

Rev 1: January 2025

**FSN Ref:** 2507/51830/00 - CAPA25-037 Rev00 EN: **FSCA Ref** 2507/51830/00 - CAPA25-037 Rev00 EN:

**Date:** 09/07/2025

## **Urgent Field Safety Notice** **Device Commercial Name**

**For Attention of\*:** Identify either by name or role who needs to be aware of the hazard and/or take action. If this is multiple recipients then include full list.

<b>Contact details of local representative (name, e-mail, telephone, address etc.)*</b>
<b>Technical Department - <a href="mailto:technical-uk@vygon.com">technical-uk@vygon.com</a>, Tel: 01794 748800 - Vygon (UK) Ltd, The Pierre Simonet Building, V Park, Gateway North, Latham Road, Swindon, SN25 4DL</b>

**Urgent Field Safety Notice (FSN)**  
**Device Commercial Name**  
**Risk addressed by FSN**

1. Information on Affected Devices*																																										
1	1. Device Type(s)*																																									
.	POLYPERF needles are curved Huber needles with a connecting line (tubing). They are available in various lengths and diameters and with or without a side injection site.																																									
1	2. Commercial name(s)																																									
.	POLYPERF																																									
1	3. Unique Device Identifier(s) (UDI-DI)*																																									
.	N/A																																									
1	4. Primary clinical purpose of device(s)*																																									
.	Needles indicated for the administration or withdrawal of fluids through implantable catheter ports.																																									
1	5. Device Model/Catalogue/part number(s)*																																									
.	<table border="1"> <thead> <tr> <th>Product</th> <th>Product code</th> <th>Commercial Name</th> <th>LOT number</th> </tr> </thead> <tbody> <tr> <td rowspan="10">POLYPERF</td> <td>VPE581709</td> <td>POLYPERF W/O Y 0.9D X 17MM 20G</td> <td>24075013</td> </tr> <tr> <td>VPE581709</td> <td>POLYPERF W/O Y 0.9D X 17MM 20G</td> <td>24085061</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24065182</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24075215</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24105076</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24105111</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24105167</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24105185</td> </tr> <tr> <td>VPE582009</td> <td>POLYPERF W/O Y 0.9D X 20MM 20G</td> <td>24105254</td> </tr> <tr> <td>VPE582509</td> <td>POLYPERF W/O Y 0.9D X 25MM 20G</td> <td>24055165</td> </tr> <tr> <td>VPE582509</td> <td>POLYPERF W/O Y 0.9D X 25MM 20G</td> <td>24065177</td> </tr> </tbody> </table>				Product	Product code	Commercial Name	LOT number	POLYPERF	VPE581709	POLYPERF W/O Y 0.9D X 17MM 20G	24075013	VPE581709	POLYPERF W/O Y 0.9D X 17MM 20G	24085061	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24065182	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24075215	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24105076	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24105111	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24105167	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24105185	VPE582009	POLYPERF W/O Y 0.9D X 20MM 20G	24105254	VPE582509	POLYPERF W/O Y 0.9D X 25MM 20G	24055165	VPE582509	POLYPERF W/O Y 0.9D X 25MM 20G	24065177
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1	6. Software version																																									
.	N/A																																									

1	7. Affected serial or lot number range			
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	Product	Product code	Commercial Name	LOT number
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		VPE581709	POLYPERF W/O Y 0.9D X 17MM 20G	24085061
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		VPE582509	POLYPERF W/O Y 0.9D X 25MM 20G	24065177
1	8. Associated devices			
.	N/A			

<b>2 Reason for Field Safety Corrective Action (FSCA)*</b>	
2	<b>1. Description of the product problem*</b>
.	The legal manufacturer (PEROUSE MEDICAL) has identified a potential defect on some rigid blisters of POLYPERF products after sterilization. A very small number of blister packs may have localised cracks on the corners. This could result in a breach of the products' sterile barrier system.
2	<b>2. Hazard giving rise to the FSCA*</b>
.	Breakage of the sterile barrier system may result in contamination of the medical device and lead to an infectious risk for the patient.
2	<b>3. Probability of problem arising</b>
.	Batches involved have a blister crack/leak rate between 0.06% and 1.17%.
2	<b>4. Predicted risk to patient/users</b>
.	Breakage/rupture of the sterile barrier system may result in contamination of the medical device and lead to an infectious risk for the patient.
2	<b>5. Further information to help characterise the problem</b>
.	N/A
2	<b>6. Background on Issue</b>
.	The legal manufacturer (PEROUSE MEDICAL) has identified a potential defect on some rigid blisters of POLYPERF products after sterilization. A very small number of blister packs may have localised cracks on the corners. This could result in a breach of the products' sterile barrier system.

2	<b>7. Other information relevant to FSCA</b>
.	N/A

<b>3. Type of Action to mitigate the risk*</b>	
<b>3.</b>	<b>1. Action To Be Taken by the User*</b> <input checked="" type="checkbox"/> Identify Device <input checked="" type="checkbox"/> Quarantine Device <input checked="" type="checkbox"/> Return Device <input type="checkbox"/> Destroy Device <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Follow patient management recommendations <input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU) <input type="checkbox"/> Other <input type="checkbox"/> None Provide further details of the action(s) identified.
<b>3.</b>	2. By when should the action be completed?    6 <sup>th</sup> August 2025
<b>3.</b>	3. Particular considerations for:    Choose an item. N/A
<b>3.</b>	4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)    Yes
<b>3.</b>	<b>5. Action Being Taken by the Manufacturer</b> <input checked="" type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change <input type="checkbox"/> Other <input type="checkbox"/> None Provide further details of the action(s) identified.
<b>3</b>	6. By when should the action be completed?    Specify where critical to patient/end user safety
<b>3.</b>	7. Is the FSN required to be communicated to the patient /lay user?    No
<b>3</b>	8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet? N/A

4. General Information*		
4.	1. FSN Type*	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows: N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	No
4	5. If follow-up FSN expected, what is the further advice expected to relate to: N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	a. Company Name	Vygon (UK) Ltd (on behalf of PEROUSE MEDICAL)
	b. Address	The Pierre Simonet Building, V Park, Gateway North, Latham Road, Swindon, Wiltshire, SN25 4DL
	c. Website address	www.vygon.co.uk
4.	8. The Regulatory Authority of your country has been informed about this communication to customers. *	
4.	9. List of attachments/appendices:	Appendix 1 -
4.	10. Name/Signature	Kate O'Connell, Technical Support Manager(On behalf of Jules Peacemaker Harelimana, Quality PMS Manager)

Transmission of this Field Safety Notice	
	<p>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)</p> <p>Please transfer this notice to other organisations on which this action has an impact. (As appropriate)</p> <p>Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.</p> <p>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..*</p>

Note: Fields indicated by \* are considered necessary for all FSNs. Others are optional.

**FSCA EMAIL BACK FORM**

**FIELD SAFETY CORRECTIVE ACTION REF. NO: 2507/51830/00**

**DATE: 9 July 2025**

**DETAILS OF AFFECTED DEVICES:**

Product Code:	Batch/Lot	NHSSC Code
VPE581709	24075013	FTR3039
VPE581709	24085061	FTR3039
VPE582009	24065182	FTR3027
VPE582009	24075215	FTR3027
VPE582009	24105076	FTR3027
VPE582009	24105111	FTR3027
VPE582009	24105167	FTR3027
VPE582009	24105185	FTR3027
VPE582009	24105254	FTR3027
VPE582509	24055165	FTR3047
VPE582509	24065177	FTR3047

Please complete this form even if you do not have any affected product listed above and email the completed form back to Technical Support Services – Email: [technical-uk@vygon.com](mailto:technical-uk@vygon.com)

I/we acknowledge receipt of the above FSCA, and that the information contained in this FSCA has been shared with all recipients/users of the above products within our organisation.

Name: \_\_\_\_\_ Mr/Mrs/Miss/Other: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post code: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ We do not have any of the affected stock listed above

☐ We have the following stock remaining

<b>Product Code</b>	<b>Batch/Lot Number</b>	<b>Quantity</b>	<b>Name of Supplier Direct/NHSSC/SSS/Other)</b>
VPE581709	24075013		
VPE581709	24085061		
VPE582009	24065182		
VPE582009	24075215		
VPE582009	24105076		
VPE582009	24105111		
VPE582009	24105167		
VPE582009	24105185		
VPE582009	24105254		
VPE582509	24055165		
VPE582509	24065177		

On receipt of this completed form, a representative of Vygon (UK) Ltd will contact you to arrange the return and replacement of affected stock.