

Date: 21.JAN.2021

<u>Urgent Field Safety Notice</u> <u>Mölnlycke® Procedure Trays & Single Packed Sterile Trocars</u>

For Attention of: Theatre Manager

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

Name: Local Customer Care contact will be added for each specific market



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Urgent Field Safety Notice (FSN)

Mölnlycke® Procedure Trays & Single Packed Trocar Protective flanges coming away from trocar cannula

Information on Affected Devices 1. Device Type(s) **Product** Component **Components:** code code **Trocar Bladeless Dilating** 899310-01, 2319408-00 899310-02 11mm/100mm 899312-01 2319447-00 12mm/100mm **Trocar Hasson** N/A 11mm/100mm 2319444-00 N/A 899307-02, 2319445-00 12mm/100mm **Hasson Balloon Trocar** 12mm/100mm N/A 899329-02 Optical Trocar - Pistol Gr 899315-01 2319409-00 12mm/100mm **Optical Trocar** 11mm/100mm 2319464-00 899318-01 899319-01. 2319428-00 12mm/100mm 899319-02, N/A 2321494-00, 12mm/150mm 899326-01 899326-02. **Optical Balloon Trocar** 12mm/100 mm 899328-02 2321500-00 **Universal Trocar Cannula** 11mm/100mm N/A 2319466-00 m(...) 12mm/100mm 899323-01 2319467-00



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Shielded Bladed Trocar		
11mm/100mm	899302-01	N/A
12mm 100mm	899304-01 899304-02	2319424-00 N/A



Mölnlycke® Procedure Trays consist of customized configurations of several sterilized components, which are assembled and delivered sterile within one procedure Tray.

These trocars are also delivered as single packed sterile products.

1. 2. Commercial name(s)

See Appendix I Product Table

1. 3. Primary clinical purpose of device(s)

A trocar consists of an obturator and a cannula that are assembled and locked together during insertion through the abdominal wall tissue layers to create a port to the abdominal cavity.

The Bladeless Dilating Tip Trocar is a sterile single patient use instrument consisting of an obturator and a transparent cannula. The obturator is equipped with a bladeless tip that allows individual tissue layer separation during insertion.

The Hasson Trocar is a sterile single patient use instrument consisting of an obturator with a blunt tip and a cannula with an anchoring device. The Hasson Trocar is designed for laparoscopic surgery with open-entry technique to the fascia. Upon entry into a free space in the abdominal or chest cavity, the blunt tip aids in reducing the potential risk for injury to internal structures.

The Shielded Bladed Trocar is a sterile single patient use device. The trocar is designed to establish a port of entry for endoscopic instruments during minimally invasive surgical procedures. The secondary function is to maintain pneumoperitoneum in the abdominal cavity.

The Optical Trocar is a sterile single patient use device. The trocar is designed to establish a port of entry for endoscopic instruments during minimally invasive surgical procedures. The secondary function is to maintain pneumoperitoneum in the abdominal cavity. The Optical Trocar can be used with or without visualization for primary and secondary insertions.

The Universal cannulas, included in the trocar range, are seen as accessories since they can't be used without using an obturator from the trocar.

The trocar cannula assembly has two sealing systems, to minimise gas leakage during insertion and withdrawal of instruments through the trocar, and a luer stopcock port that provides attachment for gas insufflation and desufflation.

The clinical purpose of Mölnlycke® Procedure Trays is to provide a customized sterile co-packing of components for different clinical interventions.

1. 4. Device Model/Catalogue/part number(s)

See Appendix I Product Table

1. 5. Affected serial or lot number range

See Appendix I Product Table



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2 Reason for Field Safety Corrective Action (FSCA)

2 1. Description of the product problem*

Mölnlycke has, through our product complaint system, become aware of situations where the protective flanges come away from trocar cannula. No patient harm has been reported.

The same issue has previously been communicated by Mölnlycke to relevant affected customers through a Field safety notice's 2020-09(01), 2020-12(01) in October and December 2020.

Based on additional complaints received and further investigation, Mölnlycke is initiating a **Field Safety Corrective Action**.

This Field safety notice (FSN) is applicable to specific batches of the trocars, which can be either a Single Packed Trocar or included as a component in identified Mölnlycke® Procedure trays.

2 2. Hazard giving rise to the FSCA*

The reported incidents are potentially serious to patients as the disconnected flanges could cause a significant delay to surgery. When not retrieved, foreign bodies can lead to various post-operative complications and the need for a new surgery. So there is a possibility of potential risk of injury to the patient.

3. Type of Action to mitigate the risk

3. 1. Action To Be Taken by the User

□ Destroy Device

We need your help in ensuring that <u>all affected products</u> are located and that below actions are performed.

Please follow below instructions:

- 1. **Identify and isolate** the unused Mölnlycke® Procedure Trays or Single packed Trocars at your facility, please see Appendix I for affected product information.
- 2. Attach Appendix II only to all unused Mölnlycke® Procedure trays.
- 3. Fill out the **Customer Reply Form** or **Distributor Reply Form**, with quantity of identified affected products. Please sign and email the **Customer Reply Form** or **Distributor Reply Form** per its instructions within 10 business days.
- 4. Even if you no longer have any concerned Mölnlycke® Procedure trays or Single packed trocars, fill out the Customer Reply Form or Distributor Reply Form and return it back within 10 business days. Mölnlycke needs to be sure all customers are aware of the situation.
- Mölnlycke will contact you regarding compensation for the affected components/products as soon as you return the Customer Reply Form or Distributor Reply Form.
- 6. If you have forwarded any affected products to other healthcare institutions, please send them a copy of this **Field Safety Notice**. Make sure they act accordingly.
- 7. If you are a distributor, please inform your customers by sending them a copy of this **Field Safety Notice**. Make sure they act accordingly and return the **Distributor Reply Form** with information collected from your end users.



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We apologize for any inconvenience this will cause you, and rest assured it is our utmost intent to make this process as easy for you as possible.

In addition, Mölnlycke appreciates your continuous help in collecting data on product complaints and/or incidents related to the concerned product. Please follow the reporting procedures established by your facility

3. 2. Is customer Reply Required? Yes (Within 10 business days)

	4. General Information						
4.	1. FSN Type	New					
4.	Further advice or information already expected in follow-up FSN?	No					
4.	Manufacturer information						
	(For contact details of local representative						
	a. Company Name	Mölnlycke Health Care AB					
	b. Address	Box 130 80, SE-402 52 Gothenburg, Sweden					
	c. Website address	www.molnlycke.com					
4.	4. The Competent (Regulatory) Author communication to customers.	prity of your country has been informed about this					
4.	5. List of attachments/appendices:	Appendix I Product table Appendix II Tag to attach to affected Mölnlycke® Procedure trays					
4.	6. Name/Signature						
	Transmission o	f 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.



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Appendix I

Product table

To be added for each market.



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Appendix II

Tag to be attached to affected Mölnlycke® Procedure Trays(unused)

Description of the product problem

Mölnlycke has, through our product complaint system, become aware of situations where the protective flanges come away from trocar cannula. No patient harm has been reported.

Mölnlycke is initiating a **Field Safety Corrective Action** on specific batches of the trocars, which Mölnlycke includes as a component in some of the Mölnlycke® Procedure trays.

Hazard giving rise to the FSCA

The reported incidents are potentially serious to patients as the disconnected flanges could cause a significant delay to surgery. When not retrieved, foreign bodies can lead to various post-operative complications and the need for a new surgery. So there is a possibility of potential risk of injury to the patient..

Action To Be Taken by the User

At the point of use the user is required to remove affected components from the Mölnlycke® Procedure tray and destroy them.

Trocar Bladeless Dilating Tip 11mm 100mm, Mölnlycke component code 2319408-00, Trocar Bladeless Dilating Tip 12mm 100mm, Mölnlycke component code 2319447-00.



Trocar Hasson 11mm 100mm, Mölnlycke component code 2319444-00, **Trocar Hasson 12mm 100mm**, Mölnlycke component code 899307-02, 2319445-00



Optical Trocar - Pistol Gr, 12mm 100mm, Mölnlycke component code 2319409-00.





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Optical Trocar 11mm 100mm, Mölnlycke component Code: 2319464-00 Optical Trocar 12mm 100mm, Mölnlycke Component Code: 2319428-00

Optical Trocar 12mm 150mm, Mölnlycke Component Code: 2321494-00, 899326-02



Optical Balloon Trocar 12mm 100 mm, Mölnlycke component code 2321500-00



Universal Trocar Cannula 11mm 100mm, Mölnlycke component code 2319466-00 Universal Trocar Cannula 12mm 100mm, Mölnlycke component code 2319467-00



Shielded Bladed Trocar 12mm 100mm, Mölnlycke component code 2319424-00





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1. Field Safety Notice (FSN) information

Customer Reply Form

FS	N Reference number		202	21-01 (01)	
FS	N Date			JAN 2021	
Pro	duct/ Device name		See	e Appendix I Produc	ct table
Pro	duct Code(s)		See	e Appendix I Produc	ct table
Bat	ch/Serial Number (s)		Sec	e Appendix I Produc	ct table
2.	Customer Details				
	count Number				
He	althcare Organisation Name*				
	ganisation Address*				
De	partment/Unit				
	pping address if different to above				
	ntact Name*				
	e or Function				
	ephone number*				
Em	ail*				
3.	Customer action undertaken on be	ohalf o	f LLA	althoara Organicat	ion
<u>J.</u>	I confirm receipt of the Field	Ellali U	i ne	aitiicale Organisai	lion
	Safety Notice and that I read				
	and understood its content.				
	 I do not have any affected 				
	devices.				
	I confirm receipt of the Field Safety Notice and that I read	Quai	ntity	Article/Material Number	Lot/Batch Number
	and understood its content.				
	 I have identified affected 				
	components and they will be				
	destroyed at the point of use of the tray.				
	 I have completed the table 				
	with the details of affected				
	devices quantity, its article and lot/batch number.	N/A		Comments:	
	I confirm receipt of the Field	Quai	ntity	Article/Material	Lot/Batch Number
	Safety Notice and that I read	Quui	icicy	Number	Log Baton Hambon
	and understood its content.				
	 I have destroyed the affected 				
single packed devices.					
	I have completed the table				
	with the details of affected				



|--|

	devices quantity, its article and lot/batch number.	N/A	Comments:
Driv	ot Nome*		
Prii	nt Name*		
Sig	nature*		
Dat	e*		

4. Return acknowledgement to sender	
Email	vigilance@molnlycke.com
Customer Helpline	0800 917 4920
Postal Address	Mölnlycke Health Care,
	Box 130 80, SE-402 52
	Gothenburg, Sweden
Fax	+46 31 722 34 00
Deadline for returning the customer reply	Within 10 days
form*	

Mandatory fields are marked with *

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.



FSN Ref: 2021-01 (01) Date: 21.JAN.2021 FSCA Ref: 2021-01 (01)

Distributor Reply Form

	I Safety Notice (FSN) information	1						
	FSN Reference number*		2021-01 (01)					
FSN Date*			21 JAN 2021					
Product/ Device name*			See Appendix I Product table					
Product Code(s)			See Appendix I Product table					
Batch/S	Serial Number (s)			See Appendix I Product table				
0.01.4								
	ributor Details			1				
	ny Name*							
	t Number							
Addres								
	g address if different to above t Name*							
	Function							
	one number*							
Email*	one number							
Liliali								
3 Retu	rn acknowledgement to Sender							
Email	The acknowledgement to bender			Pre-	filled by manufacture	r/sender/requester		
Lilian						.,		
Distribu	itor Helpline			Pre-	filled by manufacture	r/sender/requester		
Postal	Address			Pre-filled by manufacturer/sender/requester				
FUSIAI I	Address							
Web Po	ortal			Pre-	filled by manufacture	r/sender/requester		
D II'	- Constant and a District Constant	,		Des	fille al levi me e mi ife eti ine	"/a a a da u/ua a u a a ta u		
Deadiir	e for returning the Distributor reply	T	orm [*]	Pre-	filled by manufacture	r/sender/requester		
4 Dist	ibutors (Tick all that apply)							
4. Disti	*I confirm the receipt, the	Ī						
	reading and understanding of							
	the Field Safety Notice.							
	I have checked my stock and		Qua	ntity	Article/Material	Lot/Batch Number		
	identified affected trays/ affected				Number			
	single packed devices.							
	I have completed the table with							
	the details of affected devices							
	quantity, its article and							
	lot/batch number.							
			N/A		Comments:			
			1 4// 1		Commonto.			



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	I have identified customers that received or may have received this device			
	I have attached customer list			
	I have informed the identified customers of this FSN	Date of con	nmunication:	
	I have received confirmation of reply from all identified customers			
	I have destroyed affected Single packed devices .	Quantity	Article/Material Number	Lot/Batch Number
	I have completed the table with the details of affected devices quantity, its article and lot/batch number.	N/A	Comments:	
	Neither I nor any of my customers has any affected devices in inventory			
Print N	ame*			
Signati	ure*			
Date *				

Mandatory fields are marked with *

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.