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Urgent Field Safety NoticeMiniMed SilhouetteTM and Sure-TTM infusion sets

Recommendations regarding potential tubing detachment issue

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Medtronic reference: FA631

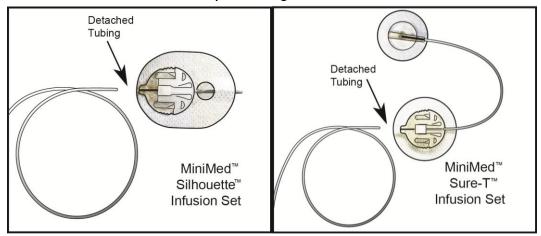
Dear Healthcare professional,

The purpose of this letter is to inform you of a potential safety issue regarding the MiniMed Silhouette and MiniMed Sure-T infusion sets*. Medtronic is informing directly your patients, no action is required from your side.

As part of our product quality monitoring process, we identified an increase in reports of the tubing becoming detached at the connect/disconnect location on the MiniMed Silhouette and MiniMed Sure-T infusion sets (please see images below). While the number of these reports remains low, we are notifying you of this potential issue because your patient's safety and experience with our products are our top priorities.

If tubing detachment occurs, insulin delivery is interrupted and the pump will not alarm to notify your patient. The interruption of insulin delivery can cause hyperglycemia, which if left untreated, can result in diabetic ketoacidosis (DKA). DKA is a serious condition that can cause a severe impact to health, including death. Symptoms of DKA may include nausea, vomiting, shortness of breath and excess thirst/urination. Patients should seek medical attention immediately if they experience any of these symptoms.

Example of Tubing Detachment



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^{*}This field notification involves models MMT-862, MMT-862T, MMT-863, MMT-864, MMT-864T, MMT-865, MMT-866, MMT-866T, MMT-874, MMT-874, MMT-874T, MMT-875, MMT-876, MMT-876, MMT-883, MMT-884, MMT-885, MMT-886, MMT-886, MMT-371, MMT-371, MMT-373, MMT-371, MMT-373, MMT-374, MMT-375, MMT-376, MMT-376, MMT-377, MMT 377, MMT-378, MMT-381, MMT-382, MMT-383, MMT-384 infusion sets.

Your patients can continue to use these infusion sets by following the advice below:

1. When changing the infusion set, your patients should follow the instructions for use included in the product box. Your patients should check the tubing at the connect/disconnect location identified in the drawings above to make sure it is not loose.

2. Patients should not use the Infusion Set if the package has been opened, damaged, or if the tubing has disconnected from the connect/disconnect point of the infusion set.

3. If the insulin pump dropped patients should check the Infusion Set tubing thoroughly for damages.

4. If your patients experience a high blood sugar, they should check the tubing connections and infusion site closely to ensure tubing is secure.

As always, it is essential your patients monitor blood sugar levels frequently using a blood glucose meter. They should proactively check the tubing connections occasionally throughout the day to ensure tubing is secure. It is especially important your patients check blood sugar and tubing connections at bedtime to confirm insulin delivery is occurring.

If your patient discovers the tubing is detached, we have advised to take following action:

1. Your patient should not attempt to reattach the tubing. They should replace the infusion set immediately.

2. Your patient should treat any high blood sugar based on the guidelines you provided.

3. Call the Medtronic 24-Hour Helpline at +44 1923 205167 to report the issue. We will give your patient instructions on how to return the affected infusion set to us.

We are working in a timely manner to resolve this issue and plan to incorporate improvements into the manufacturing process in the coming months. In the meantime, your patient will still be able to order these infusion sets.

Other types of infusion sets like MiniMed Quick-SetTM or MiniMed MioTM infusion sets are not affected by this issue.

The Competent Authority (HPRA) of your country has been notified of this issue.

Medtronic is committed to keeping you and your patients informed of issues and solutions concerning our products and services. If you have any questions about this letter, please contact Medtronic at +44 1923 205167.

We appreciate your time and attention to this important notification.

Yours sincerely,

David G. Dunham BSc, PhD

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