

## Urgent safety information

**Commercial name of the affected product:**

NEUROVENT PTO

**Identifier (e.g. date):**

FSN 01/2025

**Type of action:**

Field Safety Notice

**Date:**

7. April 2025

**Sender:**

RAUMEDIC AG

Hermann-Staudinger-Str. 2  
95233 Helmbrechts, Germany  
Germany

**Recipient:**

Distributors and clinical end-users of the medical devices specified below

**Details on affected devices:**

NEUROVENT-PTO (095008-001) with the following S/N:

E838 3803	E838 3809	E838 3815	E838 3821	E838 3837
E838 3804	E838 3810	E838 3816	E838 3832	E838 3838
E838 3805	E838 3811	E838 3817	E838 3833	E838 3839
E838 3806	E838 3812	E838 3818	E838 3834	E838 3840
E838 3807	E838 3813	E838 3819	E838 3835	E838 3841
E838 3808	E838 3814	E838 3820	E838 3836	

**Description of the problem including root cause:**

RAUMEDIC AG received a report that it was not possible to display the ICP on the associated NeuroSmart logO (095294-001) monitor using a NEUROVENT-PTO (095008-001) neurosurgical precision pressure catheter. The problem was reproduced and analyzed internally. Due to incorrect programming, a very small number of NEUROVENT-PTO catheters are not recognized by the NeuroSmart logO as precision pressure catheters with ICP measurement functionality, and only display the temperature and ptiO2 values.

The affected catheters can only be used with the DATALOGGER MPR2 logO (095254-002) and EASY logO (095264-002) monitors.

**Advice on action be taken by the user:**

- 1) Please review and understand the information provided in this letter.
- 2) Please immediately check your inventory for affected products.
- 3) If you do have affected products:
  - a) Separate the products and attach a copy of this FSN
  - b) Check the box on the enclosed form "I do have affected products" and enter the S/N of the affected products.
  - c) The affected products can be used with a DATALOGGER MPR2 logO (095254-002) or EASY logO (095264-002).

- 4) If you no longer have any affected devices in your inventory, please check the box "I no longer have any affected devices" and indicate if the devices could be used without any incidents or complications.
- 5) Please return the completed reply form by email to [neuromonitoring@raumedic.com](mailto:neuromonitoring@raumedic.com). By filling the form, you confirm that you have received this Field Safety Notice and you intend to fully comply with this notification. We expect a response within 2 weeks. You also confirm that this Field Safety Notice has been forwarded to every concerned person in your organization.
- 6) We recommend that you retain a copy of the form for your records.

Please confirm receipt of this Field Safety Notice by using the enclosed reply form. Your organisation's response is the evidence we need to monitor the progress of the corrective action. Please retain this notice until the affected devices have been used.

Please ensure that all users of the above-mentioned devices within your organisation and others who need to be informed are made aware of this Field Safety Notice. If you have handed over the products to third parties, please forward a copy of this information and inform the contact persons listed below.

The Competent Authority has received a copy of this Urgent Field Safety Notice.

### Contact persons

RAUMEDIC AG  
Dr Hannes Engelhardt  
Head of Regulatory Affairs  
Hermann-Staudinger-Strasse 2  
95233 Helmbrechts  
Germany

Telephone: +49 – (0)9252-359-1530  
Mobile: +49 – (0)175 7428393  
Email: [Hannes.Engelhardt@raumedic.com](mailto:Hannes.Engelhardt@raumedic.com)

RAUMEDIC AG  
Ingo Bartels  
Global Vice President Clinical Products  
Hermann-Staudinger-Strasse 2  
95233 Helmbrechts  
Germany

+49 – (0)9252-359-1431  
+49 – (0)151 51798654  
[Ingo.Bartels@raumedic.com](mailto:Ingo.Bartels@raumedic.com)

Availability: Monday to Friday between 08:00 and 17:00 (CET)

The undersigned confirms that this Field Safety Notice has been notified to the Competent Regulatory Authority.

i.V. Dr Hannes Engelhardt  
Head of Regulatory Affairs  
PRRC reporting obligations Art. 15 (3)d

# Field Safety Notice Reply form

1. Safety Information				
FSN Reference Number	FSN 01/2025			
FSN Date	07.April 2025			
Product information	NEUROVENT PTO			
REF	095008-001			
Affected S/N	E838 3803	E838 3810	E838 3817	E838 3834
	E838 3804	E838 3811	E838 3818	E838 3835
	E838 3805	E838 3812	E838 3819	E838 3836
	E838 3806	E838 3813	E838 3820	E838 3837
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	E838 3808	E838 3815	E838 3832	E838 3839
	E838 3809	E838 3816	E838 3833	E838 3840
				E838 3841

2. Customers details	
Customer ID#	
Healthcare facility	
Address	
Department/area	
Delivery address, if different	
Contacts person	
Title or function	
Phone Number	
Email	

3. Actions carried out by the healthcare facility													
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I have read and understood its contents												
<input type="checkbox"/>	The information and required actions have been communicated to all relevant users and implemented												
<input type="checkbox"/>	Inventory has been checked												
<input type="checkbox"/>	I no longer have any affected products in my inventory												
<input type="checkbox"/>	<table border="1"> <tr> <td>Affected products were used without incidents or complications</td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> </table>	Affected products were used without incidents or complications	S/N:	S/N:		S/N:	S/N:		S/N:	S/N:		S/N:	S/N:
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	S/N:	S/N:											
	S/N:	S/N:											
	S/N:	S/N:											
<input type="checkbox"/>	I have affected products												
<input type="checkbox"/>	<table border="1"> <tr> <td>Affected products have been separated and provided with a copy of this Field Safety Notice</td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> <tr> <td></td> <td>S/N:</td> <td>S/N:</td> </tr> </table>	Affected products have been separated and provided with a copy of this Field Safety Notice	S/N:	S/N:		S/N:	S/N:		S/N:	S/N:		S/N:	S/N:
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	S/N:	S/N:											
	S/N:	S/N:											
	S/N:	S/N:											
<input type="checkbox"/>	I will only use the affected products with a DATALOGGER MPR2 logO (095254-002) or EASY logO (095264-002).												
	Name												
	Signature												
	Date												

4. Feedback to sender	
Email	neuromonitoring@raumedic.com
Customer Service Hotline	+49 – (0)9252-359-1587
Fax	+49 – (0)9252-359-513333
Address	RAUMEDIC AG Hermann-Staudinger Str. 2 95233 Helmbrechts Germany
Web Portals	www.raumedic.com
Deadline for returning the Customer Response Form	22 April 2025

It is important that your organisation takes the actions listed and confirms receipt of the FSN.

Your organisation's response is the evidence we need to monitor the progress of the corrective action.