Mediflex®

FAQ GUIDE

BOOKLER® RETRACTION SYSTEMS

When setting up the Bookler, how and where do you recommend setting up the field post?	When placing the Field Post, we generally advise to set it up opposite of the primary surgeon to reduce surgeon obstruction. The surgeon has the option of either placing the field post directly on the bed rail or over 2 layers of drapes (never blankets) Some surgeons can also make a hole in the drape and will treat the field post as being partially non-sterile.
The surgeon expressed some concern about the tilt ratchets laying on the patient and leaving marks. Is there anything I can recommend?	Generally speaking, the ring, ratchet, and blades should be just above the skin so that there is limited contact. Some surgeons will put towel/gauze/blankets between the bottom of the tilt ratchets and the skin to reduce leaving behind marks on the patient
We sold a system last year to a female surgeon but she is complaining that it is difficult to bend our malleable blades. Do you have any recommendations?	For surgeons who have trouble bending malleable blades, we have our blade bending tool part number 72007 which slides onto the field post and allows the surgeon to angulate the blades to the desired shape using one hand. Malleable blades are designed with a certain rigidity to ensure tissue and organs are retracted effectively while being able to change shape.
I tried to market the Bookler Adolescent System to a pediatric surgeon but he said that it is too large for his patients. I thought this set was for pediatrics?	Pediatrics represents a wide range of patient sizes from neo-natal to toddler to adolescent to young adult. If the surgeon is operating on children under a certain weight, we would recommend the Mini-Bookler system to him. There are more post birth defects that require surgical intervention for newborns, generally speaking, than with more mature children.
I have a vascular surgeon interested in the Bookler but there is some concern that the largest ring still wont let him work from the abdomen down into the groin.	We would simply advise to add an extra set of straight ring segments, elongating the ring, giving the surgeon the exposure he needs.

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Who are your primary call points and how do I introduce Mediflex retractors?

Surgeon (and 1st assist) ~hey doc, are you doing any open procedures? Do you currently use any type of table mounted retractors such as Bookwalter, Omni or Thompson? (reminder, docs will seldom want to change from what they learned in training). Often times, I work with surgeons and they mention the ratchets are broken or the couplers are not holding properly… from what you can recall, have all of your retractor systems been working well? Is there anything you would like to change or add to the set?

Nurse coordinators and OR manager- similar discussion to surgeon, ask if any of their docs are having issues. ALSO ask if they are currently planning for purchase of any new sets. This is where you'll typically find they are looking for a new "specialty" set for example, a GYN, Vascular or Bariatric set.

SPD- see screenshot of "talk track" questions. this is a critical call point in retractor sales. Majority of retractor sales will be purchased through replacement parts and this is how you build relationship with SPD to get those replacements. CEU credit in-services are the quickest and easiest way to build rapport.

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