

Date: 23 July 2023

Reference Number: SG-2307-407-H

قطاع الأجهزة والمستلزمات الطبية المركز الوطني لبلاغات الأجهزة والمستلزمات الطبية

Medical Devices Sector National Center for Medical Devices Reporting الميئة العامة للضفاء والحواء Saudi Food & Drug Authority

رسالة سلامة Safety Communication

To: Healthcare Provider	•		إلى: مقدمي الرعاية الصحية
Title	A potential for reduced- or no-energy output during high voltage (HV) therapy when programmed AX>B		العنوان
Medical Device Description	Cobalt TM XT/Cobalt TM /Crome TM ICDs and CRT-Ds		اسم ووصف الجهاز/المستلزم الطبي
Medical Device Products Identifier	Cobalt TM XT/Cobalt TM /Crome TM ICDs and CRT-Ds A subset of: Claria MRI TM /Amplia MRI TM /Compia MRI TM /Viva TM /Brava TM CRT-Ds A subset of: Visia AF TM /Visia AF MRI TM /Evera TM /Evera MRI TM /Primo MRI TM /Mirro MRI TM ICDs With glassed feedthrough (manufactured after July 2017).		الأرقام للجهاز/المستلزم الطبي
Manufacturer	Medtronic		اسم المصنع
Authorized Representative	شركة ميدترونيك العربية السعودية		الممثل المعتمد
Medical Devices Marketing Authorization (MDMA)	ME0000000256SFDAA00046 ME0000000256SFDAA00047 ME0000000256SFDAA00048 ME0000000256SFDAA00049 ME0000000256SFDAA00050 ME0000000256SFDAA00505 ME0000000256SFDAA00507 ME0000000256SFDAA00942 ME0000000256SFDAA00944 ME0000000256SFDAA00949	ME0000000256SFDAA00217 ME0000000256SFDAA00219 ME0000000256SFDAA00236 ME0000000256SFDAA00237 ME0000000256SFDAA00238 ME0000000256SFDAA00239 ME0000000256SFDAA00945 ME0000000256SFDAA00946 ME0000000256SFDAA00947 ME0000000256SFDAA00947 ME0000000256SFDAA00948 ME0000000256SFDAA00953	إذن التسويق
Potential /Associated risks	Failure to terminate an arrhythmia, which could lead to death, as well as complications associated with device replacement and/or unnecessary lead replacement if the reduced- or no-energy HV therapy is erroneously attributed to a lead failure.		المخاطر المحتملة/ المرتبطة بالجهاز أو المستلزم الطبي
Recommendations	Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic provides the following guidance: • Prophylactic device replacement is NOT recommended.		التوصيات

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- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue. Note:
 - 1. Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
 - 2. For patients remotely followed via CareLink, your Medtronic representative will provide a report to assist with identifying patients who may have one or more HV therapy pathways programmed AX>B.
- Prioritize reprogramming patients who have both a history of HV therapy and Rx1 programmed AX>B.
- For remaining patients with AX>B programming in any HV therapy sequence, schedule (with appropriate discretion) the next follow-up for in-clinic reprogramming, to minimize potential for reduced- or no-energy HV therapies to occur
- Per standard practice, check tachyarrhythmia episodes to determine effectiveness of therapies that have been delivered:
 - 1. Instruct patients to contact the clinic if they receive HV therapy or hear an audible tone coming from their device.
 - 2. Verify delivered energy is consistent with programmed energy in the Episode Summary.

For Reporting







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