

URGENT FIELD SAFETY NOTICE – PRODUCT RECALL

Device Commercial Name:

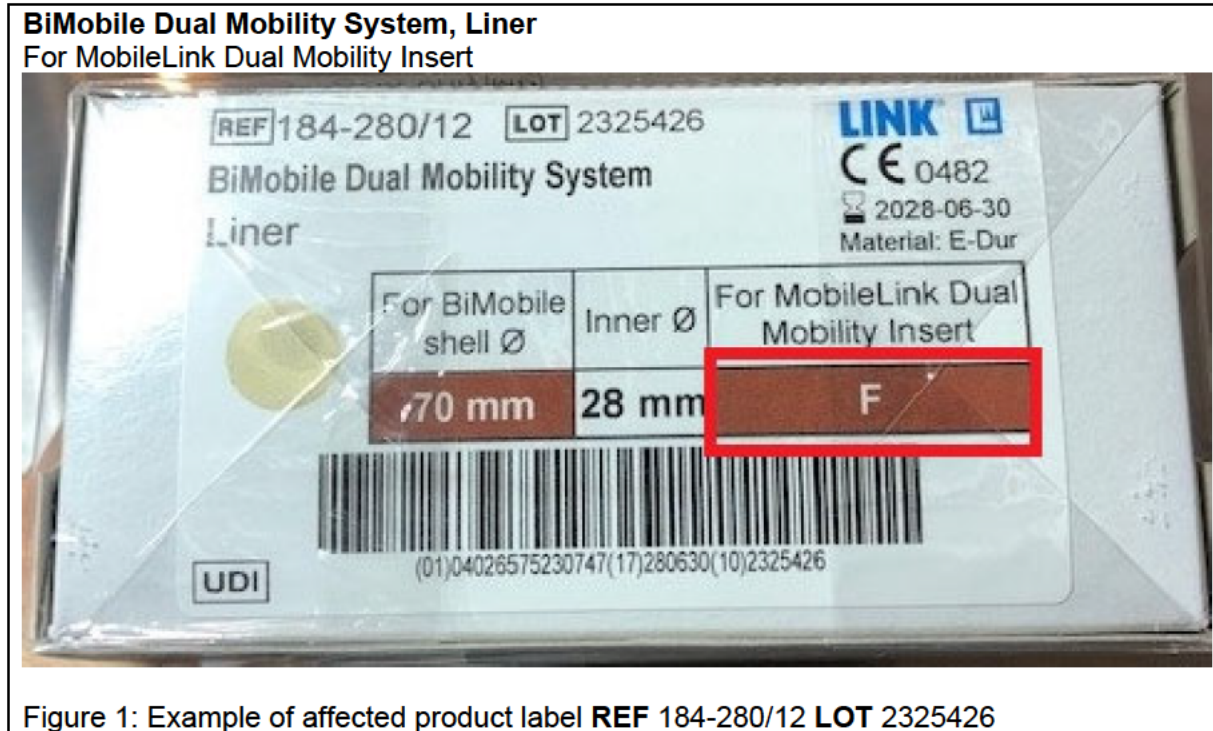


Figure 1: Example of affected product label REF 184-280/12 LOT 2325426

For Attention of*:

- Distributor / Local branch of manufacturer
- Hospital

Contact details of local representative*:

Responsible Person
Dr. Poroshat Khalilpour
Waldemar Link GmbH & Co. KG
Barkhausenweg 10
22339 Hamburg, Germany
E-Mail: vigilance@link-ortho.com
Tel. +49 (0)40 5 39 95 707

Risk addressed by FSN

1. Information on Affected Device

1.1 Device Type*:

BiMobile Dual Mobility System

1.2 Commercial name:

BiMobile Dual Mobility System, Liner
For MobileLink Dual Mobility Insert

1.3 Unique Device Identifier (EU UDI-DI):

04026575230747

1.4 Primary clinical purpose of device*:

The non-active, surgically-invasive implantable BiMobile Dual Mobility System manufactured by Waldemar Link GmbH & Co. KG is intended for long-term replacement of the acetabular side of a diseased and / or defective hip joint in the human body. The BiMobile Dual Mobility System forms a total replacement of the hip joint when combined with the prosthesis head and prosthesis stem. The BiMobile Dual Mobility System can be used with full-grown, anesthetized patients of any ethnic origin and sex. The BiMobile Dual Mobility System is implanted with and without cement. The implants may only be used and operated in an aseptic medical environment by persons who have the required training, knowledge and experience in the orthopedic and surgical field. The implants are supplied in sterile condition individually packed as single-use products.

The BiMobile Dual Mobility Liner is made of the material E-Dur (Vitamin-E induced & highly cross-linked UHMWPE).

The Dual Mobility (DM) insert is a metal, EndoDur, insert, that transforms the MobileLink Acetabular Cup System into a dual mobility cup. The DM insert is to accommodate poly DM liners from the BiMobile Dual Mobility System.

1.5 Article number(s)*:

184-280/12

1.6 Software version:

N/A

1.7 Affected serial or lot number range:

184-280/12
LOT 2339039
LOT 2334253
LOT 2325426

2. Reason for Field Safety Corrective Action (FSCA)

2.1 Description of the product problem*:

On the affected labels of the BiMobile Liner there is incorrect information for the compatible MobileLink insert referencing to size "F" with brown color code.
The label should instead provide information for the compatibility to size "G" with brown color code.
This information is only relevant for the combination of MobileLink Dual Mobility insert with BiMobile dual Mobility System liner.

2.2 Hazard giving rise to the FSCA*:

There is a risk because the label does not show the correct letter "G" referencing to the compatibility of the components. This may lead to confusion during surgery and a prolonged or modified surgery.
A MobileLink Dual Mobility insert size "F" cannot be combined with the affected liners with article REF 184-280/12.

2.3 Probability of problem arising:

The occurrence of an incorrect label is almost certain, but the occurrence of a risk to the patient is moderate for planned combination with MobileLink Dual Mobility Insert.
The surgeon either chooses the correct product by article REF and color code or the surgeon identifies the non-conformity during assembly if he chooses by letter "F", which may result in prolonged or modified surgery.

2.4 Predicted risk to patient/users:

See 2.2

2.5 Further information to help characterize the problem:

As confusion arises the surgeon has the possibility to check the combination in the surgical-technique by article REF. In addition patient labels inside the packaging are correct.

2.6 Background on Issue:

Waldemar Link received one complaint regarding a discrepancy between the label and surgical technique which was identified prior to use.

2.7 Other information relevant to FSCA:

For patients who have already been treated, the implant labels are correct and show "G".

3. Type of action to mitigate the risk

3.1 Action to be taken by user*:

<input checked="" type="checkbox"/> Identify Device
<input checked="" type="checkbox"/> Quarantine Device
<input checked="" type="checkbox"/> Return Device
<input type="checkbox"/> Destroy Device
<input type="checkbox"/> On-site device modification / inspection
<input type="checkbox"/> Follow patient management recommendations
<input type="checkbox"/> Take note of amendment / reinforcement of Instructions For Use (IFU)
<input type="checkbox"/> Other
<input type="checkbox"/> None
<ul style="list-style-type: none">• Should you have any of the affected product in your inventory, please send the products back to Waldemar Link GmbH & Co. KG.• Should you have any question on acquiring alternative components for forthcoming surgeries, please contact your local sales representative or customer service for Link products.• Please return the reply form to us in any event until the 31.01.2024 as documentation of the recall. This applies even if you have none of the listed products in stock or if these products do not exhibit the defect in question.

3.2 By when should the action be completed ?:

29.02.2024

3.3 Particular considerations for implantable device: Is follow-up of patients or review of patients' previous results recommended ?

<input type="checkbox"/> Yes , the following:	<input checked="" type="checkbox"/> No, because
The implant labels are correct and show "G". Only patients who have been treated with a combination of only BiMobile components could have been treated correctly. As soon as MobileLink combination was planned a confusion may arise and the components are not compatible.	

3.4 Is customer Reply Required ?* :

<input checked="" type="checkbox"/> Yes, until: 31.01.2024	<input type="checkbox"/> No
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3.5 Action being taken by the manufacturer

<input checked="" type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification / inspection <input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change <input type="checkbox"/> Other <input type="checkbox"/> None
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3.6 By when should the action be completed ?

29.02.2024

3.7 Is the FSN required to be communicated to the patient /lay user ?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
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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 ?

No, as the information provided is considered sufficient.

4. General Information

4.1 FSN Type*:

New Update

4.2 For updated FSN

Reference number of previous FSN: N/A
Date of previous FSN: N/A
Update 26.01.2024: LOT 2219070 of article number 184-260/12 is not affected by the error described in FSN R-2024-01

4.3 For updated FSN, key new information as follows:

N/A

4.4 Further advice or information already expected in follow-up FSN ?*:

Yes No not planned yet

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:

4.8 The Competent (Regulatory) Authority of your country (EU) has been informed about this communication to customers. *:

Yes No

4.9 List of attachments/appendices:

Customer Reply-Form
Distributor Reply-Form

4.10 Name/Signature:

Persoonsgegevens

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.