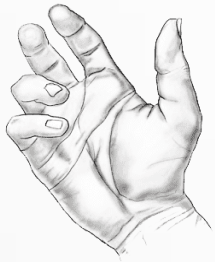
Mediflex®

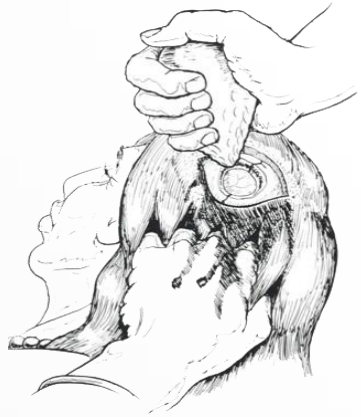
Bookler® TMR Systems

Table Mounted Solutions

Historical Overview of Retraction



The world's first 'retractor'



The world's earliest surgical procedures

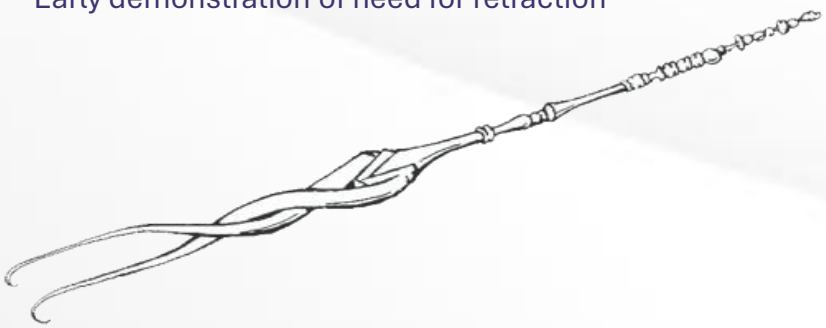
How have Retractors changed?

2000+ years ago:

This is the oldest archaeological record we have of a surgical retractor. It is a skin hook found in the ashes of Pompeii dating back to the 4th century BC

2 most common types of surgery then were C-Sections and foreign object removal…both using the skin hooks

Early demonstration of need for retraction



200 years ago:

1800+ years later, retractors have hardly changed. By the time of the American Revolution, skin hooks and amputation saws were still the most common surgical instruments

But, until the late 1800's surgery was rare.
Estimates are that over 90% of surgical patients died of either shock or infection

Stainless Steel not to be invented for many decades

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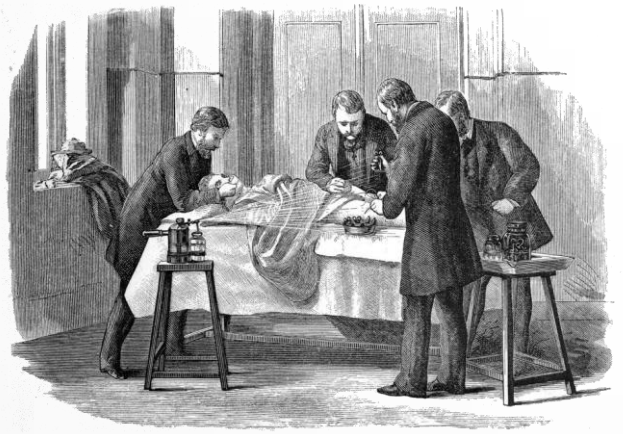
Why the Need for Retractors Changed?



Two significant advances made in the late 1800's:

Anesthesia - dramatically reduced death by shock

Aseptic surgical techniques - dramatically reduced death by infection

This led to:

- ✓ Dramatic increases in the number and types of surgical procedures
- ✓ A need for new instruments
- ✓ A significant need for retractors, especially for deep, abdominal procedures…
- ✓ By the 20th and 19th centuries, as surgery and sterilization developed, retractors became specialized tools to address different surgical needs beyond trauma

What developed was…

Hand-Held Retractors (late 1800's to Present)

Advantages

- Many patterns and sizes – match anatomy and patient
- Easily switched if different pattern or size needed
- Ability to lift tissue to allow light to enter
- Stainless Steel designs introduced

Disadvantages

- Quality of exposure dependent on person holding retractor
- Fatigue and tremor is a significant issue
- Musculo-skeletal Injuries
- Only one arm can hold one retractor at a time
- Less space around the patient

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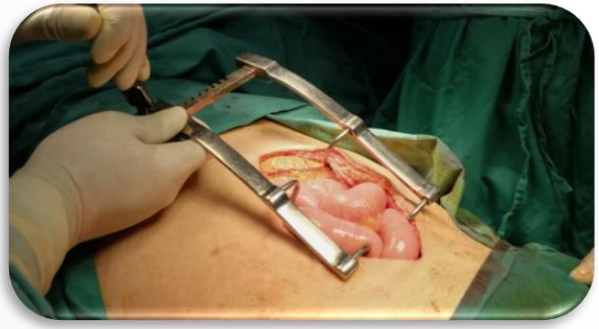
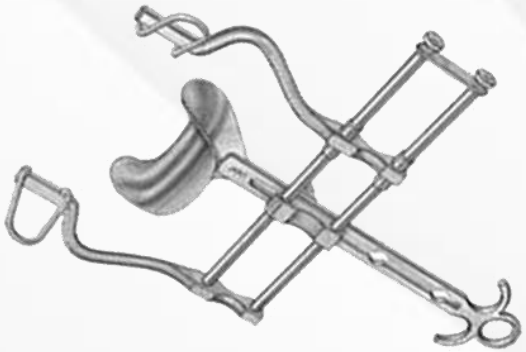
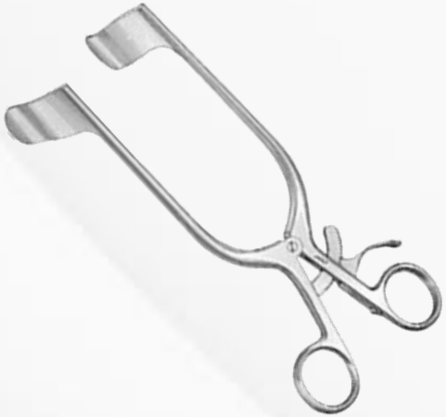
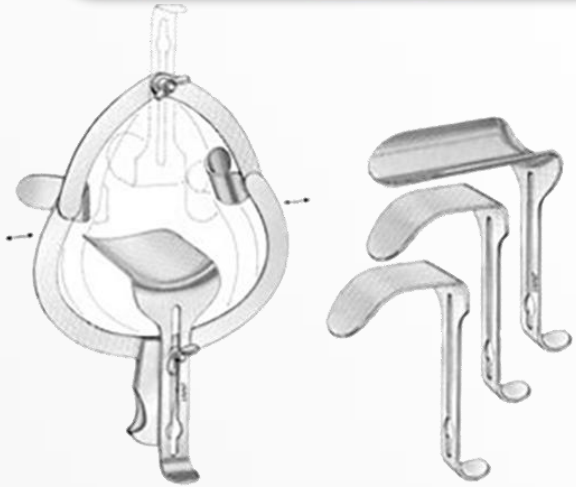
Advent of Self-Retraining Retractors

The disadvantages of hand-held retraction led to the development of Stainless Steel **Self-Retaining Retractors** in the late 1800's. Still the same designs in 2026 in virtually ever operating room.









Advantages

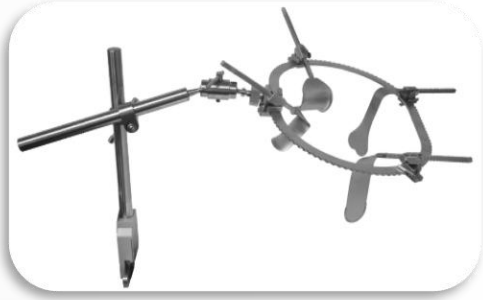
- Using ratchets, wing-nuts or some other method, blades could be spread and kept in position indefinitely without being held
- Many sizes, shapes and styles available
- Never tire
- Reduces staff needed around the bed

Disadvantages

- Blade style, size and position were usually fixed, so if different size, shape or position is needed, the entire system had to be removed and replaced
- Not optimal exposure…they only retract in one horizontal direction and do not lift tissue

Historical Overview of Bookler® Systems

Innovations in Surgery



1974: **John Bookwalter**, MD a General Surgeon develops Bookwalter® TMR System

- Mediflex is approached by Codman (J&J) to work with Dr. Bookwalter
- David T. Adler and John Bookwalter develop a majority of the Bookwalter Table Mounted Retractor
- Mediflex manufactures majority of the system from 1975-2005
  - Codman (Aspen Surgical today) moves production overseas
  - **2026:** Mediflex manufactures 100% of its products in the United States
  - Mediflex has the largest **Bookwalter® Offering on the market today**

Good exposure is the key to good surgery

John Bookwalter
MD, FACS, 1982

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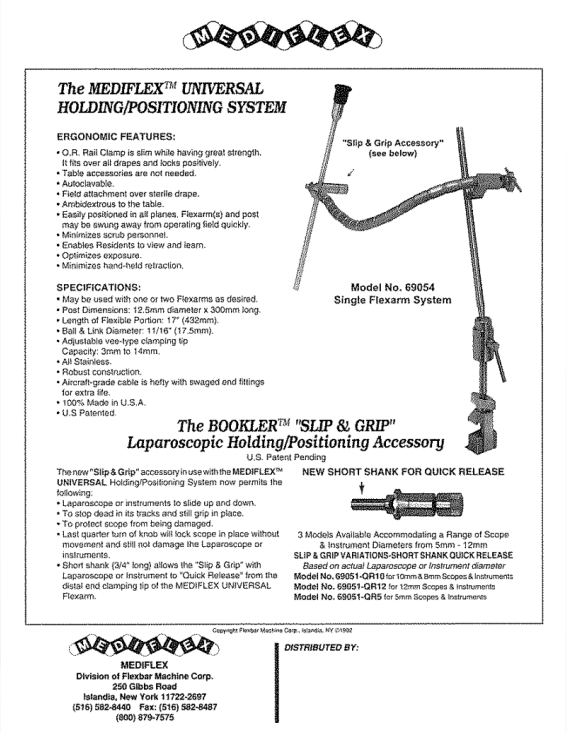
Bookwalter® vs Bookler® Marketing

Bookwalter® + Ad**ler** = **Bookler®**

1970's: **John Bookwalter**, MD trademarks use of his name and retains ownership while Codman (J&J) retains the IP.

- Dr. Bookwalter and David Adler agree to a new trademark, Bookler®, to allow for further development of devices
  - Together and later with Jonathan Adler, they develop a variety of devices including Mini-Bookler® and FlexArm™'s
- Mediflex guarantees modularity and compatibility with all legacy and new production
  - Codman sells to Symmetry® who in turn sells Aspen Surgical® (2024).
    - All of their parts foreign made now
  - Mediflex® manufactures 100% of its resuable products in the United States
  - Mediflex® has the largest **'Bookwalter® Offering on the market today"**



MEDIFLEX

The MEDIFLEX™ UNIVERSAL HOLDING/POSITIONING SYSTEM

ERGONOMIC FEATURES:

- O.R. Rail Clamp is slim while having great strength. It fits over all drapes and locks positively.
- Table accessories are not needed.
- Autoclavable.
- Field attachment over sterile drape.
- Ambidextrous to the table.
- Easily positioned in all planes. Flexarm(s) and post may be swung away from operating field quickly.
- Minimizes scrub personnel.
- Enables Residents to view and learn.
- Optimizes exposure.
- Minimizes hand-held retraction.

SPECIFICATIONS:

- May be used with one or two Flexarms as desired.
- Post Dimensions: 12.5mm diameter x 300mm long.
- Length of Flexible Portion: 17" (432mm).
- Ball & Link Diameter: 11/16" (17.5mm).
- Adjustable vee-type clamping tip Capacity: 3mm to 14mm.
- All Stainless.
- Robust construction.
- Aircraft-grade cable is hefty with swaged end fittings for extra life.
- 100% Made in U.S.A.
- U.S Patented.

"Slip & Grip Accessory" (see below)

Model No. 69054
Single Flexarm System

The BOOKLER™ "SLIP & GRIP" Laparoscopic Holding/Positioning Accessory

U.S. Patent Pending

The new "Slip & Grip" accessory in use with the MEDIFLEX™ UNIVERSAL Holding/Positioning System now permits the following:

- Laparoscope or instruments to slide up and down.
- To stop dead in its tracks and still grip in place.
- To protect scope from being damaged.
- Last quarter turn of knob will lock scope in place without movement and still not damage the Laparoscope or instruments.
- Short shank (3/4" long) allows the "Slip & Grip" with Laparoscope or Instrument to "Quick Release" from the distal end clamping tip of the MEDIFLEX UNIVERSAL Flexarm.

NEW SHORT SHANK FOR QUICK RELEASE

3 Models Available Accommodating a Range of Scope & Instrument Diameters from 5mm - 12mm

SLIP & GRIP VARIATIONS-SHORT SHANK QUICK RELEASE

Based on actual Laparoscope or Instrument diameter

Model No. 69051-QR10 for 10mm & 9mm Scopes & Instruments
Model No. 69051-QR12 for 12mm Scopes & Instruments
Model No. 69051-QR5 for 5mm Scopes & Instruments

MEDIFLEX
Division of Flexbar Machine Corp.
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(516) 582-8440 Fax: (516) 582-8487
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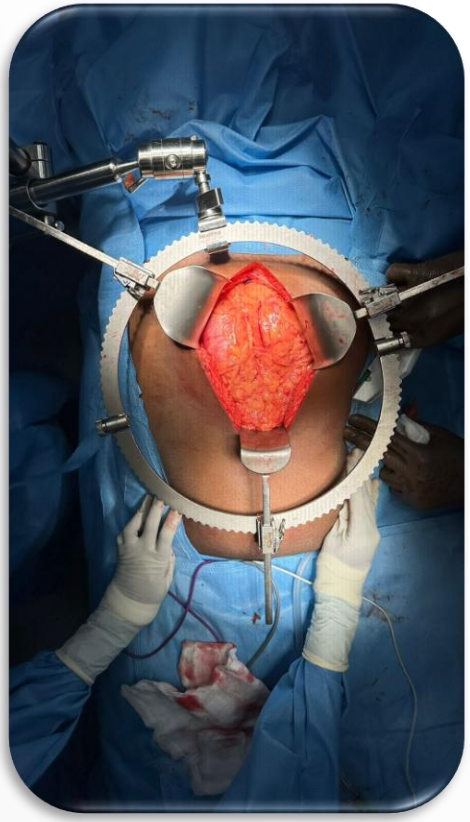
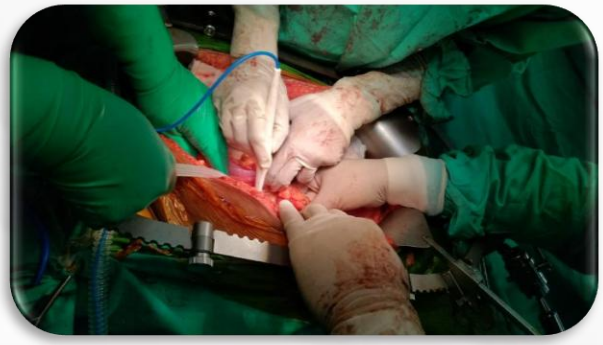
Why the need for a Bookler® Table Mounted Retraction?



- **Reduces the number of persons needed to operate on the patient**
  - *Each retractor blade represents what would be a human hand holding a blade*
    - *4 Bookler® blades represents 2 less people around the surgical site*
      - *Treat more patients*
- **Gives surgeons a static operating field with no need to worry about the quality of retraction and exposure but rather the procedure at hand**
- **Reduces work-place injuries for both surgeon and nurse**
  - *Better staff positioning results in better ergonomics*
- **Reduces time in surgery due to less instances of repositioning and reliance on staff**
- **Allows for reproduceable results**
  - *Less variation on who is assisting or available the OR nurse that day*
- **Ability to lift tissue is key to having proper visualization**
  - A surgeon can only see where light can enter the cavity
- **Modular system that can be built to treat a wide range of patients and procedures**
  - *General*
  - *Urology*
  - *GYN*
  - *Vascular*
  - *Pediatric*
    - *Adolescents to young Adult*



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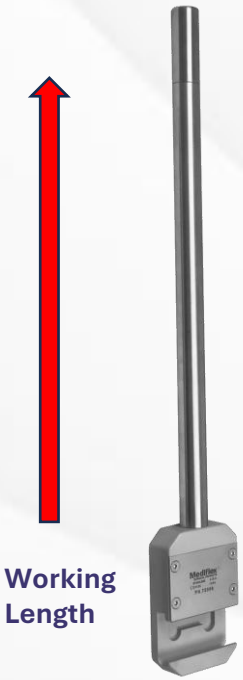
Product Line – Bookler® Mounting Hardware

Field Posts



Working Length

Post Couplers

Standard

Quick Lock

Horizontal Bars

Horizontal Flex Bar can gain 8-10” (20cm x 25cm) in height vs. Std. Horizontal Bar

Extension Bars

Adds from 2 to 10” (5 cm x 25 cm) to the reach or height

Strong Arm +

REF. NO.	DESCRIPTION
72011	12” (30cm) (Standard Length)
72009	18” (45cm) (Bariatrics, GYN)
72010	24” (60cm) (Bariatrics)

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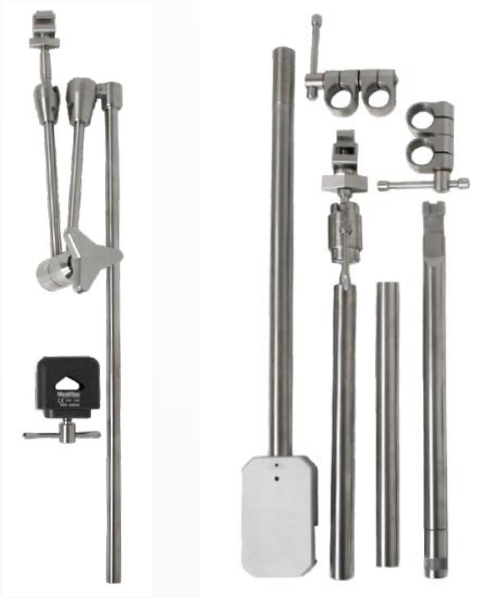
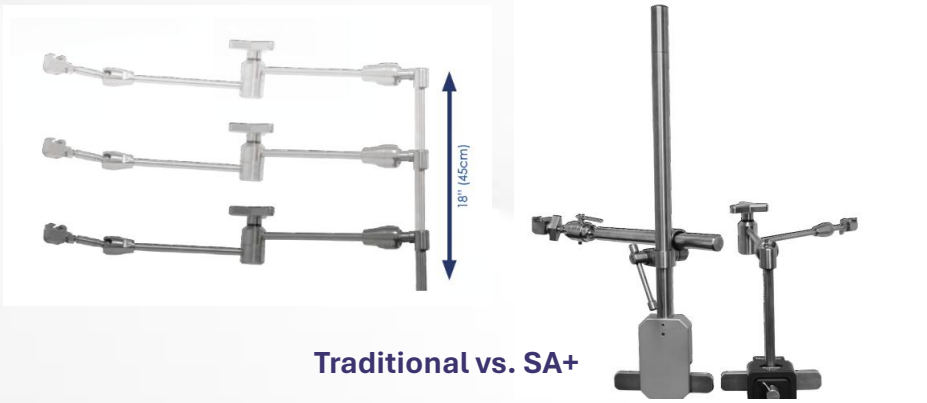
Bookler® Mounting Hardware: StrongArm® PLUS

The Mediflex® StrongArm® Plus is a holding platform designed for open surgery. It was developed to simplify table mounted open surgical procedures that require a Bookler®. It replaces the field post, post coupler and horizontal bar into a one-piece holding arm with a simple rail clamp.

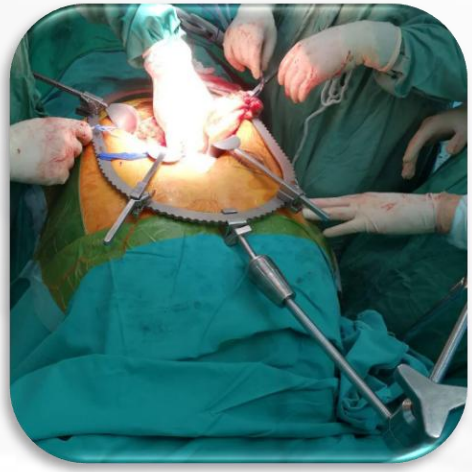


Up to 44%Weight Reduction compared to traditional kits

- New Design now 3x as strong
- Reduces surgeon obstructions
- Central locking mechanism controls all 3 joints
- Able to withstand the forces of large incisions that require deep retraction
- Makes perineal set up's easier and faster for all patient sizes
- New Generation now able to be repaired more easily for less cost



Traditional vs. SA+



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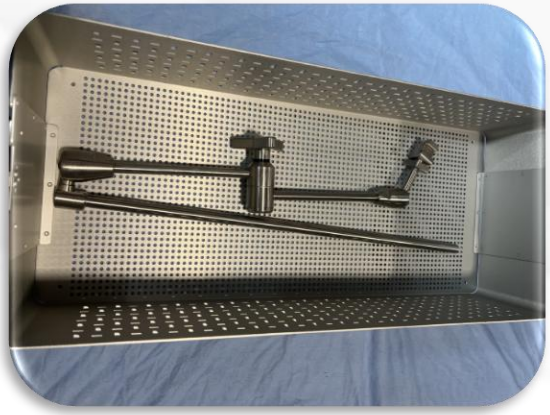
Bookler® Mounting Hardware: StrongArm® PLUS + Bookler®

All the benefits of a table mounted retractor with **greatly reduced horizontal and vertical obstruction!**

Surgeon collides with Horizontal Bar & Field Post

Field Post is out of his way greatly reducing surgeon interference

- One Piece Design
- Folds in half
- Can be handled by one person for set up and disassembly
- Easy to clean and sterilize
- Ideal for perineal set ups compared to traditional method (field post + Coupler + Horizontal Bar/Extension bar)
- Unique to Medfilex with no competitors
  - Ideal for setting tender/RFQ specifications

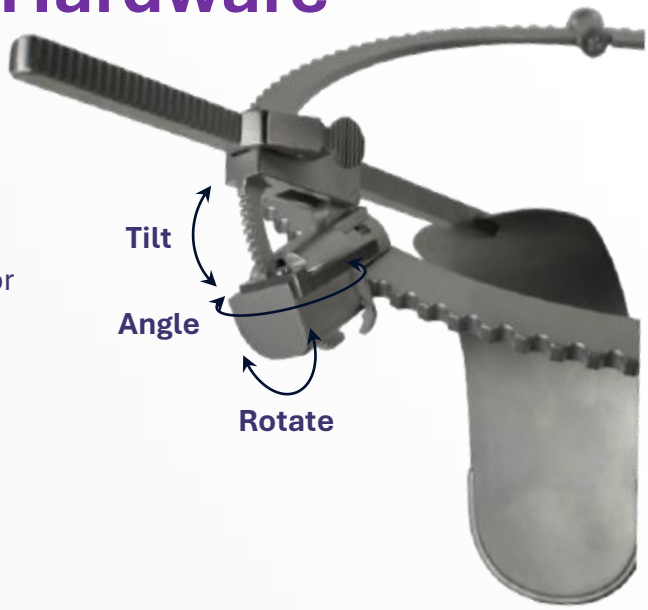


Fits in a Regular Tray
26.7" x 11" x 6"
(66 x 27.5 x 15cm)

Mediflex®

Product Line – Bookler® Mounting Hardware

- Position anywhere along the circumference of the retractor ring
- Can tilt, angulate and rotate to lift tissue - an essential requirement for surgical visualization
- Self-Retaining and Rotating Ilt Ratchet securely retains onto the retractor ring with or without a blade
  - Ideal for procedures where the ring is not parallel to the patient
    - Colorectal, Urology, Gynecology & Perineal set ups
- Holds extreme weights and forces
- Allows for incremental retraction, giving the surgeon control of the surgical site
- Manufactured in the USA



Allows angling of blade to retract tissue upward

Standard Ratchet

Standard Tilt Ratchet

Self Retaining Tilt Ratchet

Rotating Tilt Ratchet

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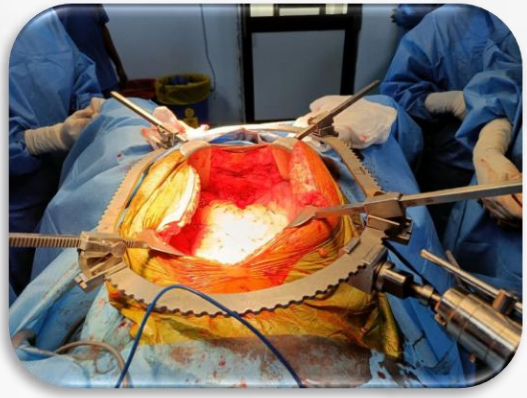
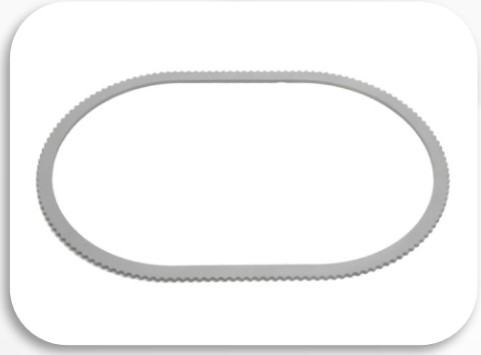
Product Line – Bookler® Rings

Solid Ring

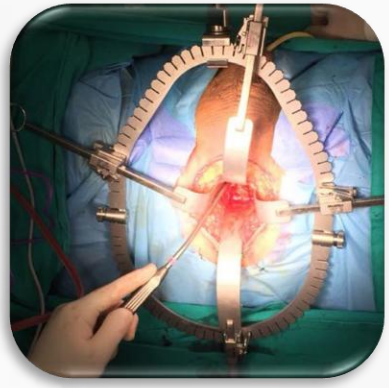


- The 'Work Horse'
- Midline Incisions
- Complex Surgery
- 6 sizes
- Laparotomy (solid circle)



Perineal Ring

(Also called a Jordan Ring)

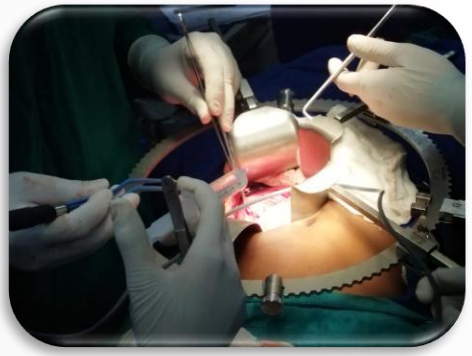


Urology
- Kidney Access
- Perineal Access

GYN
- Complex surgery

Colorectal
- Ideal for anal tissue

Segmented Ring



- 8 Sizes
- Doctors with wide patient sizes
- Wide range of procedures
- Doctors who work on midline and
- lower abdominal cases

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Product Line – Bookler® Rings

Segmented Rings

- Segmented rings allow surgeon to build ring according to patient and incision size
- Allows surgeon to need to buy fewer solid rings
- Solid rings requested due to long shelf life
- When selecting a ring, always choose a ring larger than the incision
  - Working space for hands

Solid Rings

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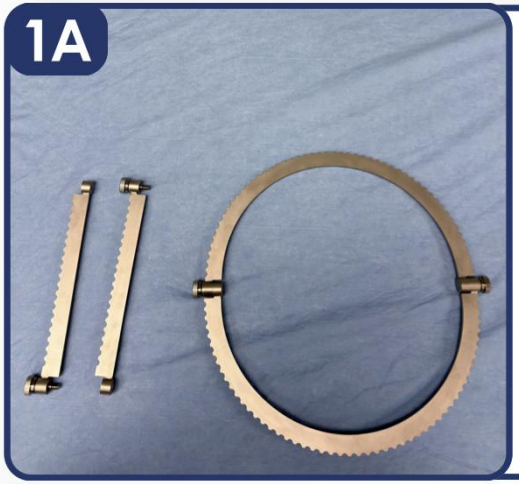
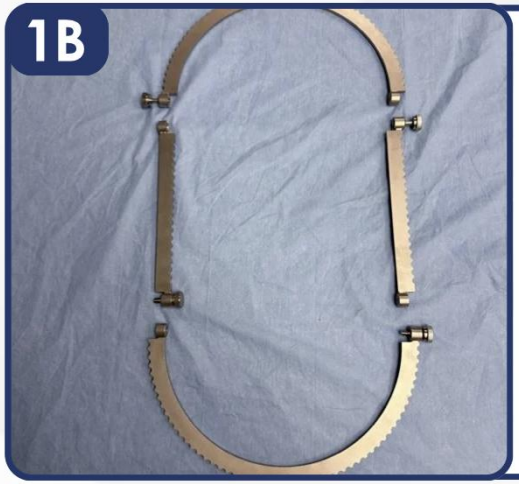
Set-Up Guide – Bookler® Segmented Rings

1A



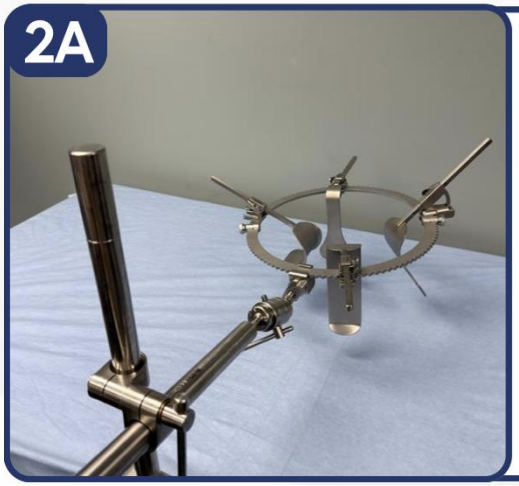
Segmented rings have the ability to make a circle shape when the straight segments are removed.

1B



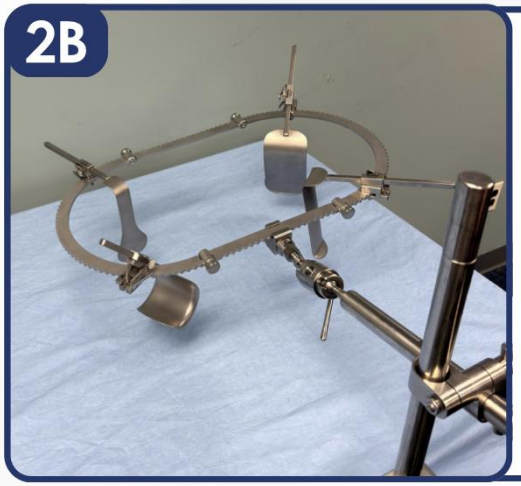
By inserting the straight segments, an oval ring can be formed for larger incisions and patients

2A



Bookler Set up with Circle Segmented Ring

2B



Bookler Set up with Medium Oval Segmented Ring

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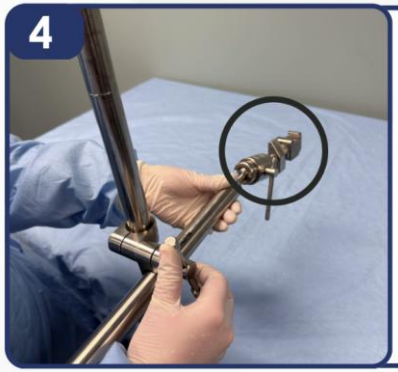
Set-Up Guide - 72000

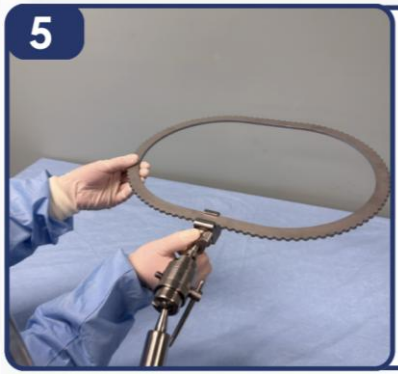
Attach Field Post to OR table rail.
(Field post can go over 2 layers of drapes but not blankets.)

Tighten on to rail by turning clockwise.

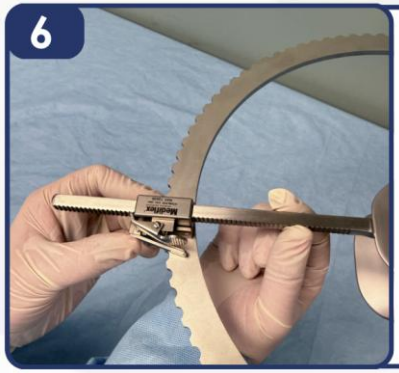
Insert the Horizontal Bar into the Post Coupler (closest to the tightening knob)



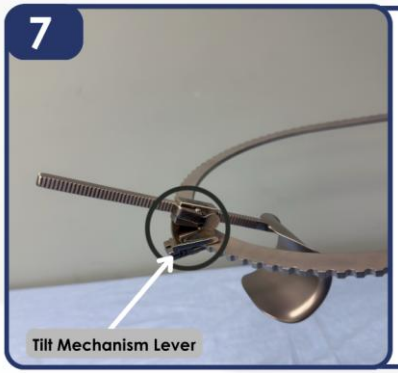
Attach the Post Coupler to the Field Post (ring jaws upward)



Open the jaws of the Horizontal Bar and attach the appropriate ring. Tighten the jaws until the Ring is rigid. Loosen Post and/or Horizontal Bar coupler to position Ring over the operative site, retightened when in appropriate position.



Insert Retractor Blade handle into Ratchet (blade teeth must engage in ratchet mechanism). Position Retractor Blade into the surgical field, attach Ratchet onto the Ring.



Adjust tilt manually to retract tissue upwards.

Continue applying blades and ratchets as needed to gain sufficient exposure

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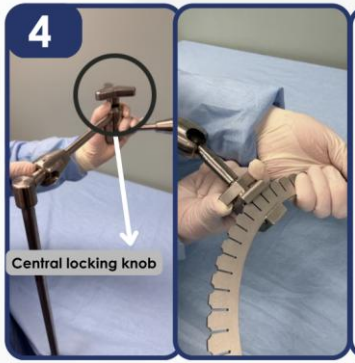
Set-Up Guide – 72070-SA

Attach the Rail Clamp to the surgical table rail with markings side facing upward. Slightly tighten Rail Clamp

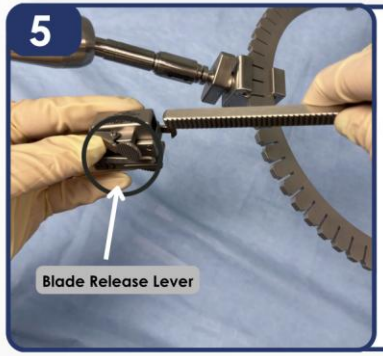
Insert the vertical bar of the Mounting Post into the Rail Clamp opening with the flat side of the bar facing outward (away from table).

Once the vertical bar is in the desired position, turn the Rail Clamp Tightening Rod clockwise to secure the post to the clamp and the clamp to the rail.



The upper side of the Mount Post Coupler has a notch that allows for versatile positioning of the arm.

Open the jaws of the StrongArm® Plus and attach the appropriate ring. Tighten the jaws until the Ring is rigid.



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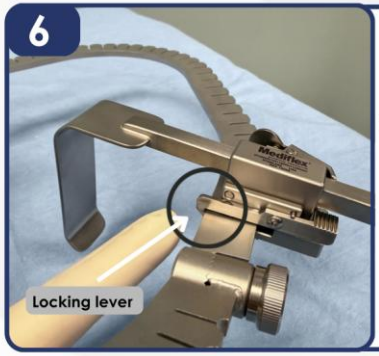
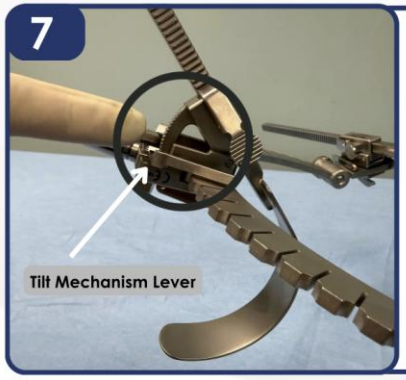


Position Retractor Blade into the surgical field, attach Ratchet onto the Ring. For tilt ratchet with retention capabilities, please press to engage and disengage the ring.

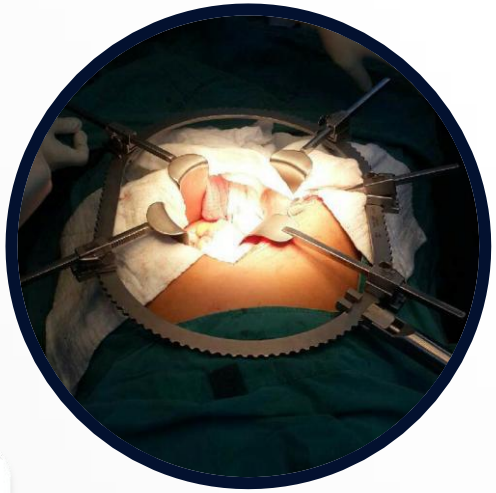


Adjust tilt manually to retract tissue upwards.

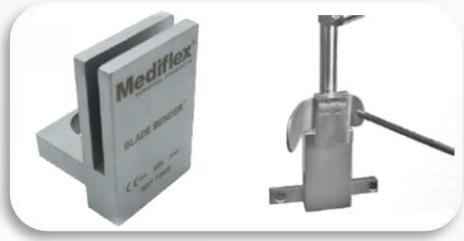
Continue applying blades and ratchets as needed to gain sufficient exposure

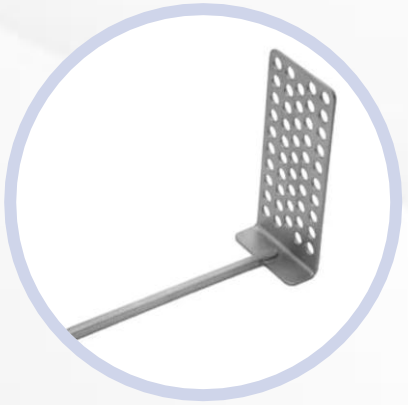
Mediflex®

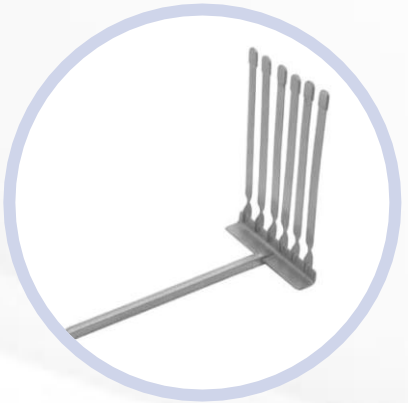
Product Line – Bookler® Retractor Blades



- The only parts of the system that touch the patient
- All major blade categories available: Balfour, Deaver, Harrington, Kelly, Richardson, Hooks/Rakes, Malleable
- All, and only Mediflex® Malleable Blades have a protective, atraumatic edge
- Mediflex® offers additional blade sizes
  - Standard blade categories
  - Expanded Offering (80+ blade offerings)
  - Made in USA
  - Stainless Steel and Aluminum* (not CE)
  - 1 piece design





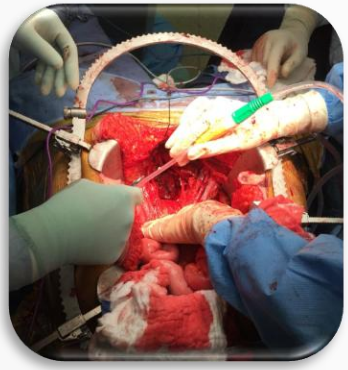


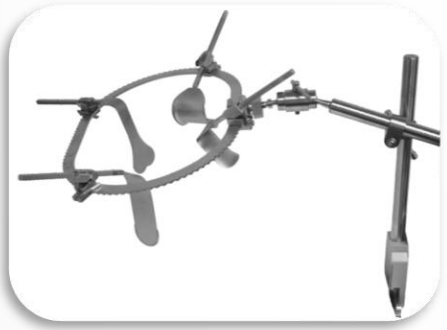
Mediflex®

Bookler® TMR Systems – General Surgery

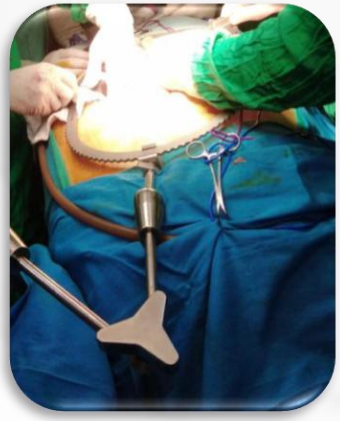
The Original Kit

- The Bookwalter System was first introduced in the 1980 with a focus in General Surgery, later came Urology and Gyn kits
  - Designed for abdominal soft tissue procedures
  - Revolutionized open surgery by reducing the number of hands required for each procedure and creating a static surgical site
    - **Excellent exposure**
- **The Gold Standard** for Retraction in the United States and much of the world
  - Standardized Instrument in GS residency and training programs

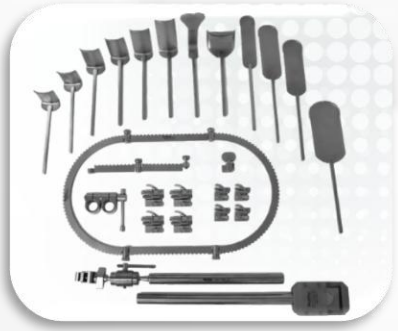




“Original Bookler® Kit”



Mediflex® Modern Solution



Target Procedures

Oncological Cases
Gastrectomy
Whipple
Laparotomy
Colectomy
Hernia
Bowel Resection
Pancreatectomy

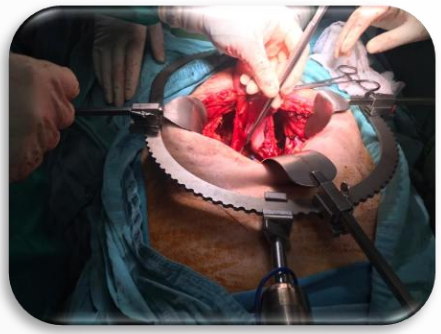
Bookler® TMR Systems – Colorectal – Sub-Specialty

- Specialty kits designed for both abdominal and perineal access
- Ideal for larger patients
  - Smaller patients can benefit from Mini-Bookler® or DynaTrac®
- Built to withstand the forces required for all cases
- Same Surgeons performing MIS/RAS
  - Mediflex® can help!

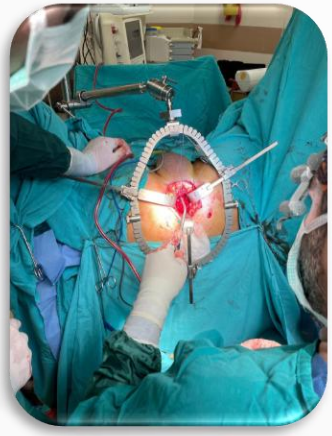
Target Procedures

- Mediflex® total solution for abdominoperineal resection (APR)
  - FlexArm™ holds Laparoscope (abdomen)
  - Bookler® Perineal creates access below
- Transanal Excision (**TAE/Parks' procedure**)
- Transanal Endoscopic Microsurgery (**TEM**)
- Transanal Minimally Invasive Surgery (**TAMIS**)
- Transanal Total Mesorectal Excision (**TaTME**)

*TAMIS is generally for local excision of smaller, localized, often non-cancerous tumors. TaTME is for cancer that requires removing the whole rectum.
TAMIS is frequently used to perform a TaTME procedure, often referred to as "TAMIS-TME"



Abdominal Approach



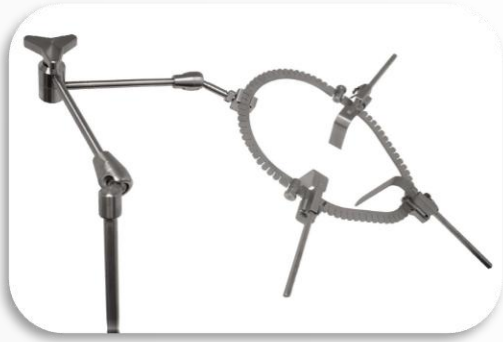
Perineal Approach

Mediflex®

Bookler® TMR Systems – GYN

Abdominal Approach

Perineal Approach



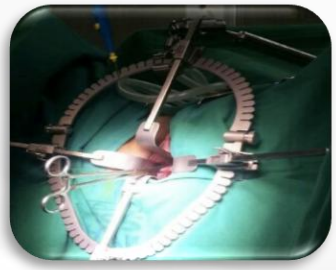
"With my trusted **Mediflex® Retractor**, my essential partner in surgical retraction"

Dr. Saurabh Phadnis, Royal London Hospital

- Modular Platform for Abdominal or Trans-vaginal access
- Creates excellent visualization
- Some surgeons like Dr. Phadnis, only uses field posts for very large patient; common amongst gynecologists Bookler users
- Helps keeping abdominal wall retracted
- Mediflex® has many other solutions for GYN surgeons and nurses

Target Procedures

Oncological Cases
Hysterectomy
Myomectomy
Ovarian Cystectomy
Laparotomy
Endometriosis
Oophorectomies

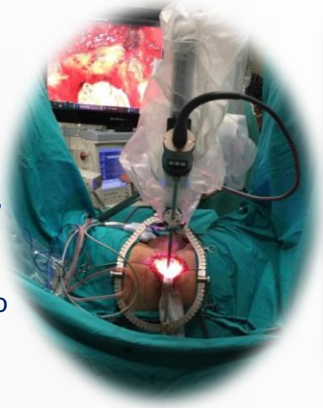


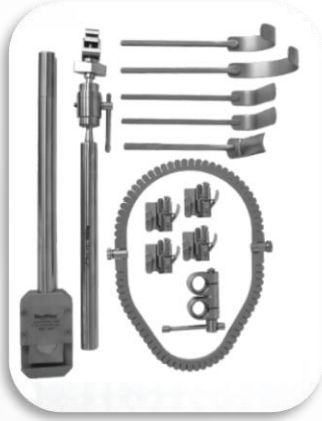
Mediflex®

Bookler® TMR Systems – Urology

As it is Table Mounted, Mediflex® Systems are designed for all Urological open incisions

- **Lower Midline Incision:** Provides excellent access to the bladder and pelvic structures for procedures like radical cystectomy
- **Pfannenstiel Incision:** A low, transverse "bikini" incision frequently used for pelvic surgeries
- **Subcostal Incision:** A diagonal incision in the upper abdomen often used to access the liver, spleen, or kidneys
- **Flank Incision:** Used for direct access to the kidney or ureter.
- **Chevron Incision:** Connects subcostal incisions on both sides, allowing maximum access to the upper abdominal organs, both kidneys, or adrenal glands

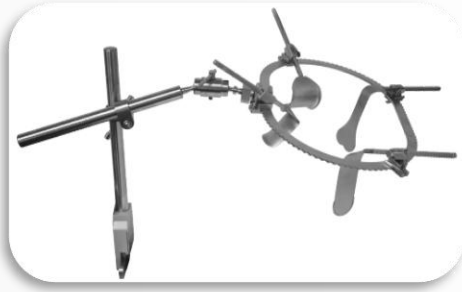




Perineal Approach

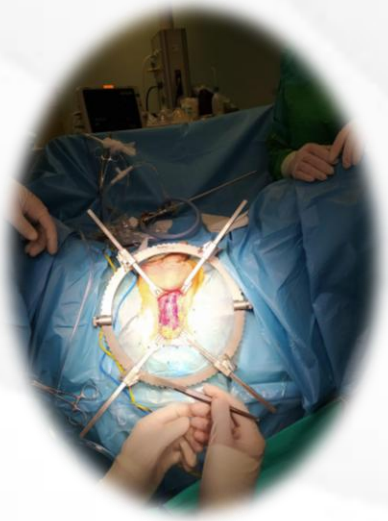
Key Surgeries Where Bookler® can help:

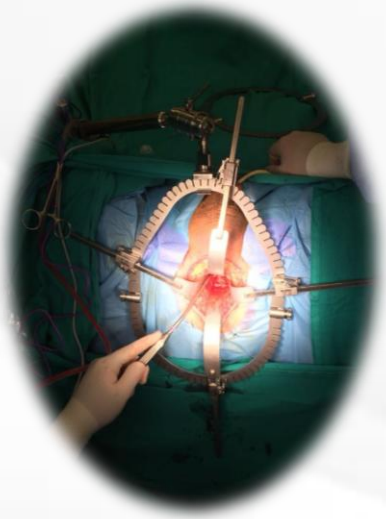
- Prostatectomy/Radical Prostatectomy
- Bladder Surgery
  - Cystectomy
- Urethroplasty
- Fistula
- Nephrectomy



Abdominal Approach

Kidney Access





Perineal Access

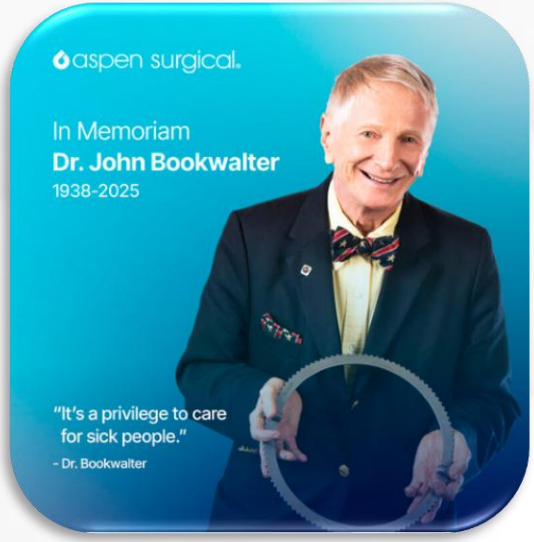
Mediflex®

Bookler® Competition vs. Aspen®

Aspen® Surgical (Formerly Symmetry, Formerly Codman)

Strengths

- Owners and marketer of all Bookwalter® devices
- Inherited legacy business from Symmetry/J&J
- Large customer base
- Publicly traded entity with resources
- Sells other commodity items which allow for bundling
- Offer the most competitive offering to Mediflex® in the US market



Weaknesses

- Higher prices
- Not a surgical device focused company meaning their existing distributors do not have the experience or contacts as they've sold mostly
  - Headlights
  - Floormats
  - Marker Pens
  - Electrosurgical Pencils/Generators
- Lack OR experience with such devices leading to little to no product development in this area
- Make their products overseas and not in the USA
  - Slower delivery times
  - Against Dr. Bookwalter's wishes
- Endoscopic FlexArm™ (Mediflex® was original mfg) with their current model not accepted

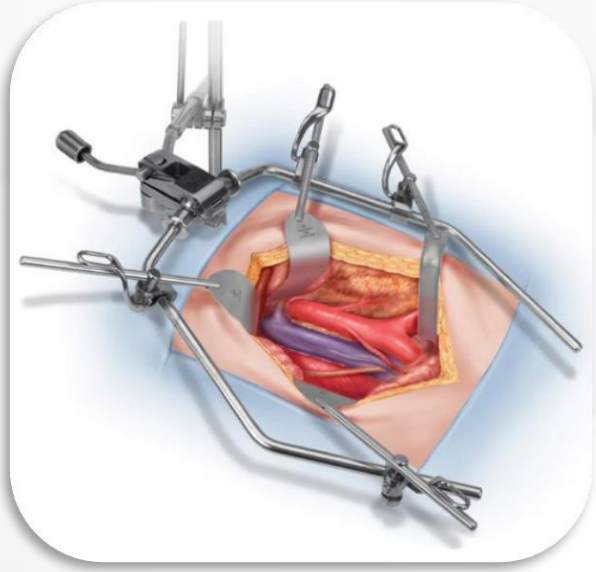
Bookler® Competition vs. Omni-Tract (Integra)

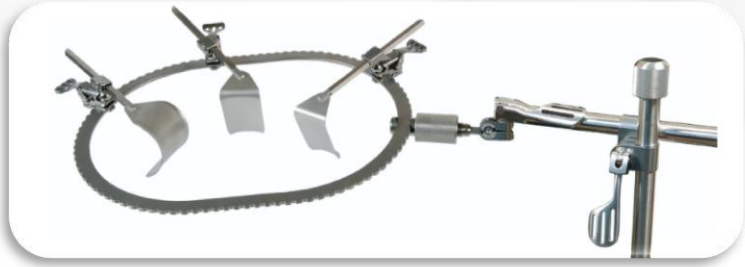
Strengths

- Owners and marketer of all Omni-tract devices
- Strong contact list
- Have large customer case
- Large publicly traded entity with significant resources
- Have a very wide portfolio that can be used for bundling
- Strong Brand Name in ‘Retraction’

Weaknesses

- Higher Prices
- Basic Bookwalter style offering called Speed-Tract
- Not original design
- No solutions for Perineal approach (GYN/URO/COLO)
- Only 45 blade patterns available
  - Missing many important specialty blades
  - Perineal Rings
  - No Strong Arm Plus
- Not a focus for Integra anymore
  - Many higher margin products to sell
- Small offering of MIS solutions for same end user
- Most accounts do not know who their rep is
- 99% of ‘Roundbar’ users will never convert to Ratchet and Ring Style Systems, thus they promote mainly their URB style



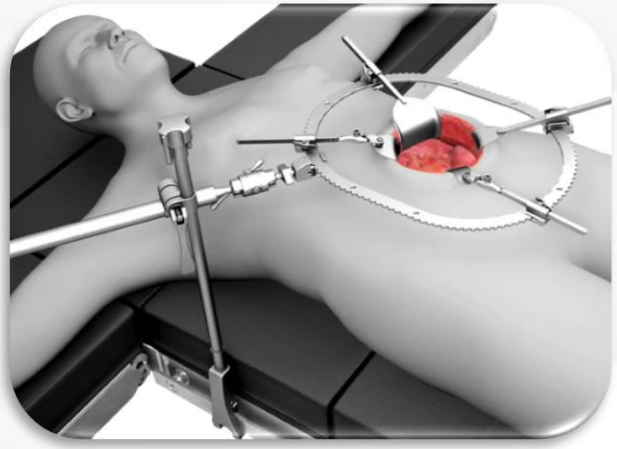


Mediflex®

Bookler® Competition vs. Thompson Surgical

Strengths

- Strong brand name
  - "I want a Thompson"
    - But which type? (See weaknesses)
- Strong contact list
- Have large customer case
- Large publicly traded entity with significant resources
- Have a very wide portfolio that can be used for bundling
- Strong Brand Name in 'Retraction'



Weaknesses

- Higher Prices (+30-40%)
- Very basic Bookwalter® style offering called RingTract
- Only 1 kit offered but very extensive, only 1 Bookler® type ring available, mix&match
- Not original design and noticeable
- No solutions for Perineal approach (GYN/URO/COLO)
  - Mediflex® solution is the Segmented Perineal Ring
- Only 15-20 blade patterns available
  - Missing many important specialty blades
- Customers associated Thompsons with bilateral systems (URB) for Liver Transplant and Upper GI
- Not focused on MIS (Where majority of surgeries take place)
- No sales force in the US
- 99% of 'Roundbar' users will never convert to Ratchet and Ring Style Systems, thus promote mainly their URB style
- No StrongArm® Plus
- No Rotating Tilt Ratchets
- Requires 'screwdrivers' at tables

Mediflex®

Bookler® Competition vs. “German OEM”s

Strengths

- Strong in open surgery instruments
  - Hand instruments
  - Customer base often looking for ‘Bookwalter’ style systems
- Large Corporates
  - **V. Mueller (BD)**
  - **Medline**
  - **Aesculap**
- Smaller German/Turkish/Pakistani Bra
  - **Bahadir**
  - **Tekno**
  - **SE Asian origin systems**

Weaknesses

- Are not the original manufacturer, just OEM
  - Germany for some components
  - SE Asia for most
- European MDR regulation has limited/ended their growth and expansion due to investment/time required
  - Ended distribution in many cases
  - Unclear CE mark status in many case
  - Tolerance issues
    - Metric vs. Imperial tolerance overlapping
  - Common headache for OR’s and CSSD
- Order takers, not generators
- Very basic Bookwalter® style offerings
  - Old designs and noticeable
- Limited Retraction solutions for MIS/RAS

Mediflex®

Sales advice for Bookler®: Selling with Confidence

Common Pre-conceived Notions by Sales Reps

Rep: “Dr. ___ performs mostly MIS cases so he might not be interested in open surgery retraction”

Manager: Open surgery will always account for 20-30% of all cases while the rest will be split between MIS and RAS.

Rep: Why would they need to?

Manager: Adhesions, sepsis/infection, better visual confirmation, severe bleeding/trauma and a failed MIS approach are all conditions for a patient needing to have or convert to open surgery

Rep: I spoke to Dr. ___ at Univeristy and he said that he has residents who can hold retractor blades and are not a cost to the OR.

Manager: Retraction is essential to positive clinical outcomes. Education is essential in producing more qualified surgeons. It is often hard to combine both as when a resident is holding a device, they are trying to focus on the mechanical aspects of the procedure while trying to absorb the educational aspects. Also, it will help reduce crowding around the patient by 2-3 persons allowing the surgeon to have more comfortable and ergonomic positions while providing superior retraction for longer periods of time than a resident can.

Sales advice for Bookler®: Selling with Confidence

Know your customer!

- **Whether it is General, GYN, Urology, Vascular etc. it is important to always explore what they are currently using for open retraction and stabilization**
  - Existing Mediflex System needing expansion
  - Competitor 'Like' System
    - Understanding their limitations
  - Non-table mounted self-retaining system
    - Most common in perineal approaches
  - Residents and Nurses
    - Are they familiar with assembling and disassembling?

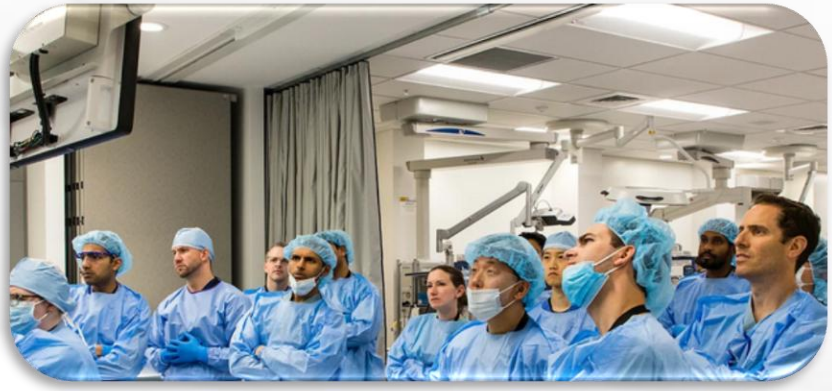
- **Not all General Surgeons perform the same surgeries**
  - Surgeries where the Bookler would not be applicable for
    - HIPEC/Upper GI Procedures where Rib Cage lifting is required
      - The Mediflex 69631 system fills this gap from our URB line
    - Liver Transplant
      - Where rib cage and wide costal margin retraction are required
        - 69631 is the solution here
        - Mediflex's traditional competitors are less involved in MIS/RAS procedures
      - We have solutions for that 70-80% of their cases making us a more valuable brand to their daily workflow

Mediflex®

Sales Channels: Who are our Customers?

- **Surgeon**
  - Important to get buy-in from entire team
    - Often involves several evaluations
    - When possible, always perform dry in-service
  - General
    - Colorectal
    - Bariatric
  - Gynecology
  - Urology
  - Vascular
  - HPB Surgeon
- **Residents**
- **Nurses**
  - When possible, always perform dry in-service
  - Head Nurse
  - Scrub Nurses
- **Hospital Purchasing**
  - Getting buy-in at the top level is important for budget allocation
  - VAT (Value Analysis Committee)
    - Becoming mandatory in more places worldwide

- **Consultative Kit Building**
- Most surgeons do not order standard preconfigured kits but rather specifically based on their patient variance
- Work with surgeons to understand their pain points with their existing set up
- Important to build kits that can address both their open and MIS procedures
- Training nurses on assembly and disassembly is important to get OR team buy in
  - It is normal for nurse to set up the mounting hardware
  - Surgeon will generally set up the ring, blades and ratchets
- **Do not forget residents as they will use what they are trained on and will be future potential customers**



Mediflex®

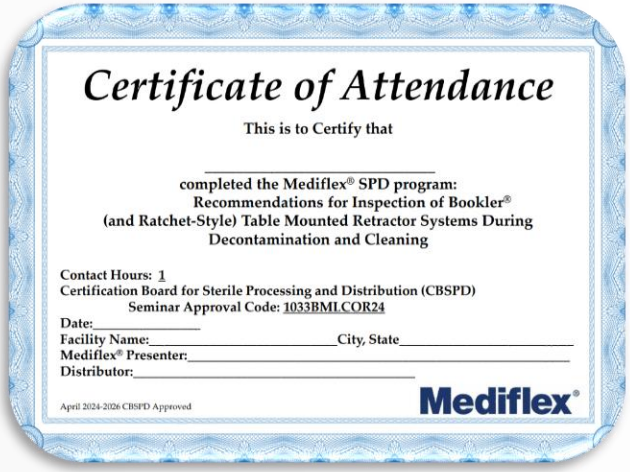
Sales Channels: CSSD/SPD

Target Sterilization Departments and OR's to service their existing sets, including Bookwalter®

Offer Bookler® TMR Inspection Inservice

- Regular inspection of the components will help identify any wear or damage that may prevent the devices from performing as intended.

- Mostly in CS(S)D
- First time: create checklist or use theirs
- Identify:
  - Missing parts
  - Parts needing repair
  - Use your cross reference excel file
- Upgrade old styles
  - New ratchets
  - Mounting Hardware, StrongArm® Plus
- This approach
  - Saves time for customer
  - Builds reputation for YOU
  - Often creates an order…
  - Puts you on future pick list for quoting
  - Often a quicker purchasing process than traditional



Certificate of Attendance

This is to Certify that

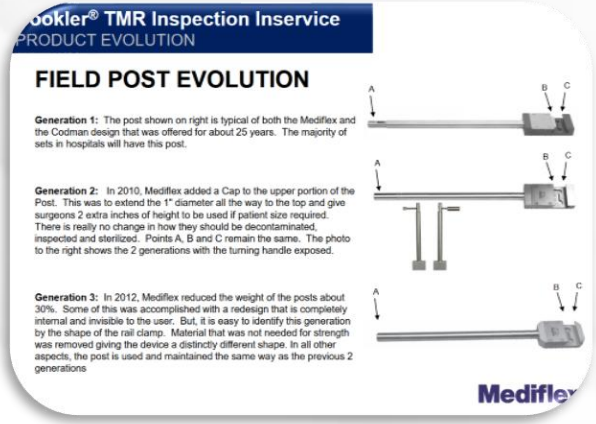
_____

completed the Mediflex® SPD program:
Recommendations for Inspection of Bookler®
(and Ratchet-Style) Table Mounted Retractor Systems During
Decontamination and Cleaning

Contact Hours: 1
Certification Board for Sterile Processing and Distribution (CBSPD)
Seminar Approval Code: 1033BMLCOR24
Date:_____
Facility Name:_____City, State_____
Mediflex® Presenter:_____
Distributor:_____

April 2024-2026 CBSPD Approved

Mediflex®



ookler® TMR Inspection Inservice
PRODUCT EVOLUTION

FIELD POST EVOLUTION

Generation 1: The post shown on right is typical of both the Mediflex and the Codman design that was offered for about 25 years. The majority of sets in hospitals will have this post.

Generation 2: In 2010, Mediflex added a Cap to the upper portion of the Post. This was to extend the 1" diameter all the way to the top and give surgeons 2 extra inches of height to be used if patient size required. There is really no change in how they should be decontaminated, inspected and sterilized. Points A, B and C remain the same. The photo to the right shows the 2 generations with the turning handle exposed.

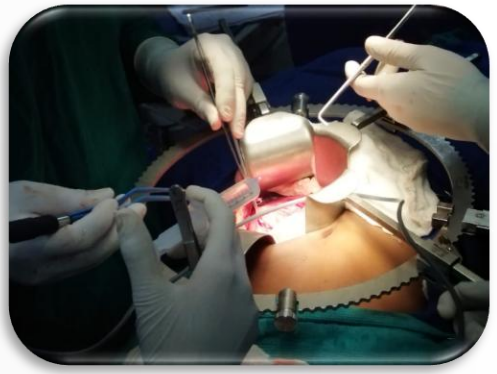
Generation 3: In 2012, Mediflex reduced the weight of the posts about 30%. Some of this was accomplished with a redesign that is completely internal and invisible to the user. But, it is easy to identify this generation by the shape of the rail clamp. Material that was not needed for strength was removed giving the device a distinctly different shape. In all other aspects, the post is used and maintained the same way as the previous 2 generations

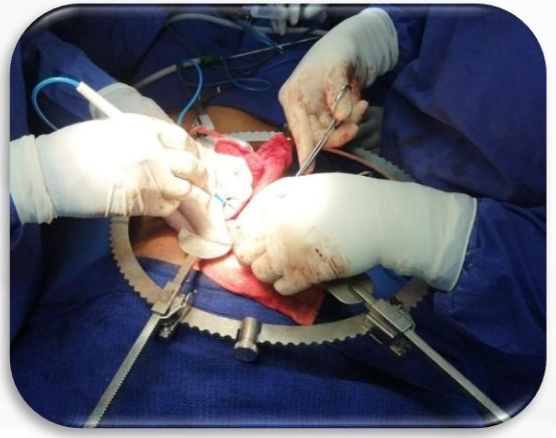
Mediflex

Mediflex®

The Gold Standard in Retraction: Summary of Bookler® Benefits

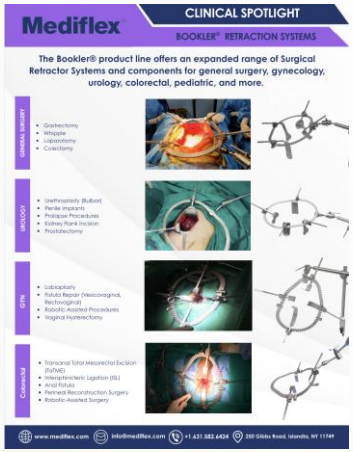
- Gives Surgeon excellent visualization of a static surgical field
- Reduces physical strain on OR staff and work-related injuries
- Reduces the number of staff required to perform major cases
- Saves time due to less repositioning of ‘human hands’, fatigue, and better visualization
- 80+ blade offerings
- Mediflex® has been a trusted brand for over 60 years
- All components are manufactured of the same materials and are dimensionally equivalent to the original Bookwalter® Systems
- CEU accredited in-service for inspection and processing available
- StrongArm® Plus replaces Field Post, Coupler and Horizontal Bar – allowing for low-profile frame positioning and eliminates Field Post interference
- Specialty ratchets and Blades
- All products are manufactured by Mediflex® in the USA





Mediflex®

Bookler® Assets



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