



Yours....

DRAFT

# URGENT FIELD NOTICE: RA2011-161

Dear customer

**Description:** Accolade Rasp Handle Assembly

**Catalog No.:** 1020-1400

**Lot Code:** P5E93

Stryker® Orthopaedics has initiated a Product Field Action concerning the above referenced devices

## Issue

Stryker® Orthopaedics has become aware of the potential for the above note Accolade Rasp Handle Assembly to fracture upon use.

## Potential Hazards

The potential associated hazard is that the impaction pad may detach from the rasp handle and result in a non-functioning instrument. The following possible sequence of events may occur as a result:

- Impaction forces may fracture the welds holding the striker plate to the rasp handle.
- This may lead to fatigue stress, fractures and disassociation of the strike plate from the rasp handle.
- The surgeon may proceed with the surgery by removing and replacing the broken rasp handle with a second handle available in the instrument kit.

The hazardous situation is the potential loss of function of the rasp handle with the user being unable to impact the broach during a surgical procedure. The potential resulting harm is an extension of surgery time of less than thirty minutes whilst the surgeon replaces the handle.

## Risk Mitigation

Replacement devices are easily available. It is routine for there to be at least two of these devices within the standard instrument kit configuration for this system.

## Patient Follow up

There is no requirement for additional patient follow up or monitoring. Should a device break intra-operatively the surgeon would be immediately aware and replace the handle in order to continue the procedure. The risk assessment has indicated that there are not any additional risks for patients associated with this type of event.

## Usage

Devices may continue to be used pending availability of replacement devices. Inspect devices prior to and after each procedure. Remove any devices that show evidence of fracturing. Always ensure that two devices are available at the start of the procedure.

**RA2011-161 Accolade Rasp Handle Assembly**

## Immediate Actions Required

1. Immediately check your internal inventory. Locate and quarantine all subject devices pending return to your local Stryker Distributor.
2. Circulate this Field Notice internally to all interested/affected parties.
3. Maintain awareness of this notice internally until all required actions have been completed within your facility.
4. Inform Stryker if any of the subject devices have been distributed to other organisations. *(Please provide contact details so that Stryker can inform the recipients appropriately).*
5. Complete the attached customer response form. *(Please complete this form even if you do not have any product to return. This will preclude the need to Stryker to send any reminder notice)*
6. Please inform Stryker of any adverse events associated with the use of the subject devices.
  - Please comply with any local regulations concerning the reporting of adverse events to local Competent Authorities.
7. Complete the attached customer response form and return to the address indicated.

Stryker® Orthopaedics maintains its commitment to developing, manufacturing and marketing the highest quality products for surgeons and patients. We thank you sincerely for your help and support in ensuring that only conforming devices meeting Stryker's high internal standards remain on the market and apologize for any inconvenience this Field Corrective Action may create.

If you have any further enquiries, please contact the undersigned in the first instance.

Yours faithfully,

## RA2011-161: PFA ACKNOWLEDGMENT FORM

**Description:** Accolade Rasp Handle Assembly  
**Catalogue No:** 1020-1400  
**Lot No:** P5E93

I acknowledge receipt of the Field Notice for RA2011-161 and can confirm that:

<b>We have not located any of these devices in our inventory:</b> <i>(please delete if not applicable)</i>				
<b>We have located the following devices:</b>				
Product description	Product Reference	Lot Number	Qty	Qty Quarantined
<b>We have further distributed subject devices to the following organizations:</b>				
Facility Name				
Facility Address				
<b>Form completed by:</b>				

<b>Contact Name</b> _____ <b>Contact Address</b> _____ _____ _____	<b>Contact Facility</b> _____ <b>Contact Position</b> _____ <b>Contact Tel No</b> _____ <b>Contact Fax No</b> _____ <b>Contact e-mail</b> _____
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**Please return the completed form to:**