



**Fax received:** [REDACTED] 7 page(s)  
messagemanager to: iris

26/10/2012 11:31 AM

1 attachment



SM065938.pdf

7 page(s) received from 0249616722 on Friday, 26 October 2012 at 11:32 AM  
(MSN 257418)



# Users Medical Device Incident Report eg Doctors, Nurses, Patients, Public

**What should be reported?** A medical device is any material instrument, apparatus, machine, implement, contrivance, implant etc (including any component, part or accessory) which is used in health care and includes in-vitro diagnostics.

Typical problems include deficiencies in labelling, instructions or packaging, defective components, performance failures, poor construction or design. Suggestions for rectifying the problem or improving product performance would be appreciated.

**What should you do with the device?** Please keep the device and its associated packaging until you are contacted by the TGA/Medsafe. To send the device please follow the instructions in this link <http://www.tga.gov.au/problem/iris/devices-testing.htm>

**What happens to your report?** The report will be investigated and discussed with the manufacturer/supplier. You may be contacted for further information. The report may also be reported to other Health Authorities. If action is considered necessary it may involve any of the following:

1. Recall - removal of goods from sale or use, or their correction, for reasons relating to safety, performance or quality.
2. Safety Alert – information relating to the correct use of the device to inform those responsible for the device, or affected by the problem.
3. Report in a TGA News Bulletin (a communication produced by the TGA and distributed in Australia and New Zealand to convey information on medical devices) or other appropriate journal(s).

Medical device manufacturers or suppliers should use form # MDIR03  
[http://www.tga.gov.au/docs/html/forms/iris\\_mdir.htm](http://www.tga.gov.au/docs/html/forms/iris_mdir.htm)

<b>A Product Identification</b>		<i>Please provide all available details</i>		Date of Report: 27/10/12	
1.	Brand/Trade Name	Eskra			
2.	Device Description <small>(eg Urinary Catheter)</small>	Hip Prosthesis.			
3.	Device Identification	Model	Serial Number	Batch Number	Lot Number
		Eskra	[REDACTED]	605107305MHN805	
4.	Relevant Dates	Purchase / <small>(Approximate)</small>	Expiry	If Device is Implantable <small>(eg pacemaker, venous port etc)</small> Date of Implant	Date of Explant
				6/4/2010	28/12/2012
5.	Manufacturer's name address & telephone	[REDACTED] Eskra - copy of details from hospital attached			
6.	Supplier's name address and telephone	?			
<b>B Reporting the Problem</b>		<i>Please provide all available details</i>			
7.	Has the supplier been informed of the problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES Date Contacted	If YES add contact details Name Phone / Fax	
		Not to my knowledge		( )	
8.	Where is the device now?	<input type="checkbox"/> Place of use <input checked="" type="checkbox"/> With Reporter <input type="checkbox"/> With Supplier <input checked="" type="checkbox"/> With Patient	Please Do Not discard the device or related consumables & packaging	Contacts for access to device Name Phone / Fax	
				[REDACTED]	
9.	Is this device supplied sterile?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is this device reusable?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is this device single use? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**C Problem Description**

Please provide all available details  
If you do not have enough space please add information onto another sheet of paper or into the body of your email.

10. Add a brief description of the problem. Include what led to, or contributed to the problem.

Have had 4 hip operations over last 5 years - Details attached. As far as we know all were Extra brand (metal on metal) except last replacement on 28/8/12 which is Teflon. Approx. ~~off~~ May / June 2012 had blood

11. Add a brief description of the consequences or outcome of the problem.

Please add sketches and pictures if necessary and/or available  
Test done for cobalt. Test confirmed extremely high aunts in blood. recommended same be replaced as soon as possible. This was completed on 28/8/12. By Dr Harbury. We strongly believe - the metal on metal hip was the main contributor to health deterioration. Have attached hospital paperwork from 6/4/2010 showing all

**D Reporter**

Please provide all available details

12. Do you want your identity to remain confidential?

If YES your name & contact details will not be disclosed to manufacturers or suppliers without your permission. TGA will contact you if more information is needed.

A report without contact details cannot be processed.

Name	Position / Occupation
Department, Institution & Address	Phone
	Fax
email	

**E Initial Reporter**

Please provide all available details

13. Do they want their identity to remain confidential?

If YES their name & contact details will not be disclosed to manufacturers or suppliers without their permission. TGA will contact them if more information is needed.

If YES or NO add contact details below

Name	Position / Occupation
Department, Institution & Address	Phone
	Fax
email	

**F TGA Feedback**

Please provide all available details

14. Who can TGA or Medsafe contact for more information regarding this incident?

Reporter     Initial Reporter     Other Appropriate Person    Phone & Fax

Name	Name	Name	Phone & Fax
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**G How to submit**

Post, Fax or email your completed form to:

<b>Australian Reporters</b>  <b>TGA</b>	<input checked="" type="checkbox"/> Post to Reply Paid 100 Medical Device IRIS TGA, PO Box 100 Woden ACT 2606 AUSTRALIA	<input type="checkbox"/> email / internet iris@tga.gov.au www.tga.gov.au/docs/html/fo rms/iris_udir.htm	<input type="checkbox"/> Fax to (02) 6232 8555	<input type="checkbox"/> Phone FREE HOTLINE 1800 809 361
	<input checked="" type="checkbox"/> Post to Robert Jelas Senior Advisor Compliance Management MEDSAFE Ministry of Health Deloitte House 10 Brandon Street PO Box 5013 Wellington NEW ZEALAND	<input type="checkbox"/> email / internet Robert.Jelas@moh.govt.nz www.medsafe.govt.nz www.moh.govt.nz	<input type="checkbox"/> Fax to (04) 819 6806	<input type="checkbox"/> Phone (04) 819 6881

[REDACTED]

[REDACTED]

8<sup>TH</sup> OCTOBER, 2007

RIGHT HIP RESURFACED – BRAND – ESKA

SPECIALIST; [REDACTED]

[REDACTED]

17<sup>TH</sup> MARCH, 2008

LEFT HIP RESURFACED – BRAND – ESKA

SPECIALIST; [REDACTED]

[REDACTED]

6<sup>TH</sup> APRIL, 2010

RIGHT HIP – TOTAL HIP REPLACEMENT – BRAND ESKA

SPECIALIST; [REDACTED]

[REDACTED]

[REDACTED]



Health

Local Health District

[Redacted]

Our ref: 8798643/09102012

[Redacted]

Dear [Redacted]

I apologise for delay in forwarding this information to you. I have tried to phone you on a couple of occasions, without success. I have attached a copy of the operation report from 6 April 2010 and information from the "procedure case report" (which is not part of the medical record) on the same day. Information recorded includes brand, implant description, and batch number.

I trust this information will be of use to you.

Yours sincerely,

[Redacted Signature]

Medical Record Manager

[Redacted]

revision right total hip replacement

Unplanned Return to OR

No.

Procedure Information

Operation performed

Revision Right Total Hip Replacement

Operation description:

GA, IVAB, L Lateral position,

posterior approach, capsulotomy, cervical osteotomy, removal of implant, multiple swabs, femur prepared to accept (Stryker) Securefit 7/132 implant, surfaced with 44 mm medium length ESKA head, stable construct, posterior repair through transosseous holes, close in layers, monocryl to skin.

Wound Class: Clean.

Prosthesis details

Prosthetic Details.

Task Edit View Patient Chart Links Notifications Document PickList Help

Perioperative Tracking Case Tracking Case Selection Dynamic View Message Centre Patient List SurgNet Intranet SEALS Test Manual GuidanceMS Links  
Change Exit Calculator AdHoc Explorer Menu DB Pricing Tool Application Charge Review Scheduling Appointment Book Preference Card Maintenance

List Recent MRN

Age Sex Location: Surgical SDM: - 0...

MRN:8798643

DOB: Inpatient: Admit/Reg Date: 02/04/2010 09:44; Discharge Date: 10/04/2010 14:21

Menu Surgical Case Data Print ago

- Patient Information
- Flowsheet
- Allergies
- Diagnosis, Alerts & Prob.
- Alerts View
- Orders
- Documentation
- Forms
- Patient Schedule
- Clinical Notes View
- IView
- Nursing Operative View
- Surgical Case Data**
- Postoperative Summary
- Inpatient Summary MPag

Procedure Case Report SDM

Documentation Pick List

- Procedure Case Report SDM
  - Case Times
  - Procedure TimeOut
  - Surgical Procedures
  - General Case Data
  - Case Attendance
  - Implants / Prosthetics**
  - Delays

Implant Description	Quantity Used	Lot/Batch Number	Brand/Manufacturers
605107305 SECUR-FIT MAX HA (32 DEG #7	1	MHM80J	Stryker

Implant Description:

Quantity Used:

Lot/Batch Number:

Brand/Manufacturers:

Add Modify Remove Clear

<< Prev Next >>

B I U Microsoft Sans Serif 10

- Segment Text
- Pre Care Activity

# Operation Report

Result type: Operation Report  
Result date: 06 April 2010 11:37  
Result status: Auth (Verified)  
Result title: Operation Report  
Verified by: [redacted] on 06 April 2010 11:43  
Visit Info: [redacted] Inpatient, 02/04/2010 -

## Operation Report

Patient: [redacted] MRN - 8798643 - SDMH MRN  
Age: [redacted] Sex: [redacted] DOB: [redacted]  
Author: [redacted]

## Operative Information

### Date of Operation

06-APR-2010

### Facility/Surgical Area/Operating Room

**Medical staff:** Medical Staff involved in this procedure.

Proceduralist - Principal: [redacted]

Anaesthetist - Senior: Procedure attendee, Other

Proceduralist - Assisting: [redacted]

Procedural Consultant: [redacted]

### Type of anaesthetic

General

### Procedure type

Emergency

## Operative Note

### Planned procedure

Revision Right Total Hip Replacement

### Unplanned Return to OR

No.

### Procedure Information

Operation performed

Revision Right Total Hip Replacement

Operation description: .

GA. IVAB. L Lateral position,

posterior approach. capsulotomy. cervical osteotomy. removal of implant. multiple swabs. femur

prepared to accept (Stryker) Securefit 7/132 implant. surfaced with 44 mm medium length ESKA

head. stable construct. posterior repair through transosseous holes. close in layers, monocryl to skin.

Wound Class: Clean.

### Prosthesis details

Prosthetic Details.

## Surgical Pathology

### Specimens sent to pathology

Specimens documented.

Description: swab right hip joint

Quantity: 1

Time Taken: 06/04/2010 10:22

Destination: Microbiology

Lot MHN80J  
No

60510730S

Printed by: [redacted]  
Printed on: 06/04/2010 13:07

# Operation Report

Result type: Operation Report  
Result date: 06 April 2010 11:37  
Result status: Auth (Verified)  
Result title: Operation Report  
Verified by: [redacted] on 06 April 2010 11:43  
Visit Info: [redacted] Inpatient, 02/04/2010 -

## Operation Report

Patient: [redacted] MRN - 8798643 - SDM MRN  
Age: [redacted] Sex: [redacted] DOB: [redacted]  
Author: [redacted]

## Operative Information

### Date of Operation

06-APR-2010

### Facility/Surgical Area/Operating Room

**Medical staff:** Medical Staff involved in this procedure.

Proceduralist - Principal: [redacted]

Anaesthetist - Senior: Procedure attendee, Other

Proceduralist - Assisting: [redacted]

Procedural Consultant: [redacted]

### Type of anaesthetic

General

### Procedure type

Emergency

## Operative Note

### Planned procedure

Revision Right Total Hip Replacement

### Unplanned Return to OR

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### Procedure Information

Operation performed

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posterior approach. capsulotomy. cervical osteotomy. removal of implant. multiple swabs. femur prepared to accept (Stryker) Securefit 7/132 implant. surfaced with 44 mm medium length ESKA head. stable construct. posterior repair through transosseous holes. close in layers, monocryl to skin.

Wound Class: Clean.

### Prosthesis details

Prosthetic Details.

Lot MHN80J  
No

60510730S

## Surgical Pathology

### Specimens sent to pathology

Specimens documented.

Description: swab right hip joint

Quantity: 1

Time Taken: 06/04/2010 10:22

Destination: Microbiology

Printed by: [redacted]  
Printed on: 06/04/2010 13:07