

Date: 11.08.2020


Urgent Field Safety Notice MD11 / MD30

For Attention of: Quintess Denta, Irland

Contact details of local representative

Nouvag AG Mehdi Zadehnour St. Gallerstrasse 23-25 9403 Goldach +41 71 846 66 57
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Urgent Field Safety Notice (FSN) MD11 / MD30
Production according to expired EMV Standard 60601-1-2 Edition 3











1. Information on Affected Devices	
1.	<p>1. Device Type</p> <p>The MD11 and MD30 is a mobile motor system with an integrated infiltration pump for oral surgery and implantology</p> <div style="text-align: center;">  </div>
1.	<p>2. Commercial name(s)</p> <p>Motor System MD11 Motor System MD30</p>
1.	<p>3. Unique Device Identifier(s) (UDI-DI)</p> <p>MD11 control unit: +ENOU33350H MD11 sets: +ENOU200308 +ENOU20260D +ENOU20270E +ENOU20280F</p> <p>MD30 control unit: +ENOU33300C MD30 sets: +ENOU200409 +ENOU20050A +ENOU20070C +ENOU20160C</p>
1.	<p>4. Primary clinical purpose of device(s)*</p>

<p>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.</p>																			
1.	<p>5. Device Model/Catalogue/part number(s)</p> <p>MD11 control unit and sets: 3335; 2003; 2026; 2027; 2027m; 2028 MD30 control unit and sets: 3330; 2004; 2005;</p>																		
1.	<p>6. Affected serial or lot number range</p> <table border="1"> <thead> <tr> <th>Qty</th> <th>SET SN</th> <th>UNIT SN</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>9804E1901R</td> <td>4632U1810R</td> </tr> <tr> <td>1</td> <td>9805E1901R</td> <td>4633U1810R</td> </tr> <tr> <td>1</td> <td>9806E1901R</td> <td>4634U1810R</td> </tr> <tr> <td>1</td> <td>9813E1901R</td> <td>4635U1810R</td> </tr> <tr> <td>1</td> <td>5936S1911R</td> <td>9469U1907R</td> </tr> </tbody> </table>	Qty	SET SN	UNIT SN	1	9804E1901R	4632U1810R	1	9805E1901R	4633U1810R	1	9806E1901R	4634U1810R	1	9813E1901R	4635U1810R	1	5936S1911R	9469U1907R
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2 Reason for Field Safety Corrective Action (FSCA)	
2.	<p>1. Description of the product problem</p> <p>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.</p>
2.	<p>2. Hazard giving rise to the FSCA</p> <p>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.</p>
2.	<p>3. Probability of problem arising</p> <p>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.</p>
2.	<p>4. Predicted risk to patient/users</p> <p>none</p>

3. Type of Action to mitigate the risk			
3.	<p>1. Action To Be Taken by the User</p> <p> <input checked="" type="checkbox"/> Identify Device <input type="checkbox"/> Quarantine Device <input checked="" type="checkbox"/> Return Device <input type="checkbox"/> Destroy Device </p> <p> <input type="checkbox"/> On-site device modification/inspection </p> <p> <input type="checkbox"/> Follow patient management recommendations </p> <p> <input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU) </p> <p> <input type="checkbox"/> Other <input type="checkbox"/> None </p>		
	<p>Device must be returned to the following address:</p> <p> Nouvag GmbH Dental und Medizintechnik Schulthaissstrasse 15 DE - 78462 Konstanz Germany </p> <p> Tel. +49 (0)7531 1290-0 Fax +49 (0)7531 1290-12 info-de@nouvag.com </p>		
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3.	<p>4. Action Being Taken by the Manufacturer</p> <p> <input 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 checked="" type="checkbox"/> Other <input type="checkbox"/> None </p> <p style="margin-left: 40px;">Device modification on manufacturing site</p>
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4. General Information																													
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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>

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