FSN Ref: 2020-09 (01)
Date: DD.MMM.2020

FSCA Ref: 2020-09 (01)

Urgent Field Safety Notice
Mölnlycke® Procedure Trays & Single Packed Shielded Bladed Trocar

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 Email: XXX.XXX@molnlycke.com Telephone: +XXXXXXXXXXXXX

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Urgent Field Safety Notice (FSN)
Mölnlycke® Procedure Trays & Single Packed Shielded Bladed Trocar
Protective flanges coming away from trocar cannula

1. Information on Affected Devices	
1.	1. Device Type(s)
	Components: Trocar Bladeless Dilating Tip 12mm/100mm, Mölnlycke component code 2319447-00.  Trocar Hasson 12mm/100mm, Mölnlycke component code 2319445-00.  Mölnlycke® Procedure Trays consist of customized configurations of several sterilized components, which are assembled and delivered sterile within one procedure Tray. Single packed sterile product: Shielded Bladed Trocar 12mm/100mm, Product code 899304-01. 
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 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

	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. Mölnlycke is initiating a **Field Safety Corrective Action** on specific batches of the trocars, which can be either a Single Packed Shielded bladed 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** ☒ Identify Device ☒ Destroy Device We need your help in ensuring that **all affected products** are located and that below actions are performed. Please follow below instructions: 1. **Identify and isolate** the unused Mölnlycke® Procedure Trays or Single packed Shielded Bladed 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 Shielded bladed 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. 5. 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. 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 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.	2. Further advice or information already expected in follow-up FSN?	No
4.	3. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	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) Authority of your country has been informed about this communication to customers.	
4.	5. List of attachments/appendices:	Appendix I Product table Appendix II Tag to attach to affected Mölnlycke® Procedure trays
4.	6. Name/Signature	[redacted]

	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.

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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 12mm 100mm, Mölnlycke component code 2319447-00

Trocar Hasson 12mm 100mm, Mölnlycke component code 2319445-00

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Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number	2020-09 (01)
FSN Date	DD.MMM.2020
Product/ Device name	See Appendix I Product table
Product Code(s)	See Appendix I Product table
Batch/Serial Number (s)	See Appendix I Product table

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

3. Customer action undertaken on behalf of Healthcare Organisation

☐
- I confirm receipt of the Field 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 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.

Quantity	Article/Material Number	Lot/Batch Number
N/A	Comments:	

☐
- I confirm receipt of the Field Safety Notice and that I read and understood its content.
- I have destroyed the affected single packed devices.
- I have completed the table with the details of affected

Quantity	Article/Material Number	Lot/Batch Number

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devices quantity, its article and lot/batch number.	N/A	Comments:
Print Name*		
Signature*		
Date*		

4. Return acknowledgement to sender	
Email	vigilance@molnlycke.com
Customer Helpline	+XXXXXXXXXXXXX
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 form*	Within 10 days

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.

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Distributor Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	2020-09 (01)
FSN Date*	DD.MMM.2020
Product/ Device name*	See Appendix I Product table
Product Code(s)	See Appendix I Product table
Batch/Serial Number (s)	See Appendix I Product table

2. Distributor Details	
Company Name*	
Account Number	
Address*	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Return acknowledgement to Sender	
Email	Pre-filled by manufacturer/sender/requester
Distributor Helpline	Pre-filled by manufacturer/sender/requester
Postal Address	Pre-filled by manufacturer/sender/requester
Web Portal	Pre-filled by manufacturer/sender/requester
Deadline for returning the Distributor reply form*	Pre-filled by manufacturer/sender/requester

4. Distributors (Tick all that apply)		
☐	*I confirm the receipt, the reading and understanding of the Field Safety Notice.	
☐	I have checked my stock and identified affected trays/ affected single packed devices.	
☐	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 communication:
☐	I have received confirmation of reply from all identified customers	

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☐	I have destroyed affected devices – enter number destroyed and date complete.	**Quantity**	**Article/Material Number**	**Lot/Batch Number**
		N/A	Comments:	
☐	Neither I nor any of my customers has any affected devices in inventory			
Print Name*				
Signature*				
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.