

Report Form Manufacturer's Field Safety Corrective Action Report

Medical Devices Vigilance System (MEDDEV 2.12/1 rev 8)

v.01.13

| 1. Administrative information | |
|--|--|
| <p>To which NCA(s) is this report being sent?</p> <p>Danish Health & Medicines Authority, Pharmacovigilance and Medical Devices Att. Ms. Kristine Rasmussen, Axel Heides Gade 1 2300 Kobenhavn, Denmark</p> | |
| <p>Type of report</p> <p><input checked="" type="checkbox"/> Initial report</p> <p><input type="checkbox"/> Follow up report</p> <p><input type="checkbox"/> Final report</p> | |
| <p>Date of this report 20 March 2024</p> | |
| <p>Reference number assigned by the manufacturer FA1364</p> | |
| <p>FSCA reference number assigned by NCA -</p> | |
| <p>Incidence reference number assigned by NCA -</p> | |
| <p>Name of the co-ordinating national competent authority (if applicable) IGJ (Dutch) Health and Youth Care Inspectorate – ref: IT2092155</p> | |
| 2. Information on submitter of the report | |
| <p>Status of submitter</p> <p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Authorised representative within EEA, Switzerland and Turkey</p> <p><input checked="" type="checkbox"/> Others (identify the role): Quality and Regulatory Affairs Specialist, Nordic Countries.</p> | |
| 3 Manufacturer information | |
| <p>Name Covidien llc</p> | |
| <p>Contact name -</p> | |
| <p>Address 15 Hampshire Street</p> | |
| <p>Postcode 02048</p> | <p>City Mansfield, Massachusetts</p> |
| <p>Phone -</p> | <p>Fax -</p> |
| <p>E-mail -</p> | <p>Country USA</p> |
| 4 Authorised representative information | |
| <p>Name Medtronic B.V.</p> | |
| <p>Contact name Inge Vandenbussche</p> | |

| | |
|---|---|
| Address Earl Bakkenstraat 10 | |
| Postcode 6422 PJ | City Heerlen |
| Phone - | Fax - |
| E-mail rs.vigilance.eu@medtronic.com | Country NL |
| 5 National contact point information | |
| National contact point name Medtronic AB | |
| Name of the contact person Marie Christensen | |
| Address Box 1230 | |
| Postal code 164 28 | City Kista |
| Phone +46 (0)70 580 0638 | Fax +46 (0) 8 568 585 01 |
| E-mail rs.vigilance.eu@medtronic.com | Country Sverige |
| 6 Medical device information | |
| Class | |
| <input type="checkbox"/> AIMD Active implants | <input type="checkbox"/> IVD Annex II List A |
| <input type="checkbox"/> MDD Class III | <input type="checkbox"/> IVD Annex II List B |
| <input checked="" type="checkbox"/> MDD Class IIb | <input type="checkbox"/> IVD Devices for self-testing |
| <input type="checkbox"/> MDD Class IIa | <input type="checkbox"/> IVD General |
| <input type="checkbox"/> MDD Class I | |
| Nomenclature system (preferable GMDN) EMDN | Nomenclature code Z12020101 |
| Nomenclature text ROBOTIC-ASSISTED ENDOSCOPIC SURGERY SYSTEMS | |
| Commercial name/ brand name/make Hugo™ RAS Surgeon Console | |
| Model number MRASC0001 | Catalogue number N/A |
| Serial number(s) C21AJH0114, C21AJK0136, C22AJC0168, C22AJC0177, C22AJD0185, C22AJE0196, C21AJB0078. | lot/batch number(s) N/A |
| Device Manufacturing date N/A | Expiry date N/A |
| Software version number (if applicable) N/A | |
| Accessories/associated device (if applicable) N/A | |
| Notified body (NB) ID- number 2797 | |
| 7 Description of FS CA | |

Background information and reason for the FSCA

Device description:

Hugo™ Robotic-Assisted Surgery (RAS) is a modular robotic platform for performing robotically assisted, minimally invasive surgery (MIS). It enables the surgeon, sitting at an ergonomically adjustable surgeon console, to view the surgical field in 3D and control movements of the endoscope and instruments with individual arms at the surgical table. It also allows surgeons and OR teams to manually control arms at the bedside, including using one arm as an endoscope holder.

The surgeon console is the surgeon's interface for controlling the Hugo™ RAS System. The surgeon console includes two hand controllers, a flat screen 3-D display and 3-D glasses to view the endoscope image and status information, a small, interactive touchscreen to control settings and selections, and foot pedals that enable control of the endoscope, and repositioning of the hand controllers, and activation of electrosurgical energy. For Hugo™ RAS system configuration information, Instructions for Use, indications, contraindications, warnings, and precautions, refer to the Hugo™ RAS system user guide.

These products are to be used by medical professionals qualified in the transportation, preparation, and use of surgical devices. The Hugo™ RAS system is intended for use in a sterile operating room environment.

Indications for Use

The Hugo™ Robotically Assisted Surgery (RAS) System is intended to assist in the accurate control of instruments and accessories including rigid endoscopes, blunt and sharp endoscopic dissectors, scissors, forceps/graspers, needle holders, endoscopic retractors, electrosurgical tools and accessories for endoscopic manipulation of tissue, including grasping, cutting, blunt and sharp dissection, approximation, ligation, electrosurgery, and suturing during urologic surgical procedures, gynecologic laparoscopic surgical procedures, and general laparoscopic surgical procedures. The system is indicated for adult use. It is intended to be used by trained physicians in an operating room environment in accordance with the representative surgical procedures set forth in the User's Guide.

Description of Issue:

At the time of the initial Issue Impact Assessment (IIA), it was understood that the issue of the paddle J8 actuating by itself, resided with the Galil Motor Controller (PT00004227). After working with Galil to understand the cause of failure within the design and manufacturing process, Medtronic released an engineering report which summarizes the conclusions of the Galil investigation. It is with this evidence that supports the scope of issue provided by Galil and gives Medtronic the necessary evidence to move forward with a field action. During this process preventative maintenance cycles within the field were replacing these components on a regular basis, at an interval of every 75 procedures. From the failed units that were documented in the 3 complaints received, those units had performed 260 cases, 277 cases, and 690 cases respectively prior to the controller failure. By ensuring that the units were replaced at regular preventive maintenance service intervals of 75 procedures, the risk that additional fielded unit's controllers would fail was mitigated.

Summary of Health Hazard Analysis:

The three (3) reported events originated from Belgium (1), Spain (1) and Japan (1).

Hazard:

- Uncommanded motion of instrumentation within the patient

Associated potential Harms:

- Tissue Damage/Tissue Trauma; Severities 5,4,3,2,1
- Bleeding; Severities 5,4,3,2,1

The overall patient risk falls into Medium/Zone 2. Each patient harm is dependent on the hazardous situation, individual use cases, and patient factors influencing the end outcome.

Description and justification of the action (corrective/preventive)

An FSN will be delivered to affected HCP's to notify them of the issue. Medtronic representatives will schedule a service call to inspect the impacted product and will service the device within the coming months.

Advice on actions to be taken by the distributor and the user:

- Immediately notify all personnel in all care environments in which the Hugo™ RAS system is used about this Urgent Field Safety notice.
- The continued use of Hugo™ RAS System is considered appropriate based on an internal review taking into account the benefit provided to patients compared to any potential risk that may be posed. This assessment may be augmented in individual surgeries by determining any circumstances that materially change the benefit or risk.
- To mitigate any unintended motion, the user would restrain the hand controller lever from actuating and then immediately disengage teleoperation.
- Please post this notification in a prominent location and maintain awareness of this matter until the issue is resolved.

| Progress of FSCA, together with reconciliation data (Mandatory for a Final FSCA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------------------------|-----------------------------|--|--|--|--|-----------------------------|--|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|--|--|--|--|--|
| <p>Attached please find</p> <p><input checked="" type="checkbox"/> Field Safety Notice (FSN) in English</p> <p><input type="checkbox"/> FSN in national language</p> <p><input checked="" type="checkbox"/> Others (please specify): Customer List in your country</p> | <p>FSN Status</p> <p><input type="checkbox"/> Draft</p> <p><input checked="" type="checkbox"/> Final</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Time schedule for the implementation of the different actions</p> <p>This FSCA will be initiated 20 March 2024 and is planned to be completed by 19 August 2024.</p> <p>These countries within the EEA and Switzerland and Turkey are affected by this FSCA</p> <p>- within the EEA, Switzerland and Turkey:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AT</td> <td><input checked="" type="checkbox"/> BE</td> <td><input type="checkbox"/> BG</td> <td><input type="checkbox"/> CH</td> <td><input type="checkbox"/> CY</td> <td><input type="checkbox"/> CZ</td> <td><input checked="" type="checkbox"/> DE</td> <td><input checked="" type="checkbox"/> DK</td> <td><input type="checkbox"/> EE</td> <td><input checked="" type="checkbox"/> ES</td> </tr> <tr> <td><input type="checkbox"/> FI</td> <td><input type="checkbox"/> FR</td> <td><input checked="" type="checkbox"/> GB</td> <td><input type="checkbox"/> GR</td> <td><input type="checkbox"/> HU</td> <td><input type="checkbox"/> IE</td> <td><input type="checkbox"/> IS</td> <td><input checked="" type="checkbox"/> IT</td> <td><input type="checkbox"/> LI</td> <td><input type="checkbox"/> LT</td> </tr> <tr> <td><input type="checkbox"/> LU</td> <td><input type="checkbox"/> LV</td> <td><input type="checkbox"/> MT</td> <td><input type="checkbox"/> NL</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> PL</td> <td><input type="checkbox"/> PT</td> <td><input type="checkbox"/> RO</td> <td><input type="checkbox"/> SE</td> <td><input type="checkbox"/> SI</td> </tr> <tr> <td><input type="checkbox"/> SK</td> <td><input type="checkbox"/> TR</td> <td><input type="checkbox"/> HR</td> <td colspan="7"></td> </tr> </table> <p><input type="checkbox"/> All EEA, Candidate Countries, Switzerland and Turkey</p> <p>- Others:</p> | | <input type="checkbox"/> AT | <input checked="" type="checkbox"/> BE | <input type="checkbox"/> BG | <input type="checkbox"/> CH | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> DK | <input type="checkbox"/> EE | <input checked="" type="checkbox"/> ES | <input type="checkbox"/> FI | <input type="checkbox"/> FR | <input checked="" type="checkbox"/> GB | <input type="checkbox"/> GR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IS | <input checked="" type="checkbox"/> IT | <input type="checkbox"/> LI | <input type="checkbox"/> LT | <input type="checkbox"/> LU | <input type="checkbox"/> LV | <input type="checkbox"/> MT | <input type="checkbox"/> NL | <input type="checkbox"/> NO | <input type="checkbox"/> PL | <input type="checkbox"/> PT | <input type="checkbox"/> RO | <input type="checkbox"/> SE | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> TR | <input type="checkbox"/> HR | | | | | | | |
| <input type="checkbox"/> AT | <input checked="" type="checkbox"/> BE | <input type="checkbox"/> BG | <input type="checkbox"/> CH | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> DK | <input type="checkbox"/> EE | <input checked="" type="checkbox"/> ES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FI | <input type="checkbox"/> FR | <input checked="" type="checkbox"/> GB | <input type="checkbox"/> GR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IS | <input checked="" type="checkbox"/> IT | <input type="checkbox"/> LI | <input type="checkbox"/> LT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LU | <input type="checkbox"/> LV | <input type="checkbox"/> MT | <input type="checkbox"/> NL | <input type="checkbox"/> NO | <input type="checkbox"/> PL | <input type="checkbox"/> PT | <input type="checkbox"/> RO | <input type="checkbox"/> SE | <input type="checkbox"/> SI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SK | <input type="checkbox"/> TR | <input type="checkbox"/> HR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Comments:</p> <p>MDR Risk class: IIb. Classification Rule: Annex VIII, Rule 9. UDI-DI: 0763000B00006347V.</p> <p>In Denmark, 1 system will be serviced as part of this FSCA.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I affirm that the information given above is correct to the best of my knowledge.



 Signature

Marie Christensen
Name

Stockholm
City

20 March 2024
Date

Submission of this report does not, in itself, represent a conclusion by the manufacturer and/or authorized representative or the national competent authority that the content of this report is complete or accurate, that the medical device(s) listed failed in any manner and/or that the medical device(s) caused or contributed to the alleged death or deterioration in the state of the health of any person.