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- 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 all sides, 11 pt Arial font, and 1.5 line spacing.]
- References should be numbered consecutively in the order in which they are first mentioned in the text. References should be indicated in **red** as a “**superscript**” immediately after the period/full stop of the relevant sentence.
- **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: [There are two types of abstract. One is structured and the other is not. This journal uses the unstructured one. The full scope of the study should be provided and abstract should not be configured. At least 50 words and should be less than 1000 words. Unstructured abstracts should be given in one paragraph and outline the purpose of the paper, results obtained, and conclusions. Review articles commonly have unstructured abstracts.]

Keywords: [Choose three to six keywords. There should be commas between words. They should not repeat words given in the title.]

Introduction

[This is an example of text formatting. Please note that citations are in superscript numerals following the punctuation. 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, Chen² 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

[Generally, each major section of your manuscript should have a heading. The most common breakdown of a paper is given below, with some subheadings related to the above example text. Please delete or include as needed.]

Subheading

...

Conclusion

...

Acknowledgments

...

Disclosure

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

[The Current Retina Journal (Güncel Retina Dergisi) has started to use the American Medical Association (AMA) citation style for the display of references as of 2024. Each reference should be cited within the text using superscript Arabic numerals (e.g. 1, 2, 3...). If a reference **had up to six authors, all of them must be included**. If there are **more than six authors, the first three should be written, followed by "et al."** Then, the name of the article (only the first letter of the sentence and the first letter of the special names will be capitalized), the short journal name, year, **volume**, issue number, and page number should be added. **The journal name should be written in italics** and a point should be placed at the end. **The DOI number of the article should be written at the end of the reference.**

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. doi: 10.1001/archopht.1996.01100140473024.
3. Fujii GY, De Juan E Jr, Humayun MS, et al. A new 25-gauge instrument system for transconjunctival sutureless vitrectomy surgery. *Ophthalmology.* 2002; 109(10): 1807-12. doi: 10.1016/s0161-6420(02)01179-x.
4. Fujii GY, De Juan E Jr, Humayun MS, et al. Initial experience using the transconjunctival sutureless vitrectomy system for vitreoretinal surgery. *Ophthalmology.* 2002; 109(10): 1814-20. doi: 10.1016/s0161-6420(02)01119-3.
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. doi: 10.1016/j.ophtha.2009.06.043.
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. doi: 10.1097/IAE.0b013e3182083df8.

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[Please see <https://www.guncelretina.com/Publication/AuthorGuide?Length=11> 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 JPG/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.]

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Notes:

Abbreviations: AUC, area under the curve; LS, least squares; NE, not estimable.

[These are examples of format.]

Photo and a short CV of first author (On a separate page)

The Current Retina Journal (Güncel Retina Dergisi) seeks to further enhance recognition for the contributors to the scientific content in the Journal. Please add a short CV (limited to 400 words and one paragraph) and a digital photo of the first author on the web site linked with the online submission system. **Short CV information and a photo of the first author should be prepared, and uploaded to the system separately and should not be included in the article.**