

**URGENT FIELD SAFETY NOTICE – Product Recall**

Device Commercial Name:



For Attention of\*:

- Distributor / Local branch of manufacturer
- Hospital

Contact details of local representative\*:

[Redacted contact details]

[Redacted signature]

**Risk addressed by FSN**

**1. Information on Affected Device**

**1.1 Device Type\*:**

General Hip Instruments

**1.2 Commercial name:**

Universal Handle, with quick coupling, Stainless Steel, straight

**1.3 Unique Device Identifier (EU UDI-DI):**

04026575215539

**1.4 Primary clinical purpose of device\*:**

The purpose of the instrument set is to enable the user to use the associated implant system within the scope of the procedures described in the associated surgical technique. Any other use of the instruments is not permitted. The instrument set consists of defined, combinable instruments. All instruments in the instrument set are intended for temporary use. This instrument is used in the context of femur preparation to impact rasp stems and bone compressors into the bone and extract them.

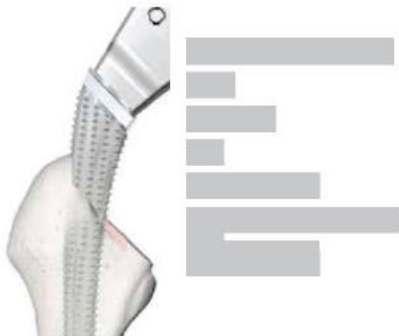


Figure 2: Excerpt from the surgical technique illustrating the use of the rasp stem and universal handle for femur preparation.

**1.5 Article number(s)\*:**

130-394/01

**1.6 Software version:**

N/A



**1.7 Affected serial or lot number range:**

C204156
C204157
C204158
C208135
C208136
C219063
C219064
C233031
C233033
C233034
C332135
C332136
C332137
C335006

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## 2. Reason for Field Safety Corrective Action (FSCA)

### 2.1 Description of the product problem\*:

Due to complaints, we have become aware of problems in relation with the universal handle. In the three most recent complaints received, an immediate material failure occurred intraoperatively when the instrument was used for the first time. The instrument broke in the middle.



Figure 3: Broken universal handle 130-394/01.

### 2.2 Hazard giving rise to the FSCA\*:

The insertion and removal of rasp stems or bone compressors is performed by applying force (hammer blows) to the universal handle. If the instrument suddenly breaks during insertion or removal, there is a risk of injury to the user, the patient or third parties. A breakage of the universal handle would lead to a loss of function of the instrument and could lead to an extension of the operating time up to a change in the surgical procedure.

### 2.3 Probability of problem arising:

The probability of occurrence is classified as "occasional".

### 2.4 Predicted risk to patient/users:

See 2.2

### 2.5 Further information to help characterize the problem:

The problem could be partially reproduced in internal investigations of comparative models for the same lots.

### 2.6 Background on Issue:

We have received four complaints about breakage on first use.

### 2.7 Other information relevant to FSCA:

A corrective and preventive measure was initiated to investigate the cause and rectify the problem.



### 3. Type of action to mitigate the risk

#### 3.1 Action to be taken by user\*:

- Identify Device
- Quarantine Device
- Return Device
- Destroy Device
- On-site device inspection
- Follow patient management recommendations
- Take note of amendment / reinforcement of Instructions For Use (IFU)
- Other – see instructions below in red
- None

**If you have any of the affected product in your inventory, please follow instructions:**

- Identify the potentially affected products. Rasp handles that were used intraoperatively are not affected from the recall. Identification is possible based on visible marks on the strike plate.
- Return the reply form to us and confirm for each product the respective status.
  - Used intraoperatively: You can keep the instrument.
  - As good as new: Return the product to Waldemar Link GmbH & Co. KG.
- Replacement of affected products will not incur any costs to you. Should you have any questions on acquiring replacements 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 **16.09.2024** 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?

21.10.2024

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

Yes, the following:  No, because: It is an instrument.

#### 3.4 Is customer Reply Required?\*

Yes, until: 16.09.2024  No

**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?**

16.09.2024 Feedback customer reply form 21.10.2024 Review of customer reply forms and planned completion of FSCA
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**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?**

N/A
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**4. General Information**

**4.1 FSN Type\*:**

New  Update

**4.2 For updated 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?\***

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:**

Waldemar Link GmbH & Co. KG  
<https://www.link-ortho.com>  
Single Registration REF (EU SRN-No.): DE-MF-000005215

**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:**

N/A

**4.10 Name/Signature:**

[Redacted 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 appropriate, as this provides important feedback.

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

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