Mediflex®

FAQ GUIDE

MINI-BOOKLER® RETRACTION SYSTEMS

What is the best way to position the Mini-Tilt Ratchet to prevent it from falling?	With the traditional ratchets, it is important to not leave them hanging on the ring without blade engagement or they can fall out of the sterile zone. This is more prevalent in procedures where the ring is not parallel to the bed, like perineal procedures. We have just released our new 72294-L, Mini Ratchet with a locking mechanism to ensure the ratchets will not fall when not engaged with a blade.
Does its versatility completely replace DynaTrac®?	This is a matter of preference by the surgeon. Many surgeons grew up learning on Lone Star. Others grew up with simple devices and other use larger TMR's like Booklers. We encourage you to promote Mini-Bookler® regardless if they are a Lone Star user as there are many benefits over their current practice. With that being said, Mediflex® is well-positioned to provide a wide range of solutions that encompass all surgeons.
Do you have any accessories in mind for holding optics in the field for open or transanal surgery?	It is common for Mediflex® Flexarms™ to be used in open surgery to hold the camera at a distant from the patient for educational and recording purposes as well as allowing the entire OR to view the procedure.
When selecting Mini-Bookler blades, do I match it identically to the hand held blades we are trying in question to replace?	The blades that will be used on the Mini-Bookler platform will be shorter than their hand held equivalents. The hand held blades are often held at distance and from a higher position and at different angles. This may only be a difference of a centimeter or two but it is best to trial the Mini-Bookler® blades off a ring to confirm.
Will there be a solution for attaching a Mini-Bookler® to more stable bars, such as long-reach or short-reach, without the need for a Flex Arm™ or Strong Arm®?	Mediflex® Mini-Bookler® rings work on both Horizontal Bars and SA+ with Bookler® Clasper. These are very strong devices, but they are not required. Once the deep tissue blades are placed into the patient and retracted, this stabilizes the entire ring and surgical site

www.mediflex.com info@mediflex.com +1.631.582.6424 250 Gibbs Road, Islandia, NY 11749

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It is hard to make the system as low profile as a Mini-Bookler®?	The surgeon can use a 69589-S-CL with an SA+ to simulate a mini URB. They just need the correct blades, which are available to produce.
When asking a pediatric hospital if they have a pediatric retractor set and they say yes, we have a pediatric Bookwalter. What clarifying questions would you ask to determine what set they actually have and how do you best explain the difference between adolescent Bookwalter® and a neonate bookler set.	We need to clarify whether this is a retractor for neonatal, infant, or toddler patients, or whether it is for use in adolescents or young adults, which can include bariatric patients. Breaking it down by incision type and patient size helps determine whether a traditional Bookler® or a Mini-Bookler® is more suitable.
If recommending a system for a pediatric surgeon, what would you recommend? Specific components? Which arm?	The StrongArm® setup is the simplest, with fewer parts needed for assembly. Please reference the neonatal and toddler Mini-Bookler® kits for the preferred offering.
How many ratchets and what type of ratchets would you recommend for a set?	Generally, 2–4 blades are in use at any given time. Therefore, we recommend having 5–6 blades in the kit in case one becomes unsterile or breaks. The 72294-L will greatly reduce the incidence of ratchets falling outside the sterile area.
Hospital says ~ "oh, we already have a StrongArm® and FlexArm™ for our liver retractor set, can we use that for this set as well?"	Yes, this is a great point. The same platform used for MIS surgery can also be adapted for use in open surgery cases. An example would be a pediatric/general surgeon who wants to use the arm to hold a MIS retractor and also a Mini-Bookler®.
What's the application difference between the Mini-Bookler® Retraction System and the DynaTrac® System?	The DynaTrac® system is based on industry standard 'Lone Star' systems which are produced by Cooper and other OEM manufacturers. These platforms were originally designed for Uro/Gyn procedures and later Colorectal procedures. They were designed for superficial retraction, not deep tissue retraction, such as in pediatric, head and neck, or other procedures requiring deep tissue exposure.

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Can Mini-Bookler® and DynaTrac® be customized based on the surgeon's preference according to surgical procedures and applications?	Yes, procedural systems and the ability to order a la carte is possible due to the modular nature of the systems.
Initial findings during demos suggest the FlexArm™ is not strong enough?	Please follow the lubrication instructions to ensure your FlexArm™ is operating at optimal strength. If reusable retractor blades or multiple stay hooks are used, the surgical site will stabilize.
We were required to submit documentation for standard cleaning, disinfecting, and sterilization processes, especially for the FlexArm™?	Please follow the validated procedures found in the respective IFU. Hospitals with their own validated internal processes are welcome to use them, but this may interfere with the warranty. Best is to speak to your local Mediflex® representative to confirm.
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We've observed loosening of the StrongArm® during prolonged procedures.	Please ensure the central lock mechanism is properly lubricated, particularly around the threads. This should restore the strength. For more information, please visit our website.
How to increase our market share?	Since there is very little competition, but also being aware that these systems are new for many surgeons in areas like Head and Neck, Pediatrics, Breast, and so forth, it is important to identify where there is procedural volume along with procedural need. Do not overwhelm the customer with too many options and try to keep it simple. Creating a KOL or a case study should help your sales persons identify where there is opportunity and a precedent for surgical success with the Mini-Bookler®.

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In robotic procedures, particularly for Head & Neck: • Which retractor setups are most compatible and efficient? • Could you provide comparative feedback between Mini-Bookler® blades and Chung Retractor systems and other available options	We are paying close attention to these new robotic procedures and are actively developing a solution to complement our other Head & Neck offerings.
Could you elaborate on the mechanical or design improvements introduced in the StrongArm® Plus.	We have reduced the overall weight by 25% while doubling the strength. This new front-mount design can be handled easily and folded to fit in most sterilization trays.
The Split Ring Knob coupling tends to loosen during use, compromising fixation.	Please lubricate the handle threads to restore holding strength.
What are some talking points when a surgeon states that they have residents to hold hand held blades supplemented by self-retaining retractors?	This is common, especially when a new product changes a familiar workflow. From our long history with Bookwalter-style systems and FlexArms™, we know there is often initial resistance. However, institutions eventually recognize that for patient outcomes and educational purposes, it is best for residents to focus on learning rather than 'holding'. Creating proper exposure without reliance on human holders—whether for large or small incisions—is more fundamental to patient outcomes and teaching. If budget is a concern, we recommend starting with 1 split ring with 5 ratchets and 5 blades. They can build the system up over time.
Will there be a locking ratchet version for Mini Bookler®? Like 72006	Yes, the 72294-L code will be announced soon. This version is ideal for perineal procedures where the ring is often positioned nearly perpendicular to the floor.
For colorectal procedures requiring deep pelvic access, would you recommend StrongArm® or FlexArm™ for optimal exposure and stability?	Either platform should be sufficient once the blades or hooks are engaged.

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