

FSN Ref: FSN-26 Sep 2022

FSCA Ref: FSCA-26 Sep 2022

Date: 26 Sep 2022

Urgent Field Safety Notice
CryoClear

For Attention of: Gima S.p.A.

Contact details of local reoresentative (name, e-mail, teleohone, address etc.)*	
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Urgent Field Safety Notice (FSN)
CryoClear
Risk addressed by FSN

1. Information on Affected Devices*	
1	1. Device Type(s)*
	A multi-use disposable device intended for the removal of target tissue by applying cryogenic gases at extreme low temperatures. The device is supplied non-sterile.
1	2. Commercial name(s)
	CryoClear
1	3. UniQue Device Identifier(s) (UDI-DI)
	Not available at the moment
1	4. Primary clinical purpose of device(s)*
	A multi-use disposable device intended for the removal of target tissue by applying cryogenic gases at extreme low temperatures. The following list shows examples of the types of lesions that can be treated: Lentigo (Age Spots); Skin Tags; Actinic Keratosis (Sun Spots). Evaporation of the liquefied cryogenic gas draws heat from the surroundings. The CryoClear® device serves as a reservoir for the cryogen - CO2 delivering the gas directly onto the lesion to be treated at -79°C (-110°F). CryoClear® is designed to superficially treat unwanted benign lesions. Recovery takes about 10 to 14 days, with new tissue growing inwards from the surrounding epidermis and the more deeply situated adnexa. Because CryoClear® freezes superficially, several treatments may be used to achieve optimal results. The spray of cold gas is mildly uncomfortable with treatments of 5-10 seconds or less for most lesions. Cryotherapy is routinely used by Licensed Practitioners to treat a variety of unwanted lesions listed above. Extreme cold works to destroy tissue through lysis of cells. This may occur through the formation of ice or rapid changes in osmotic pressure. Both can work to aid the overall effectiveness of cryotherapeutic treatments. CryoClear® is a self-contained disposable cryo-spray device that delivers a stream of carbon dioxide ice. Cryotherapeutically treated lesions go through a number of phases post treatment that are well documented in the medical literature.
1	5. Device Model/Catalogue/part number(s)*
	1500-1001
1	6. Software version
	Not applicable
1	7. Affected serial or lot number range
	Lot# B0020
1	8. Associated devices
	Not applicable - CryoClear is a stand-alone device

2 Reason for Field Safety Corrective Action (FSCA)*	
2	1. Description of the product problem*
	The Instructions for Use that are supplied with the product are only provided in English and French languages.
	2. Hazard giving rise to the FSCA*

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2	The end user may not be able to properly read the Instructions for Use as provided in the languages that are supplied with the product (English and French).
2	3. Probability of problem arising Unlikely to remote.
2	4. Predicted risk to patient/users None/Neçiliciile
2	5. Further information to help characterise the problem Include any further relevant statistics to help convey the seriousness of the issue.
2	6. Background on Issue During a recent ISO/MDD re-certification audit of CryoConcepts, it was noted by the individual performing the audit that the CryoClear Instructions for Use were only translated into the English and French; not the local languages that would meet the regulatory requirements for local languages within the European Union.
2	7. Other information relevant to FSCA Not applicable

3. Type of Action to mitigate the risk*	
3.	<p>1. Action To Be Taken by the User*</p> <p><input type="checkbox"/> Identify Device <input checked="" type="checkbox"/> Quarantine Device <input type="checkbox"/> Return Device <input type="checkbox"/> Destroy Device</p> <p><input type="checkbox"/> On-site device modification/inspection</p> <p><input type="checkbox"/> Follow patient management recommendations</p> <p><input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU)</p> <p><input type="checkbox"/> Other <input type="checkbox"/> None</p> <p>Quarantine all available CryoClear devices until further notice from CryoConcepts</p>
3.	<p>2. By when should the action be completed? 01 Oct 2022</p> <p>Specify where critical to patient/end user safety</p>
3.	<p>3. Particular considerations for:</p> <p>Choose an item.</p> <p>Is follow-up of patients or review of patients' previous results recommended? No</p> <p>No patient level follow up is required as the subject of this FSCA is focused on the medical professional using the device and their ability to read the Instructions for Use</p>
3.	<p>4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)</p> <p>No</p>

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3. 5 . Action Being Taken by the Manufacturer	
	<input type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Software upgrade IIZI IFU or labelling change <input type="checkbox"/> Other <input type="checkbox"/> None
	The CryoClear Instructions for Use are being revised to meet the regulatory requirements for local languages within the European Union.
3	6. By when should the action be completed? 01 Oct 2022
3.	7. Is the FSN required to be communicated to the patient /lay user? No
3	8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet? Yes Appended to this FSN

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4 . General Information*		
4.	1. FSN Type*	New
4 .	2. For updated FSN, reference number and date of previous FSN	Not applicable
4 .	3. For Updated FSN, key new information as follows: Not applicable	
4 .	4 . Further advice or information already expected in follow-up FSN? *	No
4	5. If follow-up FSN expected, what is the further advice expected to relate to: Not applicable	
4	6. Anticipated timescale for follow-up FSN	Not applicable
4 .	7. Manufacturer information (For contact details of local reoresentative refer to oaae 1 of this FSNJ	
	a. Comoanv Name	CrvoConceots. LP
	b. Address	1100 Conrov Place Easton PA 18040 U.S.A.
	c. Website address	www.crvoconcepts.com
4 .	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers.	
4 .	9. List of attachments/appendices:	000-0180L Rev. 3 (CryoClear Instructions for Use)
4 .	10. Name/Signature	...
	

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 aooropriate as this orovides important feedback.*

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

