

FSCA Ref: 629908

FSCA Date: 13/10/2026

Urgent Field Safety Notice

SPIROMETRY SETS AND ANAESTHETIC BREATHING SYSTEMS CONTAINING SPIROMETRY SETS

For Attention of*: MDSO's, All clinical staff, Managers and users of the above products

Contact details of local representative (name, e-mail, telephone, address etc.)*
Chris Randall Wokingham Site Quality Manager Intersurgical Ltd. Crane house Molly Millars Lane Wokingham Berkshire RG41 2RZ Email: priority@intersurgical.co.uk Tel. No: 0118 9656 300

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Urgent Field Safety Notice (FSN)**SPIROMETRY SETS AND ANAESTHETIC BREATHING SYSTEMS
CONTAINING SPIROMETRY SETS****Risk addressed by FSN**

1. Information on Affected Devices*	
1.	1. Device Type(s)*
	Spirometry Sets and Anaesthetic Breathing Systems containing Spirometry Sets
1.	2. Commercial name(s)
	• 2010129 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and extra limb, ≥ 1.6m • 2011110 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and limb, ≥ 2.4m • 2011116 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and limb, ≥ 2.4m • 2740000 – Adult, patient spirometry set, 2m • 2740003 – Adult, patient spirometry set, 3m • 2740004 – Adult, patient spirometry set, 4m • 2740005 – Adult, patient spirometry set, 5m • 2740006 – Adult, patient spirometry set, 6m • 2741003 – Paediatric, patient spirometry set, 3m • 2901016 – 30mm Uniflow Silver Knight anti-microbial coaxial breathing system with 2L bag, luer elbow, spirometry set, and limb, ≥ 3.2m • 2901109 – 30mm UniFlow™ Silver Knight™ anti-microbial coaxial breathing system with 2 L bag, luer elbow, spirometry set, and limb, ≥ 2.4m • 2901111 – 30mm Uniflow Silver Knight anti-microbial coaxial breathing system for use with GE machines with 2L bag, filter, spirometry set, and limb, ≥ 2.4m
1.	3. Unique Device Identifier(s) (UDI-DI)
	• 2010129 – 5030267136766 • 2011110 – 5030267119769 • 2011116 – 5030267119783 • 2740000 – 5030267108503 • 2740003 – 5030267113712 • 2740004 – 5030267120017 • 2740005 – 5030267120024 • 2740006 – 5030267120031 • 2741003 – 5030267113736 • 2901016 – 5030267137640 • 2901109 – 5030267136308 • 2901111 – 5030267140183

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	4. Primary clinical purpose of device(s)*	The Spirometry Sets are intended to convey gases or monitor pressure between a breathing system and monitoring machine.																										
1.	5. Device Model/Catalogue/part number(s)* • 2010129 • 2011110 • 2011116 • 2740000 • 2740003 • 2740004 • 2740005 • 2740006 • 2741003 • 2901016 • 2901109 • 2901111																											
1.	6. Software version	N/A																										
1.	7. Affected lot numbers All lot numbers as listed below next to the device catalogue (product) reference number. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Catalogue Ref:</th><th>Affected Lot numbers:</th></tr> </thead> <tbody> <tr> <td>2010129</td><td>32529316, 32603804</td></tr> <tr> <td>2011110</td><td>32600957</td></tr> <tr> <td>2011116</td><td>32527227, 32527363, 32527769, 32527947, 32601628, 32602532, 32603203, 32605073</td></tr> <tr> <td>2740000</td><td>7232334</td></tr> <tr> <td>2740003</td><td>7251682, 7252026</td></tr> <tr> <td>2740004</td><td>7252029, 7253683</td></tr> <tr> <td>2740005</td><td>7251687, 7252031, 7253308</td></tr> <tr> <td>2740006</td><td>7251708, 7252034, 7252837</td></tr> <tr> <td>2741003</td><td>7251683, 7252027</td></tr> <tr> <td>2901016</td><td>32524376</td></tr> <tr> <td>2901109</td><td>32527518</td></tr> <tr> <td>2901111</td><td>32529078, 32602988</td></tr> </tbody> </table>	Catalogue Ref:	Affected Lot numbers:	2010129	32529316, 32603804	2011110	32600957	2011116	32527227, 32527363, 32527769, 32527947, 32601628, 32602532, 32603203, 32605073	2740000	7232334	2740003	7251682, 7252026	2740004	7252029, 7253683	2740005	7251687, 7252031, 7253308	2740006	7251708, 7252034, 7252837	2741003	7251683, 7252027	2901016	32524376	2901109	32527518	2901111	32529078, 32602988	
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1.	8. Associated devices
	N/A.

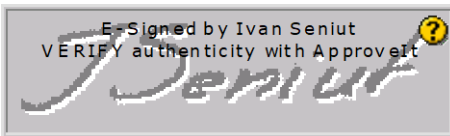
2. Reason for Field Safety Corrective Action (FSCA)*	
2.	1. Description of the product problem* Following reports received from the market of abnormal waveform performance and inaccurate physiological measurements, an investigation identified limitations in the existing internal test protocol that may not reliably detect certain assembly and functional defects.
2.	2. Hazard giving rise to the FSCA* The identified defects are not expected to compromise patient ventilation or oxygenation. However, it may result in inaccurate physiological values and abnormal waveform displays. Investigation has determined that the prescribed pre-use checks may not consistently identify potential assembly or functional defects before the device is connected to a patient.
2.	3. Probability of problem arising Our investigation and evaluation of all available information has estimated the probability of failure rate to be frequent and potentially affecting 1 in 1000 products.
2.	4. Predicted risk to patient/users The risks associated with the identified faults have been evaluated and the predicted risk to patient has been assessed as medium whilst the probability of occurrence as frequent. We therefore believe it is essential to address the issue promptly to further reduce the risk of any potential patient harm.
2.	5. Further information to help characterise the problem N/A
2.	6. Background on Issue Following customer reports from the market and subsequent investigation and thorough inspection and analysis of internal stock, we have identified that some products have been manufactured with assembly defects affecting the product's quality and performance.
2.	7. Other information relevant to FSCA N/A

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3. Type of Action to mitigate the risk*		
3.	1. Action To Be Taken by the User* ☒ Identify Device ☒ Quarantine Device ☒ Return Device or ☒ Destroy Device ☐ On-site device modification/inspection ☐ Follow patient management recommendations ☐ Take note of amendment/reinforcement of Instructions For Use (IFU) ☒ Other ☐ None	
	Please distribute this Field Safety Notice to all potential users of the Spirometry Sets and Anaesthetic Breathing Systems containing Spirometry Sets as listed above, within your facility for their awareness of the potential problem and to carry out the following actions: 1. Please identify and immediately quarantine any potentially affected products from the affected codes and lot numbers listed above. 2. Please complete the Reply Form below to confirm the potentially affected products you have identified and quarantined, so we can arrange a credit or replacement. 3. Please confirm in the Reply Form if you have destroyed the stock, or if you require the stock to be collected. 4. If you have no affected devices in stock, please also confirm this using the Reply Form below. 5. Please return the Reply Form provided below to priority@intersurgical.co.uk, to confirm receipt of this notice and that the necessary actions have been taken. Please note: This is a product removal (Recall) Please continue to report to Intersurgical any adverse events involving these products.	
3.	2. By when should the action be completed?	Immediately on receipt of this FSN, and awareness of this FSN should be ongoing until all potentially affected stock listed in this FSN has been used up or replaced.
3.	3. Particular considerations for: N/A Is follow-up of patients or review of patients' previous results recommended? Not applicable.	
3.	4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	Yes
3.	5. Action Being Taken by the Manufacturer ☒ Product Removal ☐ On-site device modification/inspection ☐ Software upgrade ☐ IFU or labelling change ☒ Other ☐ None	
	Corrective actions have been implemented in the manufacturing process to eliminate this problem for ongoing supply. Intersurgical will replace all affected products free of charge. Please contact Intersurgical or your direct supplier for credit or replacement.	

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3	6. By when should the action be completed?	As soon as possible from receipt of the FSN but no later than 31/12/2026.
3.	7. Is the FSN required to be communicated to the patient /lay user?	No
3	8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?	
	N/A	

4. General Information*		
4.	1. FSN Type*	New – Recall Notice
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows:	
	N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	No
4	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	a. Company Name	Intersurgical Ltd.
	b. Address	Crane House, Molly Millars Lane, Wokingham, Berkshire, RG41 2RZ
	c. Website address	https://www.intersurgical.com/
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *	
4.	9. List of attachments/appendices:	Customer Reply Form
4.	10. Name/Signature	Ivan Seniut, Group Quality and Regulatory Affairs Director, Intersurgical
		

Transmission of this Field Safety Notice	
	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)

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Please transfer this notice to other organisations on which this action has an impact. (As appropriate)
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Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.
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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.

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional.

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Field Safety Notice Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	629908
FSN Date*	13/10/2026
Product/ Device name*	• 2010129 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and extra limb, ≥ 1.6m • 2011110 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and limb, ≥ 2.4m • 2011116 – 22mm Flextube™ Silver Knight™ anti-microbial breathing system for use with Aisys®, Avance® and Aespire® Carestation® with 2 L bag, spirometry set, and limb, ≥ 2.4m • 2740000 – Adult, patient spirometry set, 2m • 2740003 – Adult, patient spirometry set, 3m • 2740004 – Adult, patient spirometry set, 4m • 2740005 – Adult, patient spirometry set, 5m • 2740006 – Adult, patient spirometry set, 6m • 2741003 – Paediatric, patient spirometry set, 3m • 2901016 – 30mm Uniflow Silver Knight anti-microbial coaxial breathing system with 2L bag, luer elbow, spirometry set, and limb, ≥ 3.2m • 2901109 – 30mm UniFlow™ Silver Knight™ anti-microbial coaxial breathing system with 2 L bag, luer elbow, spirometry set, and limb, ≥ 2.4m • 2901111 – 30mm Uniflow Silver Knight anti-microbial coaxial breathing system for use with GE machines with 2L bag, filter, spirometry set, and limb, ≥ 2.4m
Product Code(s)	• 2010129 • 2011110 • 2011116 • 2740000 • 2740003 • 2740004 • 2740005 • 2740006 • 2741003 • 2901016 • 2901109 • 2901111
Batch/Serial Number (s)	All lot numbers and product codes as listed in Sec. 1.7. above.

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2. Customer Details	
Account Number	
Healthcare Organisation Name*	
Organisation Address*	
Department/Unit	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Customer action undertaken on behalf of Healthcare Organisation				
☐	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A		
☐	The information and required actions have been brought to the attention of all relevant users and executed.	Customer to complete or enter N/A		
☐	I do not have any affected devices.	Customer to complete or enter N/A		
☐	We have the following potentially affected stock we wish to return for credit/replacement. (Please enter the quantity for each Code and Lot number).	Code:	Lot:	Qty:
		Code:	Lot:	Qty:
		Code:	Lot:	Qty:
		Code:	Lot:	Qty:
		Code:	Lot:	Qty:
☐	Any Other comments:			
Print Name*		Customer print name here		
Signature*		Customer sign here		
Date*				

4. Return acknowledgement to sender	
Email	priority@intersurgical.co.uk
Customer Helpline	N/A
Postal Address	Intersurgical Ltd., Crane House, Molly Millars Lane, Wokingham, Berkshire, RG41 2RZ
Web Portal	N/A
Deadline for returning the customer reply form*	13/11/2026

Mandatory fields are marked with *

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A “Field Safety Notice” (FSN) is an important communication about the safety of a medical device that is sent to customers by Intersurgical.

The FSN informs you of the actions you need to take to reduce the specified risks of using the medical device. It provides additional information and may reinforce existing advice. The actions are referred to as “Field Safety Corrective Actions” (FSCA). If you receive a Field Safety Notice from Intersurgical, **please always act on it immediately** and do not wait for a communication from the Competent Authority.

It is important that your organisation confirms that you have received the FSN and are taking the actions detailed in the FSN.

Your organisation's reply is the evidence required by both, Intersurgical and the Competent Authority to monitor the progress of the corrective actions to ensure patient safety.