

To the attention of Medical Device Vigilance
responsible / Central Pharmacy

Saint Priest, December 1st, 2023

**Subject: URGENT - FIELD SAFETY NOTICE – INTEGRA – CODMAN® VPV® SYSTEM – Reference: 823192R
– Incorrect power cord and Instructions for use (IFU) – FIELD SAFETY ACTION**

Legal manufacturer:

INTEGRA LIFESCIENCES PRODUCTION CORPORATION, 11 Cabot Boulevard, 02048 Mansfield, MA, 02048
USA – SRN:US-MF-000009189

EC Representative:

Integra LifeSciences Services (France)– Immeuble Séquoia 2 – 97 Allée Alexandre Borodine – 69800 SAINT
PRIEST, France – SRN : FR-AR-000002474

Medical device:

The CODMAN® VPV® SYSTEM comprises the program unit, the transmitter, a 3m long power cord, and
ultrasound gel in a carrying case.

Primary clinical purpose of device:

The CODMAN® VPV® SYSTEM is designed for use only with CODMAN® HAKIM® Programmable Valves in the
treatment of hydrocephalus when shunting cerebrospinal fluid (CSF) from the ventricles of the brain. It is used
to noninvasively adjust the CODMAN HAKIM Programmable Valve to the selected setting and provides
confirmation of the valve adjustment, without the need for radiographic imaging when an “Adjustment Complete”
message is displayed.

Concerned reference:

823192R

Serial Numbers:

V11594 – V11589 – V11591 – V11583

Dear Valued Integra Customer,

Integra LifeSciences is issuing this Field Safety Notice regarding the CODMAN® VPV® SYSTEM you received from March to September 2023: see details in Table 1 below.

| Product Name | Product Code | Serial numbers | Distribution Dates |
|--|--------------|--------------------------------------|-----------------------------------|
| CODMAN® VPV® SYSTEM UDI# 10381780519348 | 823192R | V11594 V11589 V11591 V11583 | From March 2023 to September 2023 |

Table 1: Product and Distribution Information

An incorrect power cord and Instructions for Use (IFU) were supplied with the CODMAN® VPV® SYSTEM. A US Power cord and IFU were included in the packaging instead of the European versions.

US IFU (ref # 208525001)

EU IFU (ref # 208526001)

This error is limited to the specific serial numbers outlined in Table 1. No other products are impacted.

Risks to Health

Based on the health hazard evaluation conducted for this issue, no risk for the patient was identified as the incorrect Power Cord would be identified prior to surgery and shunt reprogramming does not likely involve patient emergency scenarios. This safety action is due to a regulatory compliance issue due to the incorrect IFU provided.

The risks have been assessed based on standard ISO 14971 and other applicable regulations listed in our internal procedures.

Two complaints were received due to this issue.

Actions to be Taken by Customers

1. Please **review and understand** the information provided in this letter.
2. If **you do have** affected units:
 - a. Check the box on the enclosed form “I do have affected units.”
 - b. Record on the form the total quantity of affected units.
 - c. Discard the incorrect power cord and IFU ((ref # 208525001)
3. If **you do not have** affected units, check the box, “I do not have affected unit.”
4. Please return the completed reply form by email to emea-fsca-neuro@integralife.com, or Fax to +33 (0)4.37.47. 59.30. By filling this form, you confirm that you have received this Safety Notice and you intend to fully comply with this notification. **We expect a response within 3 weeks.** You also confirm that this notification has been forwarded to every concerned person in your organization.



5. At reception of your form, and if it is noted that you have affected units, Integra will send you the correct power cord and IFU.
6. We recommend that you retain a copy of the form for your records.

The receipt of this form ensures that Integra has achieved a level of effectiveness in communicating this information.


National Competent Authorities may perform audits of field actions of this nature to verify that our customers have been notified and understand the nature of the field action being taken.

The National Competent Authority of your country has been alerted of this Field Safety Corrective Action.

Thank you for your cooperation with this Field Safety Corrective Action and for returning the attached Reply Form.

Please feel free to contact our Post Market Surveillance Department at emea-fsca-neuro@integralife.com for any additional questions. Your cooperation is appreciated, and we thank you for your continued collaboration.

Yours Sincerely,


Materiovigilance Correspondent

Appendix: Field Safety Notice Customer Reply Form (2 pages)

CUSTOMER REPLY FORM

| | |
|---|----------------------------|
| 1. Field Safety Notice (FSN) information | |
| FSN Reference number | FSN-2023-HHE-007 |
| FSN Date | 01/12/2023 |
| Device name | CODMAN® VPV® SYSTEM |
| Product Code | 823192R |

| | |
|--|--|
| 2. Customer Details | |
| Account Number | |
| Healthcare Organisation Name* | |
| Organisation Address* | |
| Department/Unit | |
| Shipping address if different to above | |
| Contact Name* | |
| Title or Function | |
| Telephone number* | |
| Email* | |

| | | |
|---|--|---|
| 3. Customer action undertaken on behalf of Healthcare Organisation | | |
| <input type="checkbox"/> | I confirm receipt of the Field Safety Notice and that I read and understood its content. * | |
| <input type="checkbox"/> | I performed all actions requested by the FSN * | |
| <input type="checkbox"/> | The information and required actions have been brought to the attention of all relevant users and executed.* | |
| <input type="checkbox"/> | I have checked my inventory* | |
| <input type="checkbox"/> | I <u>do have</u> affected units and I confirm that I discarded the power cord and the IFU | Quantity: Serial number: |
| <input type="checkbox"/> | I <u>do not</u> have any affected units | |
| <input type="checkbox"/> | I have a query please contact me | <i>Customer to enter contact details if different from above and brief description of query</i> |
| | Print Name* | <i>Customer print name here</i> |
| | Signature* | <i>Customer sign here</i> |
| | Date* | |

| 4. Return acknowledgement to Sender | |
|---|---|
| Email | emea-fsca-neuro@integralife.com |
| Customer Helpline | +33 (0) 6 30 20 69 66 |
| Postal Address | Post Market Surveillance Department Integra Immeuble Séquoia 2, 97 allée Alexandre Borodine Parc technologique de la Porte des Alpes 69800 Saint Priest, France |
| Web Portal | https://integralife.eu/ |
| Fax | +33 (0)4 37 47 59 30 |
| Deadline for returning the customer reply form* | 26/12/2023 |

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective action.