Mediflex®

FAQ GUIDE

FLEXARM™ HOLDING & POSITIONING SYSTEMS

The evaluation did not go well as the doctor said that the FlexArm™ was not holding. Do you have any recommendations?	It is important to first qualify what the doctor is holding and where it is being held. The rail clamp and the vertical/horizontal mounting hardware should be positioned away from the surgeon. The FlexArm™ should be placed closer to the device being held so that the arm's curvature provides adequate holding strength. If this does not resolve the issue, please reference the troubleshooting video that demonstrates lubrication of the arm threads to reset holding capacity.
The surgeon loves the FlexArm™ but keeps inadvertently disconnecting the scope due to his normal workflow. Do you have any recommendations?	This is common in applications where the surgeon is working directly at the junction where the arm meets the device being held and needs to remain dynamic throughout the procedure. For surgeons who need to reduce the risk of disconnecting the tip, Mediflex® offers one-piece FlexArms™ with integrated holding end effectors.
The CSSD department has come back to me with doubts as to whether the FlexArm™ can be adequately cleaned and sterilized. How can we reassure them?	This is not a matter of reassurance, but rather validation. All of our holding arms are fully validated for cleaning and sterilization. The handle should be opened completely, exposing the cable, to allow full access for cleaning and disinfection of the entire device.

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

Mediflex®

FAQ GUIDE

FLEXARM™ HOLDING & POSITIONING SYSTEMS

The OR staff is worried that we are replacing them with a cheaper option that makes the hospital less dependent on them. Are they right?

In principle, for a specific task, the FlexArm™ does replace staff for a holding function. However, this does not replace the staff themselves.

Instead, it frees them to assist with more dynamic tasks and additional patients. It also helps reduce workplace injuries, potentially extending careers while shortening procedural times in the OR.

The surgeon complained that the FlexArm™ system will not work for him as he uses an angled scope that needs to rotate during the procedures. Do we have any other options for them?

The Quick Grip holding tips for 4 mm, 5 mm, and 10 mm scopes use a positive lock and do not allow rotation.

We recommend using a Delrin 69707 holding clamp. Do not fully tighten the clamp; instead, secure it enough to encapsulate the scope while still allowing rotation.

The scope will be stabilized by the trocar and will not move or tip. This is especially important when working in smaller spaces during MIS procedures.