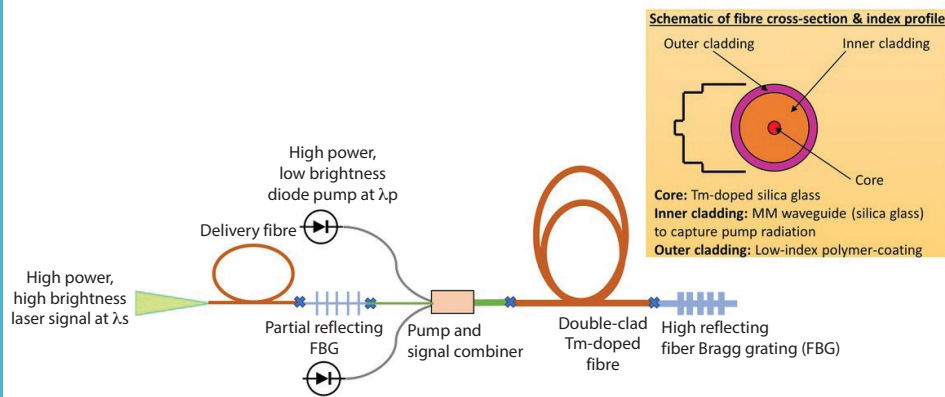


A PEER-REVIEWED BIMONTHLY JOURNAL



# TURKISH JOURNAL OF UROLOGY



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A PEER-REVIEWED BIMONTHLY JOURNAL



# TURKISH JOURNAL OF UROLOGY

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# TURKISH JOURNAL OF UROLOGY

## AIMS AND SCOPE

Turkish Journal of Urology (Turk J Urol) is the scientific, peer reviewed, open access publication of the Turkish Association of Urology. The journal is a bimonthly publication, published on January, March, May, July, September and November and its publication language is English.

Turkish Journal of Urology aims to publish original studies of the highest scientific and clinical value in urology and related disciplines. The scope of the journal includes but not limited to basic and translational science, education and simulation, endourology and stones, female urology and dysfunction, urological infections, laparoscopy and robotics, andrology and infertility, prostatic diseases, reconstructive urology, oncology, and pediatric urology.

The journal publishes original articles, clinical trials, reviews, rare case reports, and letters to the editor that are prepared in accordance with the ethical guidelines. Mini reviews, clinical updates, surgical techniques, and a guideline of guidelines that are in the scope of the journal are considered for publication and/or invited by the editor.

The journal's target audience includes, urology specialists, medical specialty fellows and other specialists and practitioners who are interested in the field of urology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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## INFORMATION TO AUTHORS

Turkish Journal of Urology (Turk J Urol) is the scientific, peer reviewed, open access publication of the Turkish Association of Urology. The journal is a bimonthly publication, published on January, March, May, July, September and November and its publication language is English.

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The journal's target audience includes, urology specialists, medical specialty fellows and other specialists and practitioners who are interested in the field of urology.

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 ([doaj.org/bestpractice](http://doaj.org/bestpractice)).

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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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](http://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 Material and methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, releases signed by the patient or their legal representative should be enclosed.

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Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors

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- 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



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- 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.

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#### Authors are required to submit the following:

- Copyright Transfer and Acknowledgement of Authorship Form and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors)

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#### Preparation of the Manuscript

**Title page:** A separate title page should be submitted with all submissions and this page should include:

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- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

**Abstract:** An abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings (Objective, Material and methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

**Keywords:** Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical

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**Main Points:** All submissions except letters to the editor should be accompanied by 3 to 5 "main points" which should emphasize the most noteworthy results of the study and underline the principle message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since "Main Points" targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

#### Manuscript Types

**Original Articles:** This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Material and methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

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**Editorial Comments:** Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

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ies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

**Case Reports:** There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case presentation, and Discussion subheadings. Please check Table 1 for the limitations for Case Reports.

**Letters to the Editor:** This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

**Video Article:** A video article requires a video of a clinical case, new or advanced surgical techniques. The duration should be between 5-8 minutes accompanied with a structured abstract. The abstract should be structured as "Objective", "Materials and Methods", "Results", and "Conclusion". The video must have a narration and may contain graphs and images. Video articles are expected to highlight the main idea and the striking results of the research and/or case in a concise way. The videos must not contain music.

**Clinical Trial:** A clinical trial is a prospective research assigning patients to a health-related intervention in order to study the effect of intervention and its outcome. Turkish Journal of Urology adopts the ICMJE's clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov. The name of the registry and the registration number should be provided in the Title Page during the initial submission.

As of 1 January 2019, a data sharing plan is required for the registration of clinical trials. Authors are required to provide a data sharing statement for the articles that reports the results of a clinical trial. The data sharing statement should indicate the items below according to the ICMJE data sharing policy:

- Whether individual deidentified participant data will be shared
- What data in particular will be shared
- Whether additional, related documents will be available
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Authors are recommended to check the ICMJE data sharing examples at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>.

**Mini Review:** This type of article aims to review a novel topic in a succinct way. A mini review should be prepared as a 1000-word main text accompanied by an unstructured abstract.

**Surgical Technique:** This type of article aims to summarize new surgical techniques in a brief way providing the need and rationale of the technique by comparing it with the previous techniques. Novel aspects of the technique and post-operative care should be emphasized in this type of article. Surgical technique must contain a structured abstract including the following subheadings: Background, Description of Technique, Patients and Methods, Results, and Conclusion. Main text should also be structured with the same subheadings with the abstract section of the article.

**Clinical Update:** This type of article aims to present the current perspectives of clinical topics that will affect the patient care. A clinical update article should be maximum 3000 word long accompanied by a 150-word unstructured abstract.

**Guideline of guidelines:** Guideline of guidelines aims to provide a critical commentary of the urology guidelines. This type of article should be maximum 3000 word long with an unstructured abstract. Authors are only commissioned or invited by the editor.



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**Table. Limitations for each manuscript type**

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table Limit	Figure Limit
Original Article	3000	250 (Structured)	30	6	7 or total of 15 images
Review Article	4000	250	50	6	10 or total of 20 images
Case Report	1500	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media
Clinical Trial	3000	250 (Structured)	30	6	7 or total of 15 images
Mini Review	1000	150	10	2	2 or total of 5 images
Surgical Technique	1200	150	10	No tables	4 or total of 8 images
Guideline of Guidelines	3000	250	40	5	4 or total of 8 images
Clinical Update	3000	150	30	5	4 or total of 8 images

## Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

## Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through

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All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

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)"

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Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

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**Books with a Single Author:** Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.

**Editor(s) as Author:** Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

**Conference Proceedings:** Bengissson S. Sothemim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

**Scientific or Technical Report:** Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study *Kidney Int*: 2004. Report No: 26.

**Thesis:** Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

**Manuscripts Accepted for Publication, Not Published Yet:** Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

**Epub Ahead of Print Articles:** Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

**Manuscripts Published in Electronic Format:** Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

## 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.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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A PEER-REVIEWED BIMONTHLY JOURNAL



# TURKISH JOURNAL OF UROLOGY

EDITORIAL

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Dear Colleagues,

Welcome to this special Endourology edition of Turkish Journal of Urology. This is the first special issue and following this issue we plan to have future special editions on other topics such as uro-oncology, andrology, benign prostate hyperplasia (BPH) and many more.

The world of endourology is changing and this issue attempts to keep pace with this change. It covers pertinent technological aspects and unravels the mystery of Thulium fiber laser (TFL) which has taken the world of kidney stone disease (KSD) by storm. All aspects of TFL are discussed in this up-to-date review article. Primary prevention and role fluid intake for KSD is covered via a large systematic review over the last 2 decades. A chapter dedicated to problems and solutions related to stent biofilm and encrustations is also included.

Stone treatment includes articles on the role of conservative management, improving efficacy of shockwave lithotripsy (SWL), techniques and outcomes of minimally invasive percutaneous nephrolithotomy (PCNL), and the first systematic review on endoscopic combined intrarenal surgery (ECIRS).

It also has 2 chapters on lower urinary tract symptoms (LUTS). The first one covers lower urinary tract dysfunction in common neurological diseases and the second one looks at indications, techniques and role of new minimally invasive surgical options for BPH.

A concise chapter on 'Guideline of guidelines for kidney and bladder stone treatment' will help the reader understand the current guidelines for stone treatment. A cost comparison of single and reusable ureteroscopes will help them with feasibility and appropriateness of single use scopes tailored to their needs. The use of Artificial Intelligence (AI) and its future directions for urology will allow them to look into what the future will be with respect to management of urological diseases.

This endourology focussed issue highlights excellent articles on important aspects of endourology with contribution from several countries including Italy, Canada, France, India, UK, Greece and Turkey.

We have seen a big rise in the numbers and quality of articles submitted to the Turkish Journal of Urology and this is a testament to the authors, reviewers, editorial team and the journal staff. While the journal website is revamped, there are new article submission categories including video submissions with new submission format to make the submission process seamless.

We hope you will enjoy the articles and we will be keen to receive feedback or comments related to it.

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Co-Editor

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Editor-in-Chief