

Date: 11.08.2020

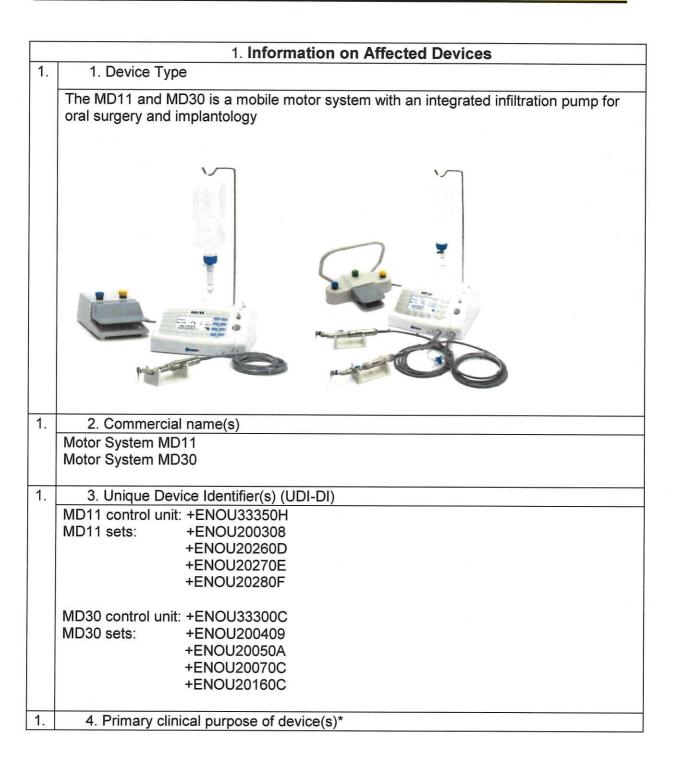
## **Urgent Field Safety Notice MD11 / MD30**

Contact details of local representative

Nouvag AG Mehdi Zadehnour St. Gallerstrasse 23-25 9403 Goldach +41 71 846 66 57



## <u>Urgent Field Safety Notice (FSN) MD11 / MD30</u> <u>Production according to expired EMV Standard 60601-1-2 Edition 3</u>





1.

1.



The MD 30 in combination with a motor and corresponding handpiece or contra angle (separate medical device) is used primarily in dental implantology. The device can also be used for microsurgical applications as well as in oral and maxillofacial surgical procedures. The device is designed for drilling, milling and sawing bone as well as for screw insertion into bone. An integrated peristaltic pump is provided in order to cool the rotating instruments so that damage to tissue can be prevented.

5. Device Model/Catalogue/part number(s)

MD11 control unit and sets: 3335; 2003; 2026; 2027; 2027m; 2028

MD30 control unit and sets: 3330; 2004; 2005;

6. Affected serial or lot number range

MD30:

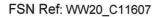
SET SN	UNIT SN
3131E1903R	9159U1901R

	2 Reason for Field Safety Corrective Action (FSCA)				
2.	Description of the product problem				
	The devices MD 11 and MD 30 do not comply with the latest harmonized EMC standard (60601-1-2, Edition 4). The devices only comply with the expired Edition 3 and were not adapted to the new standard.				
2.	2. Hazard giving rise to the FSCA				
	The device might interfere with other electrical devices. The MD11 and MD30 could disturb the function of devices nearby or could itself be disturbed by them.				
2.	3. Probability of problem arising				
	Little to no probability of problems arising. The device still complies with the previous Edition 3 EMC standard (IEC 60601-1-2:2007). With the harmonization of the EMC standard Edition 4 (IEC 60601-1-2:2014) the acceptable ranges of electromagnetic interference is now smaller and thus not successfully achieved by the device.				
2.	4. Predicted risk to patient/users				
	none				





	3. Type of Action to mitigate the risk			
3.	1. Action To Be Taken by the User			
	☑ Identify Device ☐ Quarantine Device ☒ Return De	evice    Destroy Device		
	☐ On-site device modification/inspection			
	☐ Follow patient management recommendations			
	☐ Take note of amendment/reinforcement of Instructions For Use (IFU)			
	□ Other □ None			
	Device must be returned to the following address:			
	Nouvag GmbH Dental und Medizintechnik Schulthaissstrasse 15 DE - 78462 Konstanz Germany			
	Tel. +49 (0)7531 1290-0			
	Fax +49 (0)7531 1290-12			
	info-de@nouvag.com			
3.	2. By when should the action be completed?			
3.	Is customer Reply Required? *  (If yes, form attached specifying deadline for return)	Yes, As soon as possible		
3.	4. Action Being Taken by the Manufacturer			
	<ul> <li>□ Product Removal</li> <li>□ Software upgrade</li> <li>□ IFU or labelling change</li> <li>□ None</li> </ul>	ction		
	Device modification on manufacturing site			





FSCA Ref: C11607

	4. General Information		
4.	1. FSN Type	New	
4.	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. Manufacturer information     (For contact details of local representative refer to page 1 of this FSN)		
	a. Company Name	Nouvag AG	
	b. Address	St. Gallerstrasse 23-25, CH-9403 Goldach	
	c. Website address	www.nouvag.com	
4.	<ol><li>The Competent (Regulatory) Authority of your country has been informed about this communication to customers.</li></ol>		
4.	6. Name/Signature	Mehdi Zadehnour, COO	
		Melle	

## 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.

FSN Ref: WW20\_C11607



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 actions.

Please fill in the customer/ distributor reply form and send it to us before the defined deadline at: vigilance@nouvag.com