



KARL STORZ SE & Co. KG • PO Box 230 • 78503 Tuttlingen/Germany

Urgent Field Safety Notice: #200862159 **Product RECALL**

10973HD - Video Mediastinoscope

May 2021

Sender:

KARL STORZ SE & Co. KG Dr.-Karl-Storz-Straße 34 78532 Tuttlingen/Germany

Addressee:

Representatives for medical product safety, users, operators, distributors

FSCA identification:	200862159
Action type:	RECALL
Affected product:	10973HD – Video Mediastinoscope, with continuous proximal lateral slit, length 15 cm, for use with IMAGE1 S™
Affected serial number:	ALL

A. Description of the problem including the identified cause:

KARL STORZ determined an increased incident rate for the 10973HD – Video Mediastinoscope. Four incident reports where a patient injury and sharp edges on the tip of the device was reported, were received. For the predicate device no incident reports of this nature were received. Compared to the predicate device, the current device has a changed design on the device tip, see Figure 1. As the tip is chamfered according to specification, the issue was therefore found to be design related.



Figure 1: Former design green, current design red

Office Address: KARL STORZ SE & Co. KG Dr.-Karl-Storz-Straße 34 78532 Tuttlingen/Germany Phone: +49 7461 708-0

+49 7461 708-105 E-Mail: info@karlstorz.com

www.karlstorz.com

Bank Accounts: Volksbank Schwarzwald-Donau-Neckar eG SWIFT: GENO DES1TUT IBAN: DE97 6439 0130 0000 7720 03 Commerzbank AG Tuttlingen

IBAN: DE69 6438 0011 0271 3305 00

SWIFT: COBA DE FF 643

Kreissparkasse Tuttlingen SWIFT: SOLA DES 1 TUT IBAN: DE79 6435 0070 0000 0013 22 Deutsche Bank AG Tuttlingen SWIFT: DEUT DESS653 IBAN: DE09 6537 0075 0211 6390 00

Limited Partnership: KARL STORZ SE & Co. KG Dr.-Karl-Storz-Straße 34 78532 Tuttlingen/Germany Place of Business: Tuttlingen Commercial Register: Stuttgart HRA 450442 VAT-ID-No. DE 142931059 WEEE Reg.-No. DE 74465858 Unlimited Partner: KARL STORZ Verwaltungs SE Dr.-Karl-Storz-Straße 34 78532 Tuttlingen/Germany

Place of Business: Tuttlingen Commercial Register: Stuttgart HRB 762524 Managing Director:

Karl-Christian Storz Chair of the Supervisory Board: Dr. h. c. mult. Sybill Storz



B. Identification of affected devices:



C. Description of the corrective action:

Recall of all affected products.

For replacement, please contact your responsible KARL STORZ representative.

D. Risks for patients/users/third parties if the products are used again:

The current market feedback showed a higher risk of patient injury which included tracheal/bronchial laceration and/or bleeding. Due to the increased risk for injuries the products shall no longer be used.

E. Risks for patients who have already been treated with affected products:

No risks for patients who have already been treated successfully with the affected products.

F. What measures are to be taken by the addressee?

- 1. Immediately guarantine and discontinue use of the device.
- 2. Pass on this urgent field safety notice to all users of the product and all other persons who need to be aware within your organization.
- 3. If you have distributed the device, please promptly forward this letter to those recipients, and indicate contact details of the recipient on the feedback form.
- 4. Return the filled feedback form by Fax or E-Mail to the indicated contact.
- 5. Get in touch with your KARL STORZ representative to return affected products.

Please keep this notice at least until the corrective action has been fully implemented. The national competent authority has received a copy of this urgent field safety notice.

We thank you for your cooperation and understanding for this measure.

Sincerely,

KARL STORZ SE & Co. KG



This document was created electronically and is valid without signature

Feedback form

Urgent Field safety notice: 200862159

Product RECALL

10973HD – Video Mediastinoscope

I hereby confirm that the safety information has been received and, where applicable, passed on. I confirm that I have read and understood the safety information and that it was implemented accordingly.

Contact Information				
Hospital / Organization				
Name / Title				
Telephone				
E-Mail address				

Signature of Receipt and Acknowledgement	Date	

We have passed on affected products to the following facilities:

	Facility 1	Facility 2	Facility 3
Hospital / Organization			
Postcode			
City			
Street			
Telephone			
E-Mail			
Contact Person			

Please send this form to: vigilance@karlstorz.com

or

Fax: +49 (0)7461 708 45581