FSN Ref: WW20_C11607-DP

FSCA Ref: C11607-DP

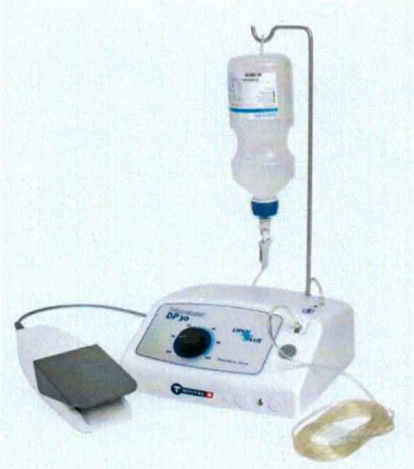
Date: 20.08.2020

Urgent Field Safety Notice
Dispenser DP 30 LipoPlus

For Attention of: Users and Distributors of DP 30 LipoPlus

Contact details of local representative
Nouvag AG **Mehdi Zadehnour** **St. Gallerstrasse 23-25** **9403 Goldach** **+41 71 846 66 57**

Urgent Field Safety Notice (FSN) DP 30 LipoPlus
Production according to expired EMV Standard 60601-1-2 Edition 3

	1. **Information on Affected Devices**
1.	1. Device Type
	The Dispenser DP 30 LipoPlus is a specifically for liposuction designed tumescence infiltration pump, delivering high volume of tumescence liquid. 
1.	2. Commercial name(s)
	Dispenser DP 30 LipoPlus
1.	3. Unique Device Identifier(s) (UDI-DI)
	+ENOU41610F +ENOU41630H
1.	4. Primary clinical purpose of device(s)*
	The DP 30 LipoPlus is a mobile Infiltration pump that is used for Tumescence infiltration during Liposuction and for treatments in Angiology
1.	5. Device Model/Catalogue/part number(s)
	4161 and 4163

1.	6. Affected serial or lot number range

Qty	SET SN	UNIT SN
1	3779S1910R	4621U1904R
1	0538S1907R	4610U1904R
1	0539S1907R	4611U1904R
1	5285S1911R	1180U1908R
1	2930E1903R	7881U1901R
1	1049E1902R	7878U1901R
1	5428E1904R	7897U1901R
1	5429E1904R	7898U1901R
1	5943S1911R	1193U1908R
1	3828E1904R	7892U1901R

2 **Reason for Field Safety Corrective Action (FSCA)**	
2.	1. Description of the product problem
	The devices DP 30 LipoPlus does not comply with the latest harmonized EMC standard (60601-1-2, Edition 4). The device only complies with the expired Edition 3 and was not adapted to the new standard.
2.	2. Hazard giving rise to the FSCA
	The device might interfere with other electrical devices. The DP 30 LipoPlus could disturb the function of devices nearby or could itself be disturbed by them.
2.	3. Probability of problem arising
	Little to no probability of problems arising. The device still complies with the previous Edition 3 EMC standard (IEC 60601-1-2:2007). With the harmonization of the EMC standard Edition 4 (IEC 60601-1-2:2014) the acceptable ranges of electromagnetic interference is now smaller and thus not successfully achieved by the device.
2.	4. Predicted risk to patient/users
	none

	3. Type of Action to mitigate the risk		
3.	**1. Action To Be Taken by the User** ☒ Identify Device ☐ Quarantine Device ☒ Return Device ☐ Destroy Device ☐ On-site device modification/inspection ☐ Follow patient management recommendations ☐ Take note of amendment/reinforcement of Instructions For Use (IFU) ☐ Other ☐ None		
	Device must be returned to the following address: Nouvag AG Dental und Medizintechnik St. Gallerstrasse 23-25 CH – 9403 Goldach Switzerland Tel. +41 71 846 66 00 Email: info@nouvag.com		
3.	2. By when should the action be completed?	Immediately	
3.	3. Is customer Reply Required? * (If yes, form attached specifying deadline for return)		Yes, As soon as possible
3.	**4. Action Being Taken by the Manufacturer** ☐ Product Removal ☐ On-site device modification/inspection ☐ Software upgrade ☐ IFU or labelling change ☒ Other ☐ None Device modification on manufacturing site		

	4. General Information	
4.	1. FSN Type	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	**3.** For Updated FSN, key new information as follows:	
	N/A	
4.	4. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	a. Company Name	**Nouvag AG**
	b. Address	**St. Gallerstrasse 23-25, CH-9403 Goldach**
	c. Website address	**www.nouvag.com**
4.	5. The Competent (Regulatory) Authority of your country has been informed about this communication to customers.	
4.	6. Name/Signature	Mehdi Zadehnour, COO

	Transmission of this Field Safety Notice
	This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate) Please transfer this notice to other organisations on which this action has an impact. (As appropriate) Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action. Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.

Please fill in the customer/ distributor reply form and send it to us before the defined deadline at: vigilance@nouvag.com