



COOK MEDICAL EUROPE LTD.
O'HALLORAN ROAD
NATIONAL TECHNOLOGY PARK
LIMERICK, V94 N8X2, IRELAND
TEL: +353 61 334440 FAX: +353 61 334441
WWW.COOKMEDICAL.EU

FSN Ref: 2023FA0004 / QCR-2023-04

FSCA Ref: 2023FA0004 / QCR-2023-04

21 March 2023

Urgent Field Safety Notice
Zenith® Branch Endovascular Graft – Iliac Bifurcation (ZBIS)
Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device)

For Attention of: Chief Executive Officer, Director of Nursing and Purchasing Officers/Stores Manager

Contact details of local representative (name, e-mail, telephone, address etc.)

Cook Medical Europe Ltd.
O'Halloran Road
National Technology Park
Limerick, Ireland
E-mail: European.FieldAction@CookMedical.com
Phone: Please refer to the attached Country Contact List.

For any further information or support concerning the information within this FSN please contact your local Cook Medical Sales Representative or Cook Medical Europe Ltd.



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Urgent Field Safety Notice (FSN)
Zenith® Branch Endovascular Graft – Iliac Bifurcation (ZBIS)
Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device)

| 1. Information on Affected Devices | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|-----------------------------|--------------------|---------------|--------|---------------|--------|---------------|--------|---------------|--------|---------------|--------|---------------|--------|---------------|--------|---------------|--------|-----------------------------|--------------------|-------------------------------|--------|
| 1. | <p>1. Device Type(s)</p> <p>The Zenith® Branch Endovascular Graft – Iliac Bifurcation (ZBIS) and Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device) are bifurcated branch vessels grafts with openings to connect the common iliac, internal iliac side branch, and external iliac segments. The devices are supplied sterile.</p> | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p>2. Commercial name(s)</p> <p>The Zenith® Branch Endovascular Graft – Iliac Bifurcation Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device)</p> | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p>3. Primary clinical purpose of device(s)</p> <p>These devices are indicated for the endovascular treatment of patients with an aortoiliac or iliac aneurysm, an insufficient distal sealing site within the common iliac artery and having morphology suitable for endovascular repair.</p> | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p>4. Device Model/Catalogue/part number(s)</p> <p>Zenith® Branch Endovascular Graft – Iliac Bifurcation (ZBIS):</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Reference Part Number (RPN)</th> <th>Order Number (GPN)</th> </tr> </thead> <tbody> <tr><td>ZBIS-10-45-41</td><td>G38612</td></tr> <tr><td>ZBIS-10-45-58</td><td>G38613</td></tr> <tr><td>ZBIS-10-61-41</td><td>G38614</td></tr> <tr><td>ZBIS-10-61-58</td><td>G38615</td></tr> <tr><td>ZBIS-12-45-41</td><td>G38616</td></tr> <tr><td>ZBIS-12-45-58</td><td>G38617</td></tr> <tr><td>ZBIS-12-61-41</td><td>G38618</td></tr> <tr><td>ZBIS-12-61-58</td><td>G38344</td></tr> </tbody> </table> <p>Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device)</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Reference Part Number (RPN)</th> <th>Order Number (GPN)</th> </tr> </thead> <tbody> <tr> <td>REINFORCED-ILIAAC-SIDE-BRANCH</td> <td>G38048</td> </tr> </tbody> </table> | Reference Part Number (RPN) | Order Number (GPN) | ZBIS-10-45-41 | G38612 | ZBIS-10-45-58 | G38613 | ZBIS-10-61-41 | G38614 | ZBIS-10-61-58 | G38615 | ZBIS-12-45-41 | G38616 | ZBIS-12-45-58 | G38617 | ZBIS-12-61-41 | G38618 | ZBIS-12-61-58 | G38344 | Reference Part Number (RPN) | Order Number (GPN) | REINFORCED-ILIAAC-SIDE-BRANCH | G38048 |
| Reference Part Number (RPN) | Order Number (GPN) | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-10-45-41 | G38612 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-10-45-58 | G38613 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-10-61-41 | G38614 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-10-61-58 | G38615 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-12-45-41 | G38616 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-12-45-58 | G38617 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-12-61-41 | G38618 | | | | | | | | | | | | | | | | | | | | | | |
| ZBIS-12-61-58 | G38344 | | | | | | | | | | | | | | | | | | | | | | |
| Reference Part Number (RPN) | Order Number (GPN) | | | | | | | | | | | | | | | | | | | | | | |
| REINFORCED-ILIAAC-SIDE-BRANCH | G38048 | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p>5. Affected serial or lot number range</p> <p>As per attached list.</p> | | | | | | | | | | | | | | | | | | | | | | |

| 2 Reason for Field Safety Corrective Action (FSCA) | |
|--|--|
| 2. | <p>1. Description of the product problem</p> <p>William A. Cook Australia have received reports that the tip of the catheter, which is an indwelling component of the Zenith® Branch Endovascular Graft – Iliac Bifurcation (ZBIS) and Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device) is splitting / breaking during device preparation or during the endovascular procedure.</p> |
| 2. | <p>2. Hazard giving rise to the FSCA</p> <p>The hazard is failure of the catheter tip leading to splitting or breaking of the tip during device preparation or during the endovascular procedure.</p> |



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| | |
|----|--|
| | The potential adverse events that may occur depend on when the catheter tip breaks and whether it can be retrieved. The potential adverse events include an increased procedural time (to obtain a replacement device), medical intervention (to retrieve or isolate the catheter tip) or permanent impairment of body structure or function (if the catheter tip is left inside the iliac arteries causing occlusion). |
| 2. | 3. Probability of problem arising |
| | Globally, the occurrence rate for the issue is 0.91% (between 01 Jan 2020 and 31 Dec 2022). |
| 2. | 4. Predicted risk to patient/users |
| | There is a remote probability that the issue can cause minor to significant adverse health consequence, transient harm, medically reversible harm. To date, Cook Medical has not received reports of irreversible outcomes to patients. The catheter tip is radiopaque and visible under fluoroscopy which enables medical intervention by endovascular methods or open access in situations where the tip breaks during the procedure. |

| 3. Type of Action to mitigate the risk | |
|---|--|
| 3. | <p>1. Action To Be Taken by the User</p> <p><input checked="" type="checkbox"/> Identify Device <input checked="" type="checkbox"/> Quarantine Device <input checked="" type="checkbox"/> Return Device</p> <p>On receipt of this FSN, review your stock.</p> <p>To determine if a device is affected, refer to the attached list of affected lots. If you have an affected lot number in stock, quarantine the device(s).</p> <p>Please complete the enclosed Field Action Customer Reply Form. Since devices are to be returned, our Customer Services department will contact you to organize the return and issue you the relevant Returns Authorization number. Please include contact details on the Field Action Customer Reply Form so that they can contact you.</p> <p>Returned Devices should be addressed to: Cook Medical EUDC Robert-Koch-Straße, 2 52499 Baesweiler Germany</p> <p>Credit will be provided for the returned affected devices where applicable</p> |
| 3. | <p>2. By when should the action be completed?</p> <p style="text-align: right;">Immediately</p> |
| 3. | <p>3. Is customer Reply Required? (If yes, form attached specifying deadline for return)</p> <p style="text-align: right;">Yes</p> |



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| | |
|-----------|--|
| 3. | <p>4. Action Being Taken by the Manufacturer</p> <p><input checked="" type="checkbox"/> Product Removal</p> <p>Replacement stock will be available for re-order</p> |
|-----------|--|

| 4. General Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------------|--|---|---|--------------------|--|--|--|-----------------|----------------------------------|------------|---|--------------------|------------------------|----|--|----|--|------------------------------------|---|----|---|-------------------|--|--|--|
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| Transmission of this Field Safety Notice | |
|---|--|
| | <p>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)</p> <p>Please transfer this notice to other organisations on which this action has an impact. (As appropriate)</p> <p>Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.</p> <p>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.</p> |



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Field Action Customer Reply Form

| 1. Field Safety Notice (FSN) information | |
|---|--|
| FSN Reference number | 2023FA0004 |
| FSN Date | |
| Product/Device name | Zenith® Branch Endovascular Graft- Iliac Bifurcation (ZBIS) Bifurcated Iliac Sidebranch Endovascular Graft (Custom Made Device) |
| Product Code(s) | As per attached list. |
| Batch/Serial Number (s) | As per attached list. |

| 2. Customer Details | |
|--|--|
| Account Number | |
| Healthcare Organisation Name | |
| Organisation Address | |
| Department/Unit | |
| Shipping address if different to above | |
| Contact Name | |
| Title or Function | |
| Telephone number | |
| Email | |

| 3. Customer action undertaken on behalf of Healthcare Organisation | |
|---|---|
| <input type="checkbox"/> | I confirm receipt of the Field Safety Notice and that I read and understood its content. |
| <input type="checkbox"/> | The information and required actions have been brought to the attention of all relevant users and executed. |
| <input type="checkbox"/> | I have affected devices to return - enter Lot number and quantities in table below. |
| <input type="checkbox"/> | No affected devices are available for return/ destruction |
| Print Name | |
| Signature | |
| Date | |



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| 4. Return acknowledgement to sender | |
|--|--|
| Email | European.FieldAction@CookMedical.com |
| Customer Helpline | Please refer to the attached Country Contacts List |
| Fax | + 353 61 239294 |
| Deadline for returning the customer reply form | Please return this form within 5 business days of receipt |

If you are returning/destroying any affected product, please indicate the part number, lot number and quantity:

| Product Part Number | Product Lot Number | Quantity |
|---------------------|--------------------|----------|
| | | |
| | | |
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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.