**Case reports should be structured as follows:**

**Abstract:** An unstructured abstract that summarizes the case.

**Introduction:** A brief introduction (recommended length: 1-2 paragraphs).

**Case Presentation:** This section describes the case in detail, including the initial diagnosis and outcome.

**Discussion:** This section should include a brief review of the relevant literature and how the presented case furthers our understanding to the disease process.

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**Abstract length:** Not to exceed 250 words.

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Review articles should not include more than 100 references. Reviews should include a conclusion, in which a new hypothesis or study about the subject may be posited. Do not publish methods for literature search or level of evidence. Authors who will prepare review articles should already have published research articles on the relevant subject. There should be a maximum of two authors for review articles.

### Images in Urological Surgery

**Article length:** Not to exceed 500 words.

Authors can submit for consideration an illustration and photos that is interesting, instructive, and visually attractive, along with a few lines of explanatory text and references. Images in Urology can include no more than

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### Urological Pathology

**Article length:** Not to exceed 500 words.

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### How I do?

**Unstructured abstract:** Not to exceed 50 words.

**Article length:** Not to exceed 1500 word.

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**Article length:** Not to exceed 250 words.

### Tables, Graphics, Figures, and Images

**Tables:** Supply each table on a separate file. Number tables according to the order in which they appear in the text, and supply a brief caption for each. Give each column a short or abbreviated heading. Write explanatory statistical measures of variation, such as standard deviation or standard error of mean. Be sure that each table is cited in the text.

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Each author should have participated sufficiently in the work to assume public responsibility for the content. Any portion of a manuscript that is critical to its main conclusions must be the responsibility of at least 1 author.

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