



Field Safety Notice

Urgent Medical Device Recall – ISIFA2019-05-R

da Vinci® Xi SureForm 60 Stapler Reload

	Dear <i>da Vinci</i> Customer,			
1- Introduction and Reason for Field Action	This Field Safety Notice is to inform you that Intuitive Surgical is conducting a voluntary recall of select da Vinci [®] Xi SureForm 60 Black and Green Reloads, due to a manufacturing variation which was identified during internal testing. The likelihood of this manufacturing variation is extremely low and if it occurs, select black and green reloads may not deploy three individual adjacent staples, which could result in an incomplete staple line.			
2 - Risk to Health	In the event a surgeon identifies any missing staples following the use of an affected black or green reload, there may be a minor delay in the case to reinforce the staple line with suture or an additional reload. If an incomplete staple line is not identified and addressed immediately the risk is dependent on the type of tissue being stapled. In rare situations there is a theoretical possibility that this could potentially lead to an air leak or an anastomotic leak which may require an additional procedural intervention.			
3- Affected Products	Part Product Number Name 48360G-08 da Vinci Xi SureForm 60 Green Reload 48360T-08 da Vinci Xi SureForm 60 Black Reload	Affected Lots T10180511; T10180718; T10180821; T10180822; T10180906; T10180913; T10180925; T10181008; T10190204; T10190208; T10190213; T11180816; T11190219 T10180615; T10180924; T10181003; T11181003; T10181010; T10181016; T10181029; T10181107; T10181109; T10181113		
4- Actions to be taken by the Customer/User	As a general reminder, Intuitive Surgical advises that you continue to follow the guidelines found in the user manual to inspect surgical staple lines of each stapler firing. Additionally, Intuitive Surgical requests that you locate the affected Stapler Reloads at your site and return them via the standard RMA process. Please note that only those lots identified in section 3 of this letter are impacted. The other lots do not need to be returned and you may continue to use them.			

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	In addition please take the following actions:				
		 Inform necessary personnel when corrective action has been completed. 			
		If you have distributed any affected product to other sites, please forward this notice to all related parties.			
		 Complete and submit the attached Acknowledgement Form to Intuitive (page 3 of this letter). 			
		4. Please retain a copy of this letter and the acknowledgement form for your files.			
5-	Actions to be	Intuitive Surgical will provide replacement for returned affected product. As stapler			
	taken by	reloads are sold in boxes of 12, any partial returns will receive replacements up to the			
	Intuitive	nearest full box.			
	Surgical				
		If you need further information or support concerning this Medical Device Recall, please			
		contact your Clinical Sales Representative or contact Intuitive Customer Service at the			
		numbers listed below:			
6-	Further Information & Support	 International Customer Service: +800 0821 2020 or +41 21 821 2020 (8 AM to 6 PM CET) or ics@intusurg.com 			

Please be aware that the appropriate Regulatory Authority for your region has been notified by Intuitive Surgical of this Field Safety Notice.

Sincerely,

Intuitive Surgical, Sàrl Chemin des Mûriers 1 CH-1170 Aubonne, Switzerland +41 21 821 20 20



ACKNOWLEDGMENT FORM Field Safety Notice

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da Vinci Xi SureForm 60 Stapler Reload

Ship-to:

Hospital Name: <mail merge>

Address: <mail merge>

City, State, Zip: <mail merge>

SFID: <mail merge>
ATTENTION: <mail merge>

PLEASE COMPLETE ALL REQUESTED INFORMATION AND RETURN IMMEDIATELY

- 1. I have received and read this notice.
- 2. I have ensured all appropriate personnel are fully informed of the contents of this notice.
- 3. I have filled in Attachment 1 and I have returned all affected da Vinci Xi SureForm 60 Stapler Reloads.
- 4. I will contact Intuitive Surgical if I have any questions.

Hospital name:	 <u>Position:</u>
Name (print):	Robotics Coordinator
	Operating Room Director
Signature:	 Risk Manager
	Surgeon
Phone Number:	 Other:
Email:	
Date:	 <u>.</u>

PLEASE FAX OR EMAIL THIS ACKNOWLEDGEMENT FORM TO Intuitive Surgical

ATTN: REGULATORY POST MARKET FIELD ACTIONS

Subject line for email: ISIFA2019-05-R

Scan and email to: EU.FSCA@intusurg.com or Fax +41.21.821.2021

Customer Service

International Customer Service: +800 0821 2020 or +41 21 821 2020 (8 AM to 6 PM CET) or ics@intusurg.com



ATTACHMENT 1 Field Safety Notice

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da Vinci Xi SureForm 60 Stapler Reload

Affected Product Reconciliation:

Affected Part Number	Affected Lot	Remaining quantity in your inventory to be returned		
		Number of Boxes (unopened)	Number of Single Reloads	
48360G-08	T10180511			
	T10180718			
	T10180821			
	T10180822			
	T10180906			
	T10180913			
	T10180925			
	T10181008			
	T10190204			
	T10190208			
	T10190213			
	T11180816			
	T11190219			
48360T-08	T10180615			
	T10180924			
	T10181003			
	T10181010			
	T10181016			
	T10181029			
	T10181107			
	T10181109			
	T10181113			
	T11181003			