

FSN Ref: CAPA23-059 Rev02 EN

Date: September 5<sup>th</sup> 2023

For Attention of: Person responsible of Medical Devices Safety / vigilance – Passed on to all user departments and users

Contact details of local representative (name, e-mail, telephone, address etc.)

VYGON 5 Rue Adeline 95440 ECOUEN France

Email: VGLFSN@vygon.com

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1	Information on Affoot	tod Dovices								
1. Information on Affected Devices 1 1. Device Type(s)										
I	Dolphin Inflation Device is used during angioplasty procedures to inflate balloon catheter, control									
	pressure and deflate the balloon catheter.									
	Dolphin Inflation Device is packaged in a single sterile thermosealed blister.									
1	2. Commercial name(s)									
	DOLPHIN Inflation Device									
1	3. Primary clinical nurnose of device(s)									
'	3. Primary clinical purpose of device(s)  Dolphin Inflation Device is used during angioplasty procedures to inflate balloon catheter, control									
	pressure and deflate the balloon catheter.									
1	4. Device Model/Batch(es) number(s)									
		Reference code / VYGON		1						
		code	Batches number							
		0185NA / VPE0185NA	23045082							
			23045140							
			23065058							
		0185NATW / VPE0185NATW	23045001							
			23045029							
			23045052							
			23045065							
		0185NDCN / VPE0185NDCN	23035113							
			23045184							
		0185NF / VPE0185NF	23045117							
		0185NR / VPE0185NR	23045103							
		0185PD / VPE0185PD	23035097							
			23045174							
		040501 / 105040501	23035079							
		0185QL / VPE0185QL	23035114							

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2 Reason for Field Safety Corrective Action (FSCA)					
2	1. Description of the product problem				
	PEROUSE MEDICAL became aware about complaints concerning a defective packaging of DOL-PHIN inflation device.				
	The blister may have a visible crack in the side.				
2.	2. Hazard giving rise to the FSCA				
	If the DOLPHIN inflation device blister is cracked, the medical device may lose its sterility.				
3. 1	ype of Action to mitigate the risk				
	1. Action To Be Taken by the User				
	x Identify the Device				
3.	x Quarantine the Device				
	x Return the Device				
3.	2. By when should the action be completed?	September 19 <sup>th</sup> 2023			
3.	3. Action Being Taken by the Manufacturer Recall product				

4. General Information							
4.	The Competent (Regulatory) Authority of your country has been informed about this communication to customers.						
4.	Manufacturer information						
	a. Company N	ame	PEROUSE MEDICAL				
	b. Address	· •		Route du Manoir 60173 IVRY LE TEMPLE - FRANCE			
	c. Website address		N/A				
4.	d. Name/Signature		Nathalie BAUDE Matériovigilance Correspondent Quality Manager				
5. F	 Return ackno	owledgement to sender					
	Email VGLFSN@vygon.com						
		Postal Adress		GON e Adeline 95440 ECOUEN FRANCE			
		Deadline for returning the customer reply form	Sept	September 19 <sup>th</sup> 2023			

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Transmission of this Field Safety Notice		
This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)		
Please transfer this notice to other organisations on which this action has an impact. (As appropriate)		
Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.		
Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback		

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