Endoscopy

Smith & Nephew Endoscopy House, Cardinal Park, Godmanchester, Huntingdon PE29 2SN T 01480 423200 F 01480 423201



5 January 2012

Name Title Dept Hospital Address 1 Address 2 Address 3 Address 4

Urgent Medical Device Recall

Smith & Nephew Endoscopy Dyonics Power II Control Unit PRODUCT CODE 72200873 All serial numbers from AAX5001 to AAX8067

Dear Customer,

Smith & Nephew have been notified that the above Control Unit is missing an electromagnetic interference (EMI) gasket. As a precautionary measure, Smith & Nephew will be performing a field corrective action to replace the missing gasket.

There is a small, potential risk that, during a procedure, the DYONICS POWER II Control Unit could radiate emissions and affect other electrical equipment in use. This includes interference with monitors or sensors and inadvertent control parameter changes to other devices in the operating room.

Our records show that this item has been despatched to you recently. A Smith & Nephew representative will be in contact with you to install the capacitive filter. Please complete the declaration on the following page by inserting the number of items held and return the form to FAX 01480 423211

The Medicines and Healthcare Products Regulatory Agency have been informed of this recall.

Yours sincerely,

Tony Horn

Quality & Regulatory Manager

Endoscopy
Smith & Nephew
Endoscopy House,
Cardinal Park,

Godmanchester, Huntingdon PE29 2SN T 01480 423200 F 01480 423201



Fax to, Smith & Nephew Endoscopy , on 01480 423211. Please return this declaration by 31 January 2012.

DECLARATION

Smith & Nephew Endoscopy Dyonics Power II Control Unit PRODUCT CODE 72200873 All serial numbers from AAX5001 to AAX8067

I can confirm that I have the following numbers of affected items in our stock. (please include a zero in the quantity column, if your stock is nil)

Where applicable, these have been segregated awaiting shipping and return

Product Code	Lot Number	Quantity
72200873	All serial numbers from AAX5001 to AAX8067	

instructions from contacted regardi	•	Care Department, who have been
Signed	Print Name	Position
Organisation / Hospit	tal	 Date