## Sultanate of Oman Ministry of Health Drug Safety Center Muscat



سلطنة عُمان وزارة الصحة مركز سلامة الدواء مسقط

To:

THE DIRECTOR GENERAL OF HEALTH SERVICES IN ALL GOVERNORATES

Commanding Officer, Armed Forces Hospital (Al Khoudh & Salalah)

**Director General of Engineering Affairs, MOH** 

**Director General of Royal Hospital** 

**Director General of Khoula Hospital** 

**Director General of Medical Supplies (MOH)** 

Director General of Pvt. Health Est. Affairs (to kindly arrange distribution to all Pvt. Hospitals)

Hospital Director (Al Nahda Hospital)

Hospital Director (Al Massara Hospital)

The Head of Medical Services in SQU Hospital

The Head of Medical Services in Royal Oman Police

The Head of Medical Services in Ministry of Defence

The Head of Medical Services in The Diwan

The Head of Medical Services in The Sultan's Special Force

The Head of Medical Services in Internal Security Services

The Head of Medical Services in Petroleum Development of Oman

The Head of Medical Services in LNG Oman

ALL PRIVATE PHARMACIES & DRUG STORES

After Compliments,

Please find attached our Circular No 47 dated 313/2024 Regarding NCMDR Recall of TFNA Femoral Nail from (mfr: Synthes GmbH).

#### Copy to:

- Director, Office of H.E. The Undersecretary for Health Affairs
- Director of Medical Device Control, DGPA&DC
- Director of Pharmacovigilance & Drug Information Dept, DGPA&DC
- Director of Drug Control Department, DGPA&DC
- Director of Pharmaceutical Licensing Department, DGPA&DC
- Director of Central Quality Control Lab., DGPA&DC
- Supdt. of Central Drug Information





## **Sultanate of Oman Ministry of Health Drug Safety Center** Muscat



وزارة الصحــة مركز سلامة اللدواء

Circular No. 47 / 2024 Moving Forward with Confidence

20 -09-1445 H

3 | -03-2024

#### Recall of TFNA Femoral Nail from Synthes GmbH.

Source	NCMDR - National Center Medical Device Reporting- SFDA.  https://ncmdr.sfda.gov.sa/Secure/CA/CaViewRecall.aspx?caid=4&rid=20968				
Product	TFNA Femoral Nail.				
Description	Non-active implantable devices.				
Manufacturer	Synthes GmbH.				
Local agent	Bahawa Healthcare Center.				
The affected products	Part Number: 04.037.945S Part Description: TFNA Femoral Nail Ø 9mm, left, 130° L 235mm Lot: H861035 UDI: 07611819651876				
Reason	The affected lot was not sterilized.				
Action	<ol> <li>Please examine your inventory immediately to determine if you have the subject products and quarantine them immediately. Do not use the subject products.</li> <li>Please follow the steps in the attachment to handle these products.</li> <li>Contact the local agent for remedial action.</li> </ol>				
comments	Healthcare professionals are encouraged to report any adverse events Suspected to be associated with the above device or any other medical device to Department of Medical Device Control through the E-mail: <a href="Med-device@moh.gov.om">Med-device@moh.gov.om</a>				

Dr. Mohammed Hamdan Al Rubaie

**Director General** 







@DSCPHO Email: dscpho@moh.gov.om





Date: 13 March 2024

## URGENT FIELD SAFETY NOTICE (REMOVAL) TFNA Femoral Nails (1 lot)

#### **Subject Product:**

Part Number	Part Description	Lot(s)	UDI/DI
04.037.945S	TFNA Femoral Nail Ø 9mm, left, 130° L 235mm	H861035	07611819651876

#### Dear Valued Customer,

Synthes GmbH is initiating a field safety notice (removal) for seven lots of TFNA Femoral Nails. The TFNA system is intended for temporary fixation and stabilization of proximal femur fractures.

Our records show that you, or your facility, received one or more units of the product lots listed above. Please carefully review this notice for the steps that you should take to respond to this field safety notice (removal).

#### Reason for the Field Safety Notice (Removal):

The subject products are being removed from the field because lot H861035 was not sterilized.

#### **Potential Patient Impact:**

While manufacturing conditions of the subject devices are maintained to reduce contamination, their use may result in infection. Health care providers who have implanted the subject products should continue to follow those patients pursuant to their standard of care for those procedures.

To date, we have not received any complaints related to infection for the subject products.

#### **Please Take the Following Steps:**

- 1. Examine your inventory immediately to determine if you have the subject products and quarantine them immediately. DO NOT USE THE SUBJECT PRODUCTS.
- 2. Review, complete, sign, and return the attached Business Response Form (page 3 of this letter) to (HAlzamel@ITS.JNJ.com) within three (3) business days of receipt of this notification. Please include in the email subject: FA 2348044.
- 3. Please complete the attached Business Response Form even if you do not have the subject products on hand.
- 4. Forward this notice to anyone in your facility that needs to be informed (e.g., those who manage, transport, store, stock, or use the subject products).
- 5. If any of the subject products have been forwarded to another facility, contact that facility and provide them with this notice.
- 6. Post a copy of this notice in a visible area for awareness and keep a copy for your records.

This field safety notice (removal) has been reported to the relevant health authorities. If you have any questions, please contact your local DePuy Synthes Sales Consultant. For Medical Information request, please visit our website: https://www.jnjmedicaldevices.com/mir.

Ref: FSN 2348044



Sincerely,

Shannon Rook Staff Quality Systems Recall Coordinator Email: OneMD-Field-Actions@its.jnj.com

Ref: FSN 2348044



# URGENT FIELD SAFETY NOTICE (REMOVAL) TFNA Femoral Nails (1 lot)

#### **Business Response Form**

#### **Subject Product:**

Part Number	Part Description		Lot(s)	UDI/DI
4.037.945S TFNA Femoral Nail Ø 9mm, left, 130° L 235mm		H861035	07611819651876	
notification.	roduct has been located. A copy of this notice is being RETURNED Quantity:  subject product is available for return. A copy of this			
Please complet	e this Business Response Form (BRF) Form within a mail to at (HAlzamel@ITS.JNJ.com). Please inclu			tion. Please return
Your Name/Ti	tle:	Facility/Business Name	e:	
Signed*:	e e	Date:		
Address:				
Account Num	ber:			
Returned Auth	orization Number			
J&J Sales Rep	(as applicable):			
Email Address	:	Telephone Number:		,
Comments (if a	my):			

Ref: FSN 2348044 Page 3 of 3

\*Your signature provides confirmation that you have received and understood this notification.