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 info@intersurgical.com www.intersurgical.com

**Relevant Country Contact Name**
**Tel.:** Relevant country telephone

**Fax:** Relevant country fax

**Email:** Relevant country email

**Urgent Recall Notice (This supersedes the previous FSN dated 15/07/2019)**
**Devices:**

REF	DESCRIPTION
1898000	DOUBLE SWIVEL ELBOW 15M - DOUBLE FLIP TOP CAP WITH SEAL - 22M/15F
3505000	FLEXIBLE DOUBLE SWIVEL CATHETER MOUNT 22F - DOUBLE FLIP TOP CAP WITH SEAL - 22M/15F, 170MM
3521000	SUPERSET DOUBLE SWIVEL CATHETER MOUNT 22F - DOUBLE FLIP TOP CAP - 22M/15F, 70MM-150MM

**LOT numbers:**

1898000	2180406, 2180731, 2181507, 2181793, 2190139, 2190292, 2191327
3505000	2183450, 2190043, 2191286
3521000	2180327, 2180366, 2180532, 2180860, 2181350, 2181503, 2181753, 2182119, 2182182, 2182209, 2182536, 2182852, 2183480, 2190190, 2190617, 2190735, 2191410

**Manufacturer:** Intersurgical Ltd

**FSCA-identifier:** 226766

**Date:** 25/07/2019

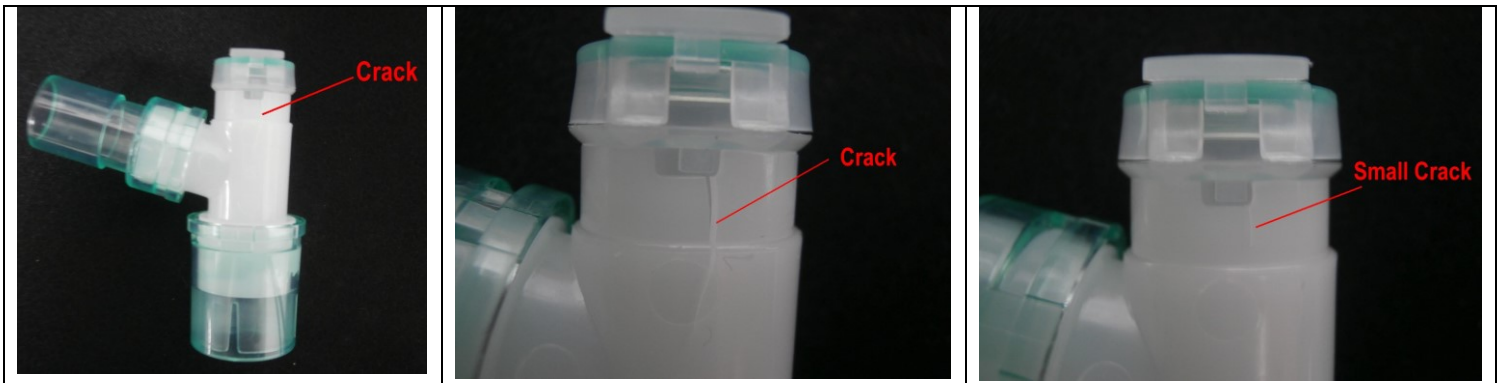
**Attention:** Medical Device Safety Officers (MDSO)

**Distribution:** All Critical Care clinical staff, all Anaesthesia clinical staff, managers and users of the above products

**Type of action:** The removal of all products and lot numbers listed above to prevent their possible use.

**Description of the problem:** We have received complaints about cracked ports in the swivel elbow where the flip cap is inserted, and these cracks leak if they reach a significant size. The percentage of cracked products in any lot may vary between 0% and approximately 10%. The cracks were not present at the time of manufacture, but have occurred later on during storage.

In a worst case scenario, leakage from a crack could result in the prescribed ventilation not being delivered to the patient. If this leak were left undetected it could lead to the patient becoming hypoxic and hypercapnic which would have a detrimental impact upon the patient's respiratory function and vital signs.



**Action to be taken by the user:**

Immediately quarantine all affected products and lot numbers listed above and do not use these devices. Please contact Intersurgical using the Response Form to confirm these have been disposed of locally or arrange collection of the devices and credit. If you have no affected devices in stock, please confirm this using the Response Form.

**Corrective Action being taken by manufacturer Intersurgical:**

We have stopped production of the affected component where the problem has been identified, however in the meantime we are able to use components manufactured at a different site to minimise disruption in supply to our customers.

**Transmission of this Recall Notice:**

This notice should be transmitted to all those who need to be aware within your organisation, or to any organisation where these potentially affected devices have been transferred.

Intersurgical apologises for any inconvenience this may cause. If you have any questions, please contact your distributor or local Intersurgical representative.

The relevant National Authorities have been advised about this Field Safety Corrective Action.

Please maintain awareness of this Recall Notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.

The undersigned confirms that this notice has been notified to the appropriate Regulatory Agency.



**Ivan Seniut, Group Quality and Regulatory Affairs Director, Intersurgical**

**Relevant Country Contact Name**

Tel.: Relevant country telephone

Fax: Relevant country fax

Email: Relevant country email

## **Urgent Recall Notice (This supersedes the previous FSN dated 15/07/2019)**

### **Response Form**

**Devices:**

<b>REF</b>	<b>DESCRIPTION</b>
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**Hospital Name:** \_\_\_\_\_

**Hospital Address:** \_\_\_\_\_

Please tick one of the following options:

- We do not have any remaining stock of the affected products.
- We have quarantined our remaining stock of the following affected products and have disposed of these locally or wish to return them. Please arrange credit.

(Please complete the section below, and send it back to the contact above).

I confirm that I have quarantined the following products and lot numbers.

REF	LOT	Quantity of products per LOT number
<i>[add more rows as required]</i>		

**Form Completed and Returned by:**

**Name:** .....

**Phone No:** .....

**Position:** .....

**E-mail:** .....

**Date:** .....