

URGENT FIELD SAFETY NOTICE

Product: InstaClear Sheath

Model: See attachment

Lot Number/UDI-DI: See attachment

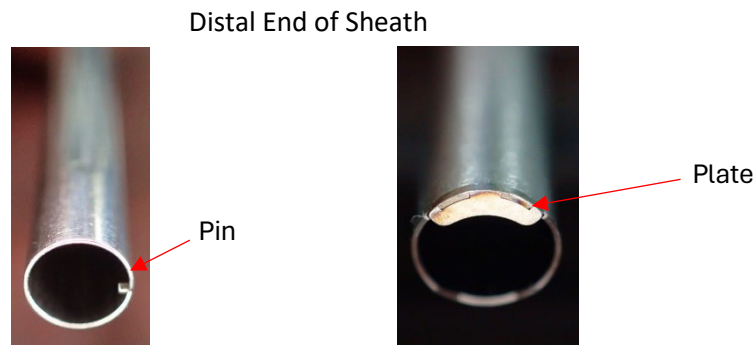
Attention: Operating Room Manager, Risk Management Department, ENT Department

Dear Healthcare Professional:

Olympus is writing to inform you of a Field Corrective Action on the Olympus InstaClear Sheath models listed in the attached Appendix. These products are intended to be used with rigid rod endoscopes in order to maintain clear visualization of endoscopic procedures without having to remove the scope from the surgical site. The device is indicated for use during routine diagnostic procedures and during endoscopic sinus surgery.

Reason for Action:

Olympus is taking this corrective action after investigating a complaint for an InstaClear Sheath (Model # LCS4K30BTOL) in which the plate on the distal end of the sheath broke off during a procedure. Olympus has received sixty-seven (67) complaints across all sheath models related to breakage or damage to the pin or plate at the distal end of the InstaClear Sheath since the product was launched in 2016. Four (4) complaints were reported as serious injuries. The image of the pin and plate is below.



In an effort to maximize patient safety and mitigate any immediate and potential risk to patient health, Olympus is notifying users of these complaints and is providing the attached labeling Addendum with updated instructions for sheath installation and setup. The Addendum includes new Warnings to inspect the InstaClear Sheath upon removal from the patient to determine if there are any missing components and to immediately retrieve any fragments retained within the patient.

Risk to Health:

The pin or plate breaking off the tip of the InstaClear sheath can lead to potential patient harms. Increased force when applying the sheath to the rigid scope can damage the pin or plate and increase the risk of dislodging the pin or plate from the sheath. This may lead to a delay in initiating a procedure or a foreign body (broken pin or plate) in the patient, potentially requiring imaging and prolonged operative time to locate and remove the broken piece. Additionally, tissue injury or bleeding could occur due to exposed sharp edges. A broken piece remaining in the patient could potentially lead to an inflammatory reaction (granuloma), or infection.



Actions Required:

Our records indicate that your facility has purchased one or more of the affected products. Therefore, Olympus requires you to take the following actions:

1. Carefully read the content of this Field Safety Notice as well as the attached labeling "Addendum".
2. Inspect your inventory and identify any devices with the model names specified above. Please check all areas of the hospital to determine if any of these devices remain in inventory. Add a copy of the enclosed addendum with your remaining inventory. You may continue to use the products, but this should be done in accordance with the attached labeling addendum.
3. Ensure all personnel are completely knowledgeable and thoroughly trained on the content of this notification. This is not a product removal action. You may continue to use the device as per this letter and the instructions for use.
4. If you have further distributed this product, identify your customers, and forward them this notification.
5. Olympus requests that you acknowledge receipt of this letter. Indicate on the Reply Form that you have received and understood this notification by filling out and returning the completed enclosed Reply Form back to your local Olympus representative **XXX latest by XXX.**

Olympus requests that you report any complaints, including breakage of the InstaClear Sheath pin or plate, to **[local facility complaint reporting contact]**. Adverse events experienced with the use of this product may also be reported **[local competent authority]** by **[method]**.

Olympus fully appreciates your prompt cooperation in addressing this situation. If you require additional information, please do not hesitate to contact **[me directly at XXXX@olympus.com/ Olympus directly at (XXX) XXX-XXXX from Monday through Friday or by e-mail at XXX]**.

Sincerely,

Name

Olympus title



InstaClear Sheath Appendix

Affected Products and Product Lots

Catalogue Number	Product Name	Model Number	Lot Number(s)	UDI-DI
EGLCS4K00UNOL	INSTACLEAR SHEATH, OLY 0degree 4K ULTRA	LCS4K00UNOL	All	00821925041462
EGLCS4K45BTOL	INSTACLEAR SHEATH, OLY 45degree 4K BOT	LCS4K45BTOL	All	00821925041431
EGLCS4K45TPOL	INSTACLEAR SHEATH, OLY 45degree 4K TOP	LCS4K45TPOL	All	00821925041424
EGLCS1500UNOL	INSTACLEAR SHEATH, OLYMPUS 0 DEGREE SCOP	LCS1500UNOL	All	00821925040137
EGLCS1530BTOL	INSTACLEAR SHEATH, OLYMPUS 30 DEGREE BOT	LCS1530BTOL	All	00821925040151
EGLCS1530TPOL	INSTACLEAR SHEATH, OLYMPUS 30 DEGREE TOP	LCS1530TPOL	All	00821925040144
EGLCS4K30BTOL	INSTACLEAR SHEATH, OLYMPUS 30d, 4K BOTT	LCS4K30BTOL	All	00821925041417
EGLCS4K30TPOL	INSTACLEAR SHEATH, OLYMPUS 30d, 4K TOP	LCS4K30TPOL	All	00821925041400
EGLCS1545BTOL	INSTACLEAR SHEATH, OLYMPUS 45 DEGREE BOT	LCS1545BTOL	All	00821925040175
EGLCS1545TPOL	INSTACLEAR SHEATH, OLYMPUS 45 DEGREE TOP	LCS1545TPOL	All	00821925040168
EGLCS1570BTOL	INSTACLEAR SHEATH, OLYMPUS 70 DEGREE BOT	LCS1570BTOL	All	00821925040199
EGLCS1570TPOL	INSTACLEAR SHEATH, OLYMPUS 70 DEGREE TOP	LCS1570TPOL	All	00821925040182
EGLCS4K70BTOL	INSTACLEAR SHEATH, OLYMPUS 70d, 4K BOTT	LCS4K70BTOL	All	00821925041455
EGLCS4K70TPOL	INSTACLEAR SHEATH, OLYMPUS 70d, 4K TOP	LCS4K70TPOL	All	00821925041448
EGLCS1830BTST	INSTACLEAR SHEATH, STORZ 30 DEGREE BOT	LCS1830BTST	All	00821925040083
EGLCS1830TPST	INSTACLEAR SHEATH, STORZ 30 DEGREE TOP	LCS1830TPST	All	00821925040076

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EGLCS1845BTST	INSTACLEAR SHEATH, STORZ 45 DEGREE BOT	LCS1845BTST	All	00821925040106
EGLCS1845TPST	INSTACLEAR SHEATH, STORZ 45 DEGREE TOP	LCS1845TPST	All	00821925040090
EGLCS1870BTST	INSTACLEAR SHEATH, STORZ 70 DEGREE BOT	LCS1870BTST	All	00821925040120
EGLCS1870TPST	INSTACLEAR SHEATH, STORZ 70 DEGREE TOP	LCS1870TPST	All	00821925040113
EGLCS1800UNST	LENS CLEANER SHEATH FOR 4MM X 180MM STOR	LCS1800UNST	All	00821925040069



REPLY FORM – QIL FY25-EMEA-01-FY23-OSTA-14-InstaClear Sheath

OLYMPUS URGENT FIELD SAFETY NOTICE InstaClear Sheath
[Name & Address of Hospital/Medical Facility]
[Dept/Attn]
[Date]

I herewith acknowledge the receipt of your Field Safety Notice and Addendum.
Further I confirm that I have transferred the content of the attached FSN and Addendum to all affected departments on which this action has an impact. I understand the necessity of following the instructions carefully.

Name (Signature) _____

Name (Print) _____

Position _____

Please send your completed paper form response to XXXXX <mailto:>latest by XXXX.