

FSN Ref: 1035166-08/25/2024-001-R FSCA Ref: 1035166-08/25/2024-001-R

Date: 25 Aug 2024

Urgent Field Safety Notice (FSN)

Axillary Insertion Introducer and Introducer Kits - Risk of Infection

For Attention of*: All Axillary Insertion Introducer and Introducer Kit users involved in preparation and use of these devices

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

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Axillary Insertion Introducer and Introducer Kits - Risk of Infection

	1. Information on Affected Devices*	
1	1. Device Type(s)*	
	Axillary Insertion Introducers and Introducer Kits	
1	2. Commercial name(s)	
	Axillary Insertion Introducer	
1	5: 5:::- (ac 26:::ac:::a:::(a) (52::2:)	
	Abiomed Axillary 23F S6CM SV PSET (Abiomed Model No.: 0052-0011-EU // Oscor Model No.: AB-81-006Z-B) GTIN: 008856720097	
1	4. Primary clinical purpose of device(s)*	
	The Introducer Sheaths are intended for the introduction of pacing leads or catheters into the body.	
1	5. Device Model/Catalogue/part number(s)*	
	Abiomed Model No.: 0052-0011-EU // Oscor Model No.: AB-81-006Z-B	
1	6. Software version	
	N/A	
1		
	1554119; 1588790; 1602807; 1605010; 1621646; 1638352; 1652405; 1668195;	
	1672375; 1680301; 1686703; 1702341; 1706967; 1713870; 1717202; 1729155; 1745030	
1	8. Associated devices	
	The Introducer Sheaths are intended for the introduction of pacing leads or catheters into the body. Abiomed sells the Introducer Sheaths both as stand-alone devices and in combination with Abiomed's Impella Pumps ("Impella Introducer Kits"). Per a dually signed and executed Supply Agreement between entities dated January 13, 2020, Oscor Inc. is the Legal Manufacturer of the Introducer Sheaths sold separately from the Abiomed Impella Introducer Kits.	
	Abiomed's affiliate, Abiomed Europe GmbH Neuenhofer Weg 3, 52074 Aachen ("Abiomed Europe"), is the acting Importer of the Oscor Inc. Introducer Sheaths sold separately from the Abiomed Impella Introducer Kits.	

2 Reason for Field Safety Corrective Action (FSCA)*

Description of the product problem*

The outer pouch (breather bag) may have damage resulting in breach of the introducer sheath outer pouch. The outer pouch is the validated sterile barrier for the PETG tray and non-tray version of the introducer sheath product.

2 2. Hazard giving rise to the FSCA*

Sterility may be compromised on packaged Introducer Kits with identified breather bag defects; therefore, increasing patient risk of infection during the procedure. Per the Instructions for Use (IFU) packaged with each device: "Device is supplied sterile. Do not use if package has been previously opened or damaged."

2 3. Probability of problem arising

No change in rate of infection or signals have been identified, with a worldwide monthly infection complaint rate between 0% and 0.38%. The monthly complaint rate in the United States is between 0% and 0.17%. No field complaints have been received by Oscor Inc. in the last 3 years globally for similar defects or similar patient harms, including infection. It is unlikely that use of, or exposure to the product under review will cause adverse health



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consequences as all Oscor Inc. Axillary Insertion Introducer Sheaths and Introducer Kit configurations are packaged in a double sterile barrier (i.e., sealed tray and breather bag) while the Axillary Insertion Introducer devices are packaged in an inner and outer Tyvek/Mylar pouch. All products are then sterilized. The probability of patient infection is unlikely: the devices would remain sterile within the inner sealed tray if the outer breather bag were breached or damaged. 2 4. Predicted risk to patient/users The risk associated with this event is low as the probability of adverse health consequences is unlikely to cause any adverse event to the patient. Per the unambiguous Instructions for Use, a damaged package should not be used. The IFU states "Device is supplied sterile. Do not use if package has been previously opened or damaged." The risk of using a device from a damaged package could result in patient infection, which is medically reversible and/or classified as transient adverse health consequences. 2 5. Further information to help characterise the problem There has been no recent observation of changes in trends or severity; rates remain stable over the past several years. 2 6. Background on Issue During 100% inspection of the product, a breech to the integrity of the primary packaging level (i.e., outer breather bag) was identified. 295 units out of 54,332 inspected units had an identified packaging defect. Further investigation identified damaged sterilization baskets as the primary root cause of damage to the Introducer devices. The packaging damage was confirmed to be isolated to the outer pouch that both the trayed and nontrayed Introducers are sealed in. Other information relevant to FSCA 2

		3. Type of Action to mitigate the risk*			
3	1. Action To Be Taken by the User*				
		☑ Identify Device ☑ Quar	antine 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	e		
		Provide further details of the a	action(s) identified.		
3	2.	By when should the action be completed?	initiation (est. 30 I stock, Abiomed E coordinate replace	suggested four (4) Dec 2024). In case y urope GmbH will co ement. Ensure conta ustomer Reply Form	ou have units in ntact you to act information is
3		Is follow-up of patients or review of patients' previous results recommended? No			
		The Oscor Inc. Introducer Sheaths are non-implantable devices. The Introducers are categorized according to ISO 10993-1:2018 as externally communicating			
	devices with limited contact to circulating blood. The clinical use scenario for the			•	

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N/A



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	devices indicates that an average length of contact is approximately eight (8) hours (i.e., cumulative use) with a worst-case scenario not exceeding 24 hours.			
3	3. Is customer Reply Required? *		Yes	
3		(If yes, form attached specifying deadline for return) 4. Action Being Taken by the Manufacturer		
	4. Action being raken by the manufacturer			
	☐ Software upgrade☐ Other☐ None	labelling change		
	Oscor Inc. proposes four (4) months to achieve recall completion in accordance with the Introducer Sheath recall strategy. Status updates will be provided to Oscor Inc's contracted European Authorized Representative, Notified Body and corresponding			
	Competent Authorities mid-way through the reconciliation activities and at recall			
	closure. Interim status reports will required. With patient safety as ou			
	least three (3) documented attemp	ts though various comm	unication mechanisms to	
	contact consignees. The quantity of products returned by or destroyed at consignee			
	locations will be accounted for and documented in the final report. Oscor Inc. intends to complete reconciliation activities with a percentage of 100% of the			
	affected 165 consignees contacted	in accordance with the	recall strategy.	
3	action be completed? initiation stock, coordinated	completion suggested for on (est. 30 Dec 2024). In Abiomed Europe GmbH nate replacement. Ensured in the Customer Repl	case you have units in will contact you to e contact information is	
3	6. Is the FSN required to be commun /lay user?	icated to the patient	No	
3	7. If yes, has manufacturer provided a			
	user in a patient/lay or non-profess No Not appended to this FSN	ional user information le	itter/sneet?	
4.	1. FSN Type*	General Information	1*	
4.	1. FSN Type	New		
4.	2. For updated FSN, reference	N/A		
	number and date of previous FSN			
4.	3. For Updated FSN, key new inform	nation as follows:		
	N/A			
4.	4. Further advice or information	No		
	already expected in follow-up FSN? *			
	5. If follow-up FSN expected, what is	the further advice expe	ected to relate to:	
4	N/A			

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FSN Ref: 1035166-08/25/2024-001-R FSCA Ref: 1035166-08/25/2024-001-R

4	Anticipated timescale for follow- up FSN	N/A	
4.	7. Manufacturer information: US-MF-000005944		
	(For contact details of local representative refer to page 1 of this FSN)		
	a. Company Name	Only necessary if not evident on letter-head.	
	b. Address	Only necessary if not evident on letter-head.	
	c. Website address	Only necessary if not evident on letter-head.	
4.	8. The Competent (Regulatory) Author communication to customers. *	ority of your country has been informed about this	
4.	9. List of attachments/appendices:	If extensive consider providing web-link instead.	
4.	10. Name/Signature	Laura Medlin Manager Regulatory Affairs	

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.*

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional.

to others, in whole or in part, without the prior written permission of Oscor Inc.

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<u>Urgent Field Safety Notice (FSN)</u> <u>Axillary Insertion Introducer and Introducer Kits - Risk of Infection</u> <u>Customer Reply Form</u>

1. Field Safety Notice (FSN) information				
	Reference number*	1035166-08/25/2024-001-R		
FSN D		08/25/2024		
Produ	ct/ Device name*	Axillary Insertion Introducer and Introducer Kits		
Produ	ct Code(s)	Abiomed Model No.: 0052-0011-EU		
		Oscor Model No.: AB-81-006Z-B		
Lot#	1554119; 1588790; 1602807; 1605010; 1621 1686703; 1702341; 1706967; 1713870; 1717	646; 1638352; 1652405; 1668195; 1672375; 1680301; 202; 1729155; 1745030		
2. Cı	ustomer Details			
Accou	nt Number			
Health	care Organisation Name*			
Organ	isation Address*			
Depar	tment/Unit			
Shippi	ng address if different to above			
Conta	ct Name*			
Title o	r Function*			
Teleph	none number*			
Email*	*			
3 Cı	ustomer action undertaken on behalf of	Healthcare Organisation		
5.	I confirm receipt of the Field Safety	Complete or enter N/A		
\sqcup	Notice and that I read and understood its	Complete of office 14/71		
	content. *			
	I confirm this is the number of units in our	Enter the number of units in your stock. State "0" or		
ш	stock and will be returned as instructed*	"NONE" if applicable.		
	I performed all actions requested by the	Complete or enter N/A		
ш	FSN.	·		
	The information and required actions	Complete or enter N/A		
ш	have been brought to the attention of all			
	relevant users.			
	I have a query please contact me	Enter contact details if different from above and brief		
Print N	lame*	description of query		
PHILLI	vame			
Signature*				
Date*				
4. Return acknowledgement to sender				
Email	_	EUFSCA@abiomed.com		
Customer Helpline		+800 0 22 466 33		
Postal Address		Abiomed Europe GmbH		
		Karsten Wallbrück / Max Eisen / Mariano Santos		
		Neuenofer Weg 3		
		52074 Aachen Germany		
Web F	Portal	www.abiomed.eu; www.heartrecovery.eu		
Deadline for returning the customer reply form*		Please return within 7 working days		
Journ	ine is retaining the education reply form			

Mandatory fields are marked with *



FSN Ref: 1035166-08/25/2024-001-R FSCA Ref: 1035166-08/25/2024-001-R

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.