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**FSN Ref:** 2025-FSN-0000124

**FSCA Ref:** 2025-FA-0000124

**Date:** 2026-01-28

**URGENT Field Safety Notice**  
**Risk of Differential Pressure (dP) Sensor drift in Impella RP Devices**

**For Attention of\*:** Users of Impella RP Devices.

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

This could be a distributor or local branch of the manufacturer. To be added at the appropriate stage in the different local languages.

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**URGENT Field Safety Notice (FSN)**  
**Risk of Differential Pressure (dP) Sensor drift in Impella RP Devices**

<b>1. Information on Affected Devices*</b>	
1.	1. Device Type(s)* Impella RP
1.	2. Commercial name(s)* Impella RP
1.	3. Primary clinical purpose of device(s)* Impella RP System Catheter is an intracardiac microaxial blood pump that supports a patient's pulmonary circulation. The Impella RP System Catheter is inserted percutaneously through the femoral vein and into the pulmonary artery. When properly positioned, the Impella RP System Catheter delivers blood from the inlet area, which sits within the vena cava or right atrium, through the cannula, to the outlet opening in the pulmonary artery. The Impella RP System is indicated for providing temporary right ventricular support for up to 14 days in patients who develop acute right heart failure or decompensation for less than 48 hours following left ventricular assist device implantation, myocardial infarction, heart transplant, or open-heart surgery.
1.	4. Device Model/Catalogue/part number(s)* 0046-0011
1.	5. Software version Not relevant
1.	6. Affected serial or lot number range Please, see serial number in Customer Reply form
1.	7. Associated devices The Impella RP heart pump is distributed in a pump sets; besides the heart pump every pump set includes introducer(s), guidewire, purge cassette. Impella RP heart pump is run by the Automated Impella Controller (AIC). The user monitors the pump through the AIC user interface.
<b>2. Reason for Field Safety Corrective Action (FSCA)*</b>	
2.	1. Description of the product problem* Abiomed has identified a risk of Differential Pressure (dP) sensor drift in Impella RP pumps, which may cause inaccurate flow readings and Placement Signal. The dP sensor measures the pressure difference between the inlet and outlet of the RP Impella pump which serves as an input for the pump metrics listed above. There is no way to confirm error in the flow calculation directly from the pump signals in these situations. When the dP sensor signal exceeds the operating range for the sensor, the flow calculation will disable and a "Placement Signal Not Reliable" (PSNR) alarm will be displayed on the AIC, as shown in Figure 1. Please note that the PSNR alarm may not be triggered in all instances of dP sensor drift.  <b>The dP sensor does not affect the pump's ability to provide hemodynamic support.</b> Pump flow is driven by the motor current and does not rely on the pressure sensor.

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The dP sensor is only present on Impella RP devices and not on Impella 5.5 and Impella CP devices.

Figure 1: Example AIC screen during PSNR due to the dP sensor



As per the AIC Alarm text, clinicians should continue to: monitor patient hemodynamics with approved diagnostic devices, verify Impella positioning with imaging. Additionally, please refer to the P-level flow rates listed in the Instructions for Use (IFUs), as shown in Figure 2 in this letter. These values reflect the flow rate range of the pump on defined pressure gradients under controlled conditions; actual pump flow depends on preload, afterload, and can vary due to suction, incorrect positioning, or presence of thrombus in the inlet.

Placement signal and displayed Impella flow should still be trended for monitoring pump performance and identifying sudden changes. An abrupt change in flow or abrupt discrepancy from the expected flow rate listed in the IFU may indicate a need to reassess pump positioning and performance, patient conditions, and clinical hemodynamics.

**RECOMMENDATIONS:**

- continue to monitor patient hemodynamics with approved diagnostic devices and continue to verify Impella positioning with imaging before clinical interventions.
- refer to the P-level flow rates listed in the Instructions for Use (IFUs), as shown in Figure 2, and rely on these values rather than the AIC display. The values in the IFU reflect the flow rate range of the pump on defined pressure gradients under controlled conditions. Clinicians should be aware that actual pump flow depends on preload, afterload, and can vary due to suction, incorrect positioning, or presence of thrombus in the inlet.

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• trend placement signal to monitor pump performance and to identify sudden change, noting that abrupt changes in the displayed flow rate need to be assessed both against the flow rate listed in the IFU and across temporal trends. An abrupt change in flow or abrupt discrepancy from the expected flow rate listed in the IFU may indicate a need to reassess pump positioning and performance, patient conditions, and clinical hemodynamics.

**Product removal is not required, and hospitals may continue to use existing inventory.**

Figure 2: RP IFU 0046-9059 revision E

*Table 2 P-Level Flow Rates*

P-LEVEL	FLOW RATE (L/min)
P-0	0.0
P-1	0.0 – 1.2
P-2	0.0 – 1.6
P-3	0.0 – 2.0
P-4	1.3 – 2.9
P-5	1.6 – 3.1
P-6	2.4 – 3.5
P-7	3.0 – 4.0
P-8	3.4 – 4.2
P-9	3.9 – 4.4

*\*Flow rate depends on preload and afterload and can vary due to suction or incorrect positioning.*

**ACTIONS TO BE TAKEN BY CUSTOMER/USER:**

- Product is NOT being removed from the field and does not need to be returned.
- Follow the recommendations described above.
- Patients should be assessed with approved diagnostic devices before clinical interventions.
- Review, complete all fields, sign, and return the Customer Reply Form to the Recall Coordinator identified in this document.
- Forward this notice to anyone in your facility that needs to be informed (i.e., those who manage, transport, store, stock, or use the subject products).
- If any of the subject products have been forwarded to another facility, contact that facility and provide them with this notice.
- Post a copy of this notice in a visible area for awareness of this field safety notice.
- As with any medical device, adverse reactions or quality problems experienced with the use of this product should be reported according to your procedures and applicable regulatory requirements.

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	At Abiomed, our priority is to our customers and their patients, and that includes the safe and effective use of our products. If you have questions or concerns regarding this notice, please contact your local clinical field staff. Thank you for your cooperation.
2.	<b>2. Hazard giving rise to the FSCA*</b>
	Inaccurate displayed information on the AIC has resulted in the user making clinical interventions including inaccurate P-level adjustments or unnecessary pump exchanges. IFUs will be updated to clarify that the Impella RP flow rates in the tables should be relied on over the AIC displayed flow rate. Refer to Section 3 for intended IFU modifications. Note: "Placement Signal" is a naming convention; it is not used for monitoring placement on Impella RP pumps.
2.	<b>3. Probability of problem arising</b>
	A review of global complaints from September 29, 2023, to January 15, 2026, found dP sensor drift reported in 2.5% of Impella RP cases, with 0.5% reporting pump or console exchanges. The complaints review determined that there have been no patient deaths attributed to this issue; however, in 22 cases, the failure resulted in the user choosing to exchange the pump or console which is considered medical intervention. Based on our distribution records, only the Impella RP Pump Set (EU) is supplied in your market. The occurrence rate specific to this RP device is 1.3%, with all cases (3) reporting pump exchanges.
2.	<b>4. Predicted risk to patient/users</b>
	Impact beyond users: No impact beyond the user- Impact from product removal: No product removal is mandated. There are no similar devices available.
2.	<b>5. Further information to help characterise the problem</b>
	No further information.
2.	<b>6. Background on Issue</b>
	This potential issue was detected during Abiomed internal complaint assessment.
2.	<b>7. Other information relevant to FSCA</b>
	N/A

<b>3. Type of Action to mitigate the risk*</b>	
<b>3.</b>	<p><b>1. Action To Be Taken by the User*</b></p> <p> <input type="checkbox"/> Identify Device    <input 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 checked="" 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><b>To increase awareness of these recommendations:</b> * <b>Keep the copy of this FSN together with your IFU.</b></p>

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3.	2. By when should the action be completed?	Make users aware and reinforce of proper handling should be executed to Impella RP users as soon as possible.
3.	3. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	Yes
3.	<b>4. Action Being Taken by the Manufacturer*</b>  <input type="checkbox"/> Product Removal <input type="checkbox"/> Software upgrade <input type="checkbox"/> Other <input type="checkbox"/> On-site device modification/inspection <input checked="" type="checkbox"/> IFU or labelling change <input type="checkbox"/> None  Additional warnings and cautions will be added to IFU for Impella RP.	
3.	5. By when should the action be completed?	Updated IFU will likely start distributing in September 2026.
3.	6. Is the FSN required to be communicated to the patient /lay user?	No

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4. General Information*		
4.	1. FSN Type*	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows:	
	N/A	
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:	
	N/A	
4.	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information (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) Authority of your country has been informed about this communication to customers.	
4.	9. List of attachments/appendices:	None
4.	10. Name	Mariano Santos Commercial Quality Sr Manager EMEA

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 Impella pumps have been transferred.</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 and keep this FSN together with the existing version of the product IFU.</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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**URGENT Field Safety Notice (FSN)**  
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**Customer Reply Form**

<b>1. Field Safety Notice (FSN) information</b>	
FSN Reference number*	2025-FA-0000124
FSN Date*	2026-01-28
Product/ Device name*	Impella RP
Product Code(s)	0046-0011

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

<b>3. Customer action undertaken on behalf of Healthcare Organisation</b>		
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Complete or enter N/A
<input type="checkbox"/>	I performed all actions requested by the FSN.	Complete or enter N/A
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users.	Complete or enter N/A
<input type="checkbox"/>	I have a query please contact me	Enter contact details if different from above and brief description of query
Print Name*		
Signature*		
Date*		

<b>4. Return acknowledgement to sender</b>	
Email	<a href="mailto:DL-EUFSCA@its.jnj.com">DL-EUFSCA@its.jnj.com</a>
Customer Helpline	+800 0 22 466 33
Postal Address	Abiomed GmbH Att. of Mariano Santos Neuenhofer Weg 3 52074 Aachen -Germany
Web Portal	<a href="http://www.abiomed.eu">www.abiomed.eu</a> ; <a href="http://www.heartrecovery.eu">www.heartrecovery.eu</a>
Deadline for returning the customer reply form*	<b>Please return within 7 working days</b>

Mandatory fields are marked with \*

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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.