

Rev 1: September 2018 FSN Ref: 414091 FSCA Ref: 414091

Date: 26:05:2023

Urgent Field Safety Notice

Intersurgical Superset Fixed Elbow Catheter Mount 22F-22M/15F ≥ 70mm-150mm

For Attention of*: All clinical staff, Managers and users of the above product.

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

Giedrius Budrys Customer Resolution and Relationship Manager Intersurgical UAB Arnioniu str 60, LT-18170 Pabrade Lithuania

Email: giedriusb@intersurgical.lt

Tel. +370 387 66611 Fax: +370 387 66622

or

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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Risk addressed by FSN

	1. Information on Affected Devices*					
1.	1. Device Type(s)*					
	Catheter Mount					
1.	Commercial name(s)					
	Superset Fixed Elbow Catheter Mount 22F-22M/15F ≥ 70mm-150mm					
1.	Unique Device Identifier(s) (UDI-DI)					
	N/A					
1.	4. Primary clinical purpose of device(s)*					
	To make secure gas tight connections to other respiratory standard taper connectors and /					
	or provide a respiratory pathway between a breathing system and a patient's airway,					
	facemask, suction ports or monitoring ports.					
4	F. Davida MadallOatala was harat was also at a was					
1.	5. Device Model/Catalogue/part number(s)*					
	REF: 3502000					
	TALL : 0002000					
1.	6. Software version					
	N/A					
1.	7. Affected serial or lot number range					
	1 1 7000 100					
	Lot: 7220483					
1.	Associated devices					
	N/A.					

2. Reason for Field Safety Corrective Action (FSCA)*						
2.	Description of the product problem*					
	We have received reports of the patient elbow disconnecting from the Superset tube in a					
	number of products.					
2.	Hazard giving rise to the FSCA*					
	Whilst the security of connections should be checked during pre-use checks as per the Instructions For Use provided, if disconnection of the patient elbow was to occur in use, ventilation of the patient could be compromised.					
2.	3. Probability of problem arising					
	1:10,000 - 1:1,000					



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2.	4. Predicted risk to patient/users					
	Major risk of harm and possible occurrence.					
2.	Further information to help characterise the problem					
i	N/A					
2.	6. Background on Issue					
	Intersurgical has received reports, where the patient elbow has disconnected from the					
	Superset tube due to an insect during the assembly of the catl					
	during the assembly of the catheter mount, where the patient elbow is not fully inserted in to the Superset tube beyond the clip feature that secures it in place.					
2.	7. Other information relevant to FSCA					
	The manufacturing process for the Catheter Mount has been investigated and the problem					
	resolved. No other Lot numbers		invoctigated and the problem			
	2 Type of Action to	mitigate the rick*				
3.	3. Type of Action to mitigate the risk* 1. Action To Be Taken by the User*					
0.	,					
		antine Device ⊠ Return D	evice Destroy Device			
	☐ On-site device modification/inspection					
	☐ Follow patient management recommendations					
	☐ Take note of amendment/reinforcement of Instructions For Use (IFU)					
	☐ Other ☐ None	Other None				
	Identify and immediately quarantine any remaining stock of the affected code and lot number listed above and do not use these devices. Please complete the Reply Form to confirm the products have been disposed of locally or to arrange collection of the devices and a credit. If you have no affected devices in stock, please confirm this using the Reply Form. Return the completed Reply Form to to giedriusb@intersurgical.lt (local contact e-mail address).					
	Please continue to report to Intersurgical any adverse events involving this product.					
3.	2. By when should the	Immediately on receipt of this	<u> </u>			
	action be completed?	affected stock listed in this FS	N is remaining.			
3.	Particular considerations fo	r·				
٥.	5. Farticulai considerations to	·				
	Is follow-up of patients or review of patients' previous results recommended?					
	Not applicable.					
3.	Is customer Reply Required	J? *	Yes			
	(If yes, form attached specifying deadline for return)					



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3.	5.	5. Action Being Taken by the Manufacturer					
			device modification/insp	ection			
			abelling change				
		☐ Other ☐ None					
3	6.	By when should the One action be completed?	One month of receipt of the FSN				
3.	7.	Is the FSN required to be communi /lay user?	communicated to the patient No				
3	8.	If yes, has manufacturer provided a	dditional information s	ı uitable for the patient/lav			
		user in a patient/lay or non-professi					
		No					
	l		11 6 41 4				
4	4		eneral Information*				
4.	1.	FSN Type*	New - Recall				
4.	2.	For updated FSN, reference number and date of previous FSN	N/A				
4.	3.	For Updated FSN, key new informa	tion as follows:				
	N/A						
4.	4.	Further advice or information	No				
		already expected in follow-up					
	5	FSN? * If follow-up FSN expected, what is t	he further advice expe	cted to relate to:			
4	J.		ne iuither advice expe	cted to relate to.			
		N/A					
	6.	Anticipated timescale for follow-up	N/A				
4		FSN					
4.		Manufacturer information					
	(Fo	or contact details of local representative		N)			
		a. Company Name	Intersurgical Ltd.				
		b. Address	Crane House, Molly Berkshire, RG41 2R	Millars Lane, Wokingham Z			
		c. Website address	https://www.intersu	rgical.com			
4.	8.	8. The Competent (Regulatory) Authority of your country has been informed about this					
		communication to customers. *					
4.		List of attachments/appendices:					
4.	10.	. Name/Signature	Ivan Seniut, Group of Affairs Director, Inte	Quality and Regulatory ersurgical			



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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.