[This is a document template that you can use to ensure that your paper can be read and typeset with ease:

- Heading levels and text layout have been prepared for you.
- You will need to delete the red text and/or replace the text with required details prior to submitting your paper.
- Manuscripts should be prepared using Microsoft Word, size A4 with 2.5 cm margins on each side, 12-point Times New Roman font, and double line spacing.]
- References should be numbered consecutively in the order in which they are first mentioned in the text. References should be cited using Arabic numbers in parentheses.
- Page numbers should be placed at the bottom of the pages.

Manuscript title

[In the title of the article, **the first letter of each word should be capitalized**. **All of them should not be capital letters**.]

Abstract: [Abstract: The article should include English abstract. References should not be included in the abstract. The use of abbreviations should be minimized; any abbreviations used in the abstract must be defined and distinct from those in the main text.

For original research articles, the structured abstract should consist of the following five subheadings:

Objectives: The purpose of the study must be clearly stated.

Methods: The study design should be described, including the selection criteria, study type (e.g., randomized, retrospective/prospective), and statistical methods used, if relevant.

Results: The key findings of the study should be presented, with the statistical significance clearly indicated.

Conclusion: The main outcomes of the study should be summarized, and the clinical implications of these results should be discussed.

Keywords:

Keywords: [The abstract should be followed by 3 to 5 keywords. Keywords should align with the Medical Subject Headings (MESH) terms (www.nlm.nih.gov/mesh/MBrowser.html). Please choose three to six keywords. There should be commas between words. They should not repeat words given in the title.]

The main body of the article should include the following sections:

Introduction: This should provide a brief overview of the subject and the objectives of the study, supported by relevant literature.

Introduction

[This is an example of text formatting. Please note that citations are in Arabic numbers and in parentheses. Abbreviations should be defined in full at their first instance.]

Modern small-incision vitrectomy, also known as minimally invasive vitreous surgery, reflects the evolution of advances in surgical instruments and techniques. In the 1970s, Robert Machemer et al. (1) first developed a closed pars plana vitrectomy system that requires a 17-gauge (G) sclerotomy opening, using vitreous infusion, vacuum, and cutter. The cutting speed of this first system was only 60 per minute (60 cmps). With the development of the 20-G surgical technique, Chen (2) in 1996 described a transconjunctival approach that shortens the operation time, reduces traumatic injury, and allows for single suture or self-closing sclerotomies. Fujii and colleagues (3,4) introduced a 25-G sutureless vitrectomy system in 2002 that further facilitates instrument exchange using micro trocar cannulas.

In 2010, Oshima et al. (5) described 31 surgical cases involving the posterior segment operated with 27-G instruments, including macular holes, diabetic vitreous hemorrhages, tractional retinal detachments, epiretinal membranes, and vitreous opacifications. Also, in another study by Oshima, sutureless vitreous biopsies with a sharp-tipped 27-G vitrector were described (6).

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Materials and Methods: The study design should be clearly described, indicating whether it was randomized, retrospective, or prospective. It should include the inclusion and exclusion criteria, the number and characteristics of the participants/samples, and the statistical methods applied.

Results: The study findings should be presented, with tables and figures ordered numerically. The results should be interpreted according to the statistical methods applied. Refer to the section on Tables, Graphics, Figures, and Images in the General Guidelines for details on how to prepare visual materials.

Discussion: The study's results should be analyzed, considering both their positive and negative aspects, and compared with the existing literature. The conclusion of the study should be emphasized.

Study Limitations: This section should address any data or analyses that could not be included, discuss the study's limitations, and suggest directions for future research.

Conclusion: This section should summarize the key findings and conclusions drawn from the study.

Acknowledgements: Any technical, financial support, or editorial contributions (e.g., statistical analysis, English/Turkish evaluation) should be acknowledged at the end of the article.

The author reports no conflicts of interest in this work. [Each manuscript needs to include a disclosure of financial interest or other conflict of interest statement. This is where these statements go].

References

[Authors are responsible for the accuracy of the references. Please refer to the General Guidelines for the required usage and formatting details. When there are 6 or less authors, all authors should be listed. If there are 7 or more authors the first 6 authors should be listed followed by "et al". In the main text of the manuscript, references should be cited using Arabic numbers in parentheses.

The following are examples of our reference style.]

1. Machemer R, Buettner H, Norton EW, Parel JM. Vitrectomy: a pars plana approach. Trans Am Acad Ophthalmol Otolaryngol. 1971; 75 (4): 813-820.

2. Chen JC. Sutureless pars plana vitrectomy through self-sealing sclerotomies. Arch Ophthalmol. 1996; 114(10):1273-1275.

3. Fujii GY, De Juan E Jr, Humayun MS, Pieramici DJ, Chang TS, Awh C, et al. A new 25-gauge instrument system for transconjunctival sutureless vitrectomy surgery. Ophthalmology. 2002; 109(10): 1807-12.

4. Fujii GY, De Juan E Jr, Humayun MS, Chang TS, Pieramici DJ, Barnes A, et al. Initial experience using the transconjunctival sutureless vitrectomy system for vitreoretinal surgery. Ophthalmology. 2002; 109(10): 1814-20.

5. Oshima Y, Wakabayashi T, Sato T, Ohji M, Tano Y. A 27-gauge instrument system for transconjunctival sutureless microincision vitrectomy surgery. Ophthalmology. 2010; 117(1): 93-102.e2.

6. Oshima Y, Wakabayashi T, Ohguro N, Nishida K. A 27-gauge sharp-tip short-shaft pneumatic vitreous cutter for transconjunctival sutureless vitreous biopsy. Retina. 2011; 31(2):419-421…

[Please see https://ajhealth.org/index.php/pub/writingrules for more details.]

Figure Legends:

Figure 1 [Title of figure is in sentence case and ends in a full stop]

Legends for illustrations should be written starting on a separate page after references in the main text and Arabic numerals should be used for corresponding illustrations.

Figures

Images (pictures) should be numbered and include a brief title. Permission to reproduce pictures that were published elsewhere must be included. All images (pictures) should be prepared in the highest possible quality, in JPEG format and at a minimum resolution of 300 dpi, **uploaded to the system, and not included in the article**.

[**Note:** It is also possible to upload figures to the system by placing them in a single-word document.]

Table 1 [Table titles are in sentence case and do not end with a full-stop. All tables should be enumerated according to their sequence within the text and a brief descriptive caption should be written. Any abbreviations used should be defined in the accompanying legend. **Tables should be prepared as a separate word page and uploaded to the system and should not be included in the article**.]

Notes:

Abbreviations: AUC, area under the curve; LS, least squares; NE, not estimable. [These are examples of format.]