



[insert local affiliate or distributor address]

XX February, 2009

Urgent Field Safety Notice

Commercial Name of Affected

30/40/50 CC IAB Catheters

Product:

30/40/50 CC IAB Volume Connectors

FSCA Identifier:

[Reference number assigned by Natio

Competent Authority]

Type of action:

PRODUCT RECALL

AFFECTED PRODUCT CODES:

 IAB-04830-U
 IAB-04840-U
 IAB-05840-U

 IAB-05830-LWS
 IAB-05830-U
 IAB-05840-LWS

 IAB-06830-U
 IAB-06840-U
 IAB-R950-U

 IAB-S730C
 IAB-S840C
 IAK-02691

 IAK-02692
 IAK-02693

This Field Safety Notice has been provided to you in English.

This notice will follow in your own language.

Dear Cardiac Care Customer,

1. Details on affected devices

Teleflex Medical, through its subsidiary Arrow International, has issued a voluntary recall for specific lots of the products identified above. The lot numbers affected are printed in Appendix A of this letter.

2. Description of the problem

Arrow International has become aware through a small number of customers that the blue connector for the 40cc IAB is not properly recognized by the Arrow Intra-Aortic Balloon Pump (IABP) system. A fault in the connector of the pump tubing assembly may result in the volume setting on the pump defaulting to 2.5 cc's or 5 cc's (depending on IABP model) rather than the appropriate 30, 40, or 50 cc volume.





If the incorrect volume is pumped and this is not recognized while IABP therapy is allowed to be continued at this volume, poor or no augmentation support will result, reducing the therapeutic efficacy and increasing the risk of ischemic events. Further, even in the presence of anticoagulation, the lack of movement of the IAB may increase the risk of thrombus development on the surface of the IAB. Therefore, Teleflex Medical, through its subsidiary Arrow International, has initiated a voluntary recall of these products. The Food and Drug Administration has been notified of this action.

3. Advise on action to be taken by Medical Staff

In order to provide the highest level of quality product to our customers, we are notifying our Customers to take the following action:

RECALL INSTRUCTIONS:

- Examine stock and quarantine all affected product immediately.
- Please print and complete the attached Recall Acknowledgement Form in Appendix C and fax back to Arrow Customer Services (number located on the form) who will contact you to arrange return of the product.
- Return any affected product freight collect, along with the original completed Recall Acknowledgement & Stock Status Form.
- Report all adverse incidents related to the affected products to the National Competent Authority and Teleflex Medical.

If you are a distributor, communicate this recall notice to your customers who received product within the scope of this recall by providing a copy of this recall notification to them. Also provide a copy of the Acknowledgement Form. This form should be completed in its entirety, signed and returned to you (the Distributor). As a Distributor, it is your responsibility to provide Teleflex Medical/Arrow International with a certification that all of your consignees have been contacted under this recall.

Or

MITIGATION DIRECTIONS:

For patients currently undergoing therapy please follow the mitigations described in Appendix B.

In circumstances where alternate IAB Catheters/adaptors or other forms of therapy are not available, contact Arrow International to obtain replacement tubing and implement the mitigations described in Appendix B until replacement Pump Tubing Assemblies are received. Arrow International will provide replacement Pump Tubing Assemblies within 7-10 days that will correct this potential defect. Replacement tubing can be ordered from Arrow International customer service by calling XXXXXXX (Monday -Friday 8.30 -5.00pm) and request 30cc (Part Number IAK-02696), 40cc (Part Number IAK-02695), and 50cc (Part Number IAK-02693) Pump Tubing Assemblies.

Further information may be found at the company's website, www.arrowintl.com.





If you have any other questions, please feel free to contact your local sales representative or the Arrow International Customer Service, which is available at:

[insert local contact phone number here]

We strive to supply Cardiac Care Products of the highest quality and reliability. We regret any inconvenience caused by this issue and we thank you for your continued support.

4. Teleflex Medical/Arrow International Action

Teleflex Medical/Arrow International is notifying any potentially affected Customers, Teleflex Medical employees and Distributors of this Field Safety Notice.

5. Transmission of this Field Safety Notice

This notice should be passed on all persons who need to be aware within your organization or to any organization where the potentially affected devices have been transferred.

6. Contact reference person

Should you need any further information or support concerning this issue, please contact:

[insert local contact person name & details]

This recall is voluntary and all relevant Regulatory Agencies have been notified of this action. Teleflex Medical/Arrow International apologizes for any inconvenience caused by this issue.

Director, RA/QA

Kernen Facilities (Germany)

Attachments:

Appendix A: Lot numbers affected by this recall

Appendix B Mitigation Directions
Appendix C: Acknowledgement Form





APPENDIX A

ARROW INTERNATIONAL 30/40/50 CC IAB Catheters LOT NUMBERS INCLUDED IN SCOPE OF RECALL

2009		
Product Number	Lot/Serial Number	
IAB-04840-U	MF8124304	
IAD-04040-0	MF9014426	
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IAB-05840-LWS	MF8124179	
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IAB-06840-U	MF8124162	
IAB-R950-U	MF8124297	
IAB-S730C	MF8124198	
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IAB-S840C	MF8103165	
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Product Number	Lot/Serial Number		
IAB-04830-U	MF6079580		
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	MF7128557		
	MF8018922		
IAB-04840-U	MF6090318		
	MF6111511		
	MF7065955		
	MF7076255		
	MF7086556		
	MF7097114		
	MF7097115		
	MF7097226		
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IAB-05830-LWS	MF6090321		
IMB-UDOJU-LVVD	MF6122057		
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	MF7076250		
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IAB-06830-U	MF8039760	
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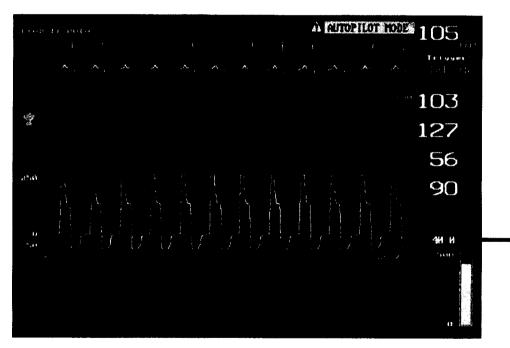
APPENDIX B

ARROW INTERNATIONAL 30/40/50 CC IAB VOLUME CONNECTORS

MITIGATION DIRECTIONS

When setting up and using the unit follow all instructions in the Operator's Manual.

1. As stated in the Operator's Manual (See pages: 5-4 to 5-11 and 6-4 for ACAT1; 5-3 to 5-11 and 6-13 for AutoCAT 2 rev.2.21 and 5-3 to 5-11 and 6-13 for AutoCAT 2 rev.2.23.) this issue can be recognized immediately by verifying the VOLUME SETTING displayed on the screen of the ACAT 1 Plus and AutoCAT 2 Series IABP Console. The currently set volume of the IAB balloon pump catheter is shown in the Lower Right Area of the display, below the Hemodynamic values and above the HE tank bar graph. As soon as the IAB Volume connector is securely connected, the volume of the corresponding IAB catheter and connector should be properly displayed in the area shown. The IAB volume is also printed on the recorder strip.



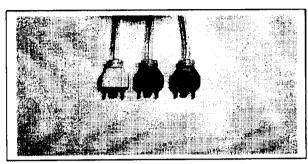
When setting up the IABP console for use, ensure that the following steps are completed.

2. <u>Verify</u> that all connections are made properly. This includes the ECG cables, Arterial Pressure connections (AP) and the IAB volume connector. (See pages: 5-4 to 5-11 and 6-4 for ACAT1; 5-3 to 5-11 and 6-13 for AutoCAT 2 rev.2.21 and 5-3 to 5-11 and 6-13 for AutoCAT 2 rev.2.23).

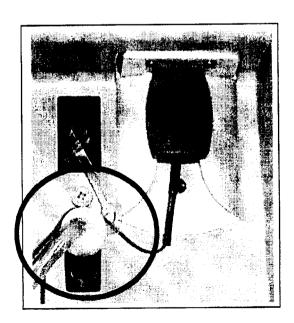




- 3. <u>Verify</u> that after the IAB connector of the IAB pump tubing assembly is attached to the IABP console, the volume setting is correct for the corresponding connector that is listed below. The volume settings are as follows for the each color coded connector below:
 - a. White Connectors: 30cc
 - b. Blue Connectors: 40 cc
 - c. Orange Connectors: 50 cc



- 4. If the volume is properly displayed, no further action is required. Set the AUG Alarm (see section 8b below): When the augmentation alarm is set and the Augmentation falls below the set limit, the IABP console will alert the clinician with an audible alarm and a screen message that states "AUG BELOW SET LIMIT". This alarm will alert the clinician when the level of augmentation is not being provided to the patient. If this alarm occurs, the clinician should assess the patient and the IABP and verify that the IAB volume setting is set to the correct level. The IAB volume, that is shown on the screen and recorder should be verified as per your hospital policy, but at least every 2 hours as described in the operator's manual.
- 5. If the volume is NOT properly displayed and reads 2.5cc on the AutoCAT 2 Series or 5.0cc on the ACAT 1 Series;
 - a. <u>Disconnect and Reconnect the IAB Pump Tubing Assembly connector</u> making sure the IAB pump tubing assembly connector is fully seated in the receptacle.







- b. Verify the IAB volume setting on the IABP. If it is showing the correct volume, no further action is required.
- 6. If the IAB volume is still <u>INCORRECT</u>, you should replace the IAB Pump Tubing assembly with a tubing assembly of the same volume size.
 - a. <u>DISCONNECT</u> the IAB pump tubing assembly at the QUICK CONNECT on the balloon.
 - b. <u>REPLACE</u> with another appropriate size pump tubing assembly. Pump Tubing Assembly may be ordered from Arrow using 30cc (Part Number IAK-02696), 40cc (Part Number IAK-02695), and 50cc (Part Number IAK-02693).
 - c. <u>RECONNECT</u> to IABP and verify IAB volume setting is correct, as described above.

WARNING:

Use of an incorrectly sized IAB pump tubing assembly can result in under or over delivery of Helium to the IAB. This may reduce cardiac support or increase the risk of Helium embolism in the event of a leak in the IAB. This can also increase the risk of thrombus formation on the IAB balloon catheter that is implanted in the patient. If the thrombus formation is somehow dislodged from the catheter, it could potentially cause end organ damage or neurological deficits (i.e., stroke or transient ischemic attack).

Ensure that if an alternative pump tubing assembly is used, that it is the same volume as the pump tubing assembly that it is replacing.

- 7. If replacing the IAB pump tubing assembly with an assembly that does NOT correct the problem, change to another IABP console and notify your local Biomedical support staff or contact Teleflex Medical/Arrow IABP Worldwide Service.
- 8. Once pumping has been started:
 - a. <u>Assess</u> the AP waveform and note that Augmentation is present during IAB inflation. If the IAB volume is very low, Augmentation may not be present or may be very low. (See pages 5-14 to 5-18 and 9-15 to 9-18 for ACAT1; 6-16 to 6-18 and 8-20 to 8-22 for AutoCAT 2 rev.2.21; 6-18 and 8-24 to 8-26 for AutoCAT 2 rev2.23 for AP waveform/Timing assessment and assessment of augmentation).





- b. <u>Set the AUG Alarm</u>: The augmentation alarm when set will alert the clinician with an audible alarm and a screen message that states "AUG BELOW SET LIMIT". This alarm will alert the clinician that the proper augmentation/pressure is no being delivered to patient. To set the augmentation alarm:
 - i. Press AP SELECT
 - ii. Press AP Alarm
 - iii. TURN AP Alarm ON
 - iv. Verify AUG Alarm is selected
 - v. Set AUG AP Alarm to appropriate value based on patient condition and hospital protocol.
 - vi. See pages 10 to 11 for ACAT1; 3-33 to 3-34 for AutoCAT 2 rev.2.21 and 3-34 and 3-35 for AutoCAT 2 rev.2.23 for further information on the AP Alarm
- 9. Refer to the operator's manual for proper operation of the IABP.





APPENDIX C

ARROW INTERNATIONAL 30/40/50 CC IAB VOLUME CONNECTORS RECALL ACKNOWLEDGEMENT AND STOCK STATUS FORM

Immediate Attention Requested

Please check the appropriate box and return this form by Fax XXXXXX immediately.			
	We have no inventory within the scope of this recall.		
	We have the following affected product at our facility and have discontinued use and distribution . We have quarantined the affected product, and will return the following quantities.		
	Due to lack of available product we have chosen to use the affected product and follow the mitigations described in Attachment B of the Recall Letter Dated: XX February 2009.		
Return Authorization Number: Contact Arrow Customer Service at <i>[insert local contact phone number]</i> for a Return Authorization Number.			
(Print	t Name)	(Date)	
(Sign	ature)	(Telephone Number)	
(Insti	tution Name)	Alternate Mailing Address	
(Insti	tution Street Address)	(Street Address)	
(Insti	tution City, State, Zip)	(City, State, Zip)	
(Cou	ntry)	(Country)	

All product details are to be completed on page 2 of this form.





QUANTITY

CATALOG NUMBER

LOT NUMBER