

Journal of Reconstructive Urology

INFORMATION FOR AUTHORS

Journal of Reconstructive Urology is an international, scientific, open access periodical published by independent, unbiased, and double-blind peer-review principles. The journal committed to promoting the highest standards of scientific exchange and education. The journal is published quarterly on April, August and December.

The journal's publication language is English/Turkish.

Journal of Reconstructive Urology aims to publish qualified and original clinical, experimental and basic research on reconstructive urology at the international level. The journal's scope also covers speciality thesis which is officially accepted by institutions, accepted projects, patents, editorial comments, reviews of innovations in medical education and practice, case reports, original images, scientific letters, educational articles, letters to the editor, articles on publication ethics, diagnostic puzzles, and issues in social reconstructive urology.

EDITORIAL POLICIES

Editorial and Publication Process

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing ([doi.org/bestpractice](https://doi.org/10.2196/doi.org/bestpractice)). International Association of Scientific, Technical & Medical Publishers.

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Peer Review

Manuscripts submitted to Journal of Reconstructive Urology will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process.

Acceptance is based on significance, and originality of the material submitted.

The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

If the article is accepted for publication, it may be subject to editorial revisions to aid clarity and understanding without changing the data presented.

You can see detailed information about the article evaluation process in the [Article Review Process Chart](#).

Conflict of Interest

According to WAME, "Conflict of interest (COI) exists when there is a divergence between an individual's private interests (competing interests) and his or her responsibilities to scientific and publishing activities such that a reasonable observer might wonder if the individual's behavior or judgment was motivated by considerations of his or her competing interests."

Potential conflicts of interest should be disclosed to the journal at the earliest stage.

Ethical Procedures

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to protect the patients' anonymity carefully.

For photographs that may reveal the identity of the patients, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Materials and Methods section.

Plagiarism

All submissions are screened by a similarity detection software (Crossref Similarity Check) at any point during the peer-review and/or production process.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act following COPE guidelines.

Authorship

"Author" is considered to be the independent intellectual contributor to a published study and s/he has to fulfill the four criteria stated as authorship index listed below:

1. S/he has to provide important contributions to conceptual or planning stages of the study or collection/processing, analysis or interpretation of the data,
2. S/he has to make important intellectual/conceptual critical corrections for the preparation of study design or for the content.
3. S/he has to give approval for the study that is ready for publication,
4. S/he has to guarantee that questions about the accuracy and integrity of any part of the study have been searched and solved, and acknowledge that s/he is responsible for every detail of the study.

Anyone who is indicated as an author should have the characteristics of an author and the ones with these characteristics should be listed in the study in order. It is the collective responsibility of the authors, not the journal to which the work is submitted, to determine that all people named as authors meet all four criteria. The authors should be prepared to explain the author's list when required.

Any contribution that is not qualified for authorship criteria should be mentioned in the "**Acknowledgement**" section.

Corresponding Author

Journal of Reconstructive Urology permits only one corresponding author, who is solely responsible for all correspondence.

Acknowledgement

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged.

Conflict of interest, financial support, grants, and all other editorials (statistical analysis, language editing) and/or technical assistance if present, must be presented at the end of the text.

Conflict of Interest

1. Whether there are any moral and/or material support that may negatively impact the decision making process of the study during the evaluation phase of it from any pharmaceutical company, a company or business company providing and/or manufacturing medical devices, equipment and materials that directly relevant to the subject of this study should be clearly stated.
2. Whether there are any situations for its authors' and/or family members' potential conflict of interest like scientific and medical committee membership or a relationship with the members, supervision, expertise, working in a firm, shareholding, etc. should be clearly stated.
3. Collection of the data, interpretation of the results and whether there is any conflict of interest areas in the writing stages of the article should be clearly stated.
4. If the proposed publication concerns any commercial product, the author(s) must include a statement indicating that the author(s) has (have) no financial or other interest in the product or explaining the nature of any relation (including consultancies) between the author(s) and the manufacturer or distributor of the product.
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Articles published by the Journal of Reconstructive Urology are the final versions. Therefore, correction requests after publication are evaluated by the Editorial Board following the COPE guidelines.

Typographical errors in author names, affiliations, article titles, abstracts, keywords, and DOIs can be corrected accompanied by an erratum.

Withdrawal requests are also subject to Editorial Board approval.

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SUBMITTING AN ARTICLE

Submission of an article to Journal of Reconstructive Urology implies that all authors have read and agreed to the journal's editorial policies and publication ethics. In order to submit an article for Journal of Reconstructive Urology, you click the "[Online Article Submission](#)" link at www.turkiyeklinikleri.com address (Only Internet submitting will be considered). You also may follow up on all the procedures related to your articles from this web site.

PREPARATION OF THE MANUSCRIPT

Main Document: Authors are encouraged to follow the following principles before submitting their material.

For submission and review, please submit the manuscript as a Word document. Do not submit your manuscript in PDF format. (12-point font size, double-space text, Times New Roman)

Cover Letter: Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, email address, and telephone number) and whether the authors have published, posted, or submitted any related papers from the same study.

Title Page: The title of the manuscript, the names and surnames of all authors, ORCID numbers, academic titles, institutions, business phones and mobile phones, e-mail and correspondence addresses of all authors should be specified. If the article has already been submitted as a paper; the place, the date and the name of the conference where the paper is presented should be given.

Title: Titles should be concise, specific, and informative. For scientific manuscripts, do not use overly general titles, declarative titles, titles that include the direction of study results, or questions as titles. For reports of clinical trials, meta-analyses, and systematic reviews, include the type of study as a subtitle (eg, A Randomized Clinical Trial, A Meta-analysis, A Systematic Review).

Abstract: Should be included in abstracts, which should not contain any references, figure and table numbers. Acronyms should not be used in Abstracts, unless required. The abstracts should be prepared in accordance with the instructions in the "Table 1" and placed in the article file.

Keywords: They should be minimally two, and the words should be separated by a semicolon (;), from each other.

Keywords should be appropriate to "Medical Subject Headings (MESH)" (Look: www.nlm.nih.gov/mesh/MBrowser.html).

Abbreviations: Acronyms should not be used in Abstracts and titles, unless required. Abbreviations used in the journal should be nationally or internationally accepted, should be defined in the text when first used, and written in parenthesis. Afterwards, the abbreviation should be used throughout the text. For commonly accepted abbreviations and usage, please refer to Scientific Style and Format (<https://www.scientificstyleandformat.org/Home.html>).

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

Figures, Pictures, Tables and Graphics:

-All figures, pictures, tables and graphics should be cited at the end of the relevant sentence. Explanations about figures, pictures, tables and graphics must be placed at the end of the article.

- Figures, pictures/photographs must be added to the system as separate .jpg or .gif files (approximately 500x400 pixels, 8 cm in width and scanned at 300 resolution).

- All abbreviations used, must be listed in explanation which will be placed at the bottom of each figure, picture, table and graphic.

- For figures, pictures, tables and graphics to be reproduced relevant permissions need to be provided. This permission must be mentioned in the explanation.

- Pictures/photographs must be in color, clear and with appropriate contrast to separate details

Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded.

Video and Movie Images: Video and movie images should be prepared in MPEG format with a maximum size of 5 MB. They should be submitted to the journal with the manuscript documents. The names of patients, doctors, institutions and places should be omitted from all documents

Statistical Evaluation: All retrospective, prospective and experimental research articles must be evaluated in terms of biostatistics and it must be stated together with appropriate plan, analysis and report. The statistical tests should be briefly noted in the Methods section (eg, ANOVA or Fisher exact test). Such description should include appropriate references to the original literature, particularly for uncommon statistical tests and methods. p values must be given clearly in the manuscripts (e.g. $p=0.025$; $p=0.524$). Must be use means and standard deviations (SD) for normally distributed data and medians and minimum-maximum values, ranges (R) or interquartile ranges (IQR) for data that are not normally Must be report losses to observation, such as dropouts from a clinical trial or those lost to follow-up or unavailable in an observational study. The manuscripts in process are reviewed by the biostatistic editor when required. Additional information in order to control the biostatistical convenience of the papers that are submitted to biomedical journals can be obtained from the web page www.icmje.org It is the authors' responsibility to prepare a manuscript that meets biostatistical rules

Preservation of Research Data: It is obligatory to keep the data of each published research by the researcher for 5 years. Data and analysis programs of some articles can be requested from the authors when needed in accordance with both our publishing policy and the rules of the international publishing organizations we are involved in.

CATEGORIES OF ARTICLES

Please check [Table 1](#) for the limitations for articles.

Original Articles

Original articles should provide new information based on original research. The main text should be structured with "Introduction, Material and Methods, Results, Discussion, Conclusion, Conflict of Interest, Authors Contributions" subheadings. Please check [Table 1](#) for the limitations for articles.

Abstract: The abstract of Research Articles should be structured with subheadings (Objective, Material and Methods, Results, Conclusion). (Please check [Table 1](#) for the limitations for articles).

Introduction: State briefly the nature and purpose of the work, quoting the relevant literature.

Methods: Include the details of clinical and technical procedures.

Research ethics standards compliance: All manuscripts dealing with human subjects must contain a statement indicating that the study was approved by the Institutional Review Board or a comparable formal research ethics review committee. If none is present at your institution, there should be a statement that the research was performed according to the Declaration of Helsinki principles (www.wma.net/e/policy/b3.htm). There should also be a statement about whether informed consent was obtained from research subjects.

Results: Present these clearly, concisely, and without comment. Statistical analysis results should also be provided in this section to support conclusions when available.

Discussion: Explain your results and relate them to those of other authors; define their significance for clinical practice. Limitations, drawbacks, or shortcomings of the study should also be stated in the discussion section before the conclusion paragraph.

Conclusion: In the last section, a strong conclusion should be written

References: Please check [Table 1](#) for the limitations for articles

Reviews Articles

The journal will consider 3 types of review articles. The type of review should be indicated in the title Please check [Table 1](#) for the limitations for articles.

1) **Systematic Reviews (without meta-analysis):** Require a complete systematic search of the literature using multiple databases, covering many years, and grading of the quality of the cited evidence. Systematic Reviews without meta-analysis are published as "Reviews"; those with meta-analysis are published as "Original Investigations".

2) **Advances in Diagnosis and Treatment:** Also require a complete systematic search of the literature, but only of the last 5 years of published literature. An assessment of quality of the evidence is not required but is recommended.

3) **Narrative Reviews:** Do not require a rigorous literature search but should rely on evidence and should be written by established experts in the field.

Content: Abstract, Titles on related topics, Conflict of Interest and Authors Contributions, References

Case Reports:

Brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease process, or unique unreported complications of treatment regimens. Please check [Table 1](#) for the limitations for articles.

Content: Abstract, Introduction, Case report, Discussion, Conflict of Interest and Authors Contributions, References

Editorial Commentary/Discussion:

Evaluation of the original research article is done by the specialists of the field (except the authors of the research article) and it is published at the end of the related article.

Letters to the Editor:

These are the letters that include different views, experiments and questions of the readers about the manuscripts that were published in this journal in the last six months. Letters should not exceed 400 words of text and 5 references, 1 of which should be to the recent article. Letters may have no more than 3 authors. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the original article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Please check [Table 1](#) for the limitations for articles.

Surgical Technique:

These are articles in which surgical techniques are explained. These manuscripts should have no more than 1 small table or figure, and should have no more than 3 authors. When possible please include a video demonstrating the surgical technique to accompany the article online. Please check [Table 1](#) for the limitations for articles.

Content: Abstracts, Surgical techniques, Conflict of Interest and Authors Contributions, References

Differential Diagnosis:

These are case reports which have topical importance. They include commentaries related with similar diseases. Please check [Table 1](#) for the limitations for articles.

Content: Abstract, Titles related with subject, Conflict of Interest and Authors Contributions, References

Original Images:

This article type is intended to provide readers with novel and clinically relevant images of unusual or striking examples of clinical entities, laboratory/radiological studies, or therapeutic procedures with brief explanatory text. The figure can be a single image or no more than 2 related images (eg, a composite showing Figure 1A and 1B). Each image should be of high quality in terms of features such as exposure, focus, color, and contrast. The figure should have a simple descriptive title and a brief legend that includes relevant technical details and explains all labeled structures. Additional explanatory text, which is not part of the legend and ideally should not duplicate the legend, should be limited to 300 words or less and should present relevant clinical information succinctly, such as a short, deidentified description of a patient and/or the patient's history, relevant physical and laboratory findings, clinical course, response to treatment (if any), and/or condition at last follow-up. Please check [Table 1](#) for the limitations for articles.

Invited Commentary:

An invited commentary is a short article that describes an author's personal experience of a specific topic. Unlike a review article, the author gives his own opinions and perspectives. It typically addresses a current, hot and often controversial subject. It may take two formats, namely, provide an expert author's personal views of and insight into a current hot topic, or add balance to another paper being commented upon, with addition of the author's own perspective.

What is Your Diagnosis?:

These articles are related with diseases that are seen rarely and show differences in diagnosis and treatment, and they are prepared as questions-answers.

Content: - Titles related with subject - References (between 3 and 5)

Medical Book Reviews:

Reviews and comments on current national and international medical books.

Questions and Answers:

Scientific educational questions and answers on medical topics

TABLE 1: Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Research Article	3500	200-250 (Structured)	35	6	5 or total of 10 images
Review Article	5000	200-250	75	6	10 or total of 15 images
Case Report	1200	100-150	15	4	3 or total of 6 images
Letter to the Editor	400	No abstract	5	No tables	No images
Surgical Technique	1200	100-150	10	No tables	At least 1-4 figur or video demonstrating the surgical technique
Differential Diagnosis	1200	100-150	10	4	3 or total of 6 images
Original Images	300	No abstract	Between 3 and 5	No tables	1 or total of 2 images

REFERENCES

References should be numbered according to the appearance order in the text and should be indicated as "Superscript" just after punctuation marks at the end of the sentence. Journal names should be abbreviated according to the style used in Index Medicus. All references, (books, articles and similar articles) should be written according to the rules of International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.nlm.nih.gov>) (https://www.nlm.nih.gov/bsd/uniform_requirements.html). PubMed PMID for the citations: Add PubMed PMID numbers to the end of references taken from the Pubmed database.

Congress papers, personal experiences, unpublished theses cannot be cited as references, but can be mentioned in the article.

For Articles

Standard journal article: If the number of authors in the article is 6 or less, all authors should be specified, if 7 or more, the first 6 names should be written and "et al" should be added.

Uslu Yuvacı H, Yazar H, Köse E, Çoban BN, Aslan MM, Yazıcı E, et al. Evaluation of the Relationship Between the Level of Vitamin D in Maternal Blood and Breast Milk and Postpartum Depression. *J Clin Obstet Gynecol.* 2020;30(2):58-64.

Article in Turkish: Çınar Özdemir Ö, Altındağ E, Avcı F, Uysal MF. Kronik Venöz Yetmezlik [Chronic venous insufficiency]. *Türkiye Klinikleri J Health Sci.* 2016;1(2):125- 38. doi: 10.5336/healthsci.2015-45121

Electronic journal article

Gage BF, Fihn SD, White RH. Management and dosing of warfarin therapy. *Am J Med.* 2000;109(6):481-8. PMID: 11042238.

Journal article published online ahead of print:

Doğan GM, Sığircı A, Akyay A, Uğuralp S, Güvenç MN. A Rare Malignancy in an Adolescent: Desmoplastic Small Round Cell Tumor. *Türkiye Klinikleri J Case Rep.* 10.5336/caserep.2020-77722. Published online: 31 December 2020.

Supplements

Lagios MD. Evaluation of surrogate endpoint biomarkers for ductal carcinoma in situ. *J Cell Biochem.* 1994;19(Suppl):186-8. PMID: 7823590.

Parts of an issue

Newman KM, Jean-Claude J, Li H, Ramey WG, Tilson MD. Cytokines that activate proteolysis are increased in abdominal aortic aneurysms. *Circulation.* 1994;90(5 Pt 2):II224-7. PMID: 7955258.

Article retracted

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry.* 2000;61(12):909-11. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry.* 2002;63(2):169.

Books

Personal author(s):

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP. *Operative obstetrics.* 2nd ed. New York: McGraw-Hill; 2002.

Author(s) and editor(s):

Breedlove GK, Schorfheide AM. *Adolescent pregnancy.* 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, eds. *The genetic basis of human cancer.* New York: McGraw-Hill; 2002. p.93-113.

Other References

Conference proceedings

Harnden P, Joffe JK, Jones WG, eds. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK.* New York: Springer; 2002.

Conference paper

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, eds. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland.* Berlin: Springer; 2002. p.182-91.

Dissertation or Thesis:

Author of the thesis. Title of thesis [Type of thesis]. City name: University name; Year. [Date of access]. Available link

Newspaper article

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post.* 2002 Aug 12;Sect. A:2 (col. 4).

Homepage/Web site:

eatright.org [Internet]. Chicago: Academy of Nutrition and Dietetics; c2016 [cited 2016 Dec 27]. Available from: <https://www.eatright.org/>.

Part of a homepage/Web site

American Medical Association [Internet]. Chicago: The Association; c1995-2016 [cited 2016 Dec 27]. Office of International Medicine; [about 2 screens]. Available from: <https://www.ama-assn.org/about/office-international-medicine>

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

All spelling and grammar mistakes in the submitted articles are corrected by our redaction committee without changing the data presented.