*s*tryker

URGENT: Field Safety Notice

Strykeflow 2 Suction Irrigator (Part 1 of 2)

Attn: Materials Manager, OR Director, Risk Manager Recall Number: RA2025- 4025396



August, 2025

Purpose:

The purpose of this letter is to inform you that Stryker has initiated a field action due to an issue with the StrykeFlow 2 devices. This field action will be conducted in two parts, and this letter will provide you with instructions to ensure the safe use of the product until part 2 of the field action which involves a device recall.

Affected Product:

| Catalog Number | GTIN | Product Description | Manufacturing Affected Numbers | |
|-------------------|----------------|---------------------------------------|---|----------------------------|
| 0250070500 | 07613327061390 | STRYKEFLOW2 WITHOUT TIP (6BX) | September 15, 2024 – April 10, 2025 | Please see Attachment B |
| 0250070520 | 07613327061369 | STRYKEFLOW2 WITH DISPOSABLE TIP (6BX) | | |

Product Description:

The Strykeflow 2 Suction Irrigator is designed to be used with a laparoscopic probe to allow for controlled irrigation and suction during laparoscopic surgical procedures. It is a sterile, single-use, and disposable battery-powered unit. Some StrykeFlow 2 units (REF 250-070-520) are supplied with a disposable suction/irrigator tip (applied part).

Reason for Recall:

It has been identified that due to a change in design in 2024, irrigation solution is able to travel to the handpiece and battery pack during use of the Strykeflow 2 Suction Irrigator.

Potential Risks:

This design change has caused some devices to leak and/or emit vaporized saline (which can resemble smoke) during use. The impacted devices can have the following failures: fluid leakage from the handpiece and battery pack that can pool on the floor, vaporized saline emitting from the device (which can resemble smoke), the handpiece buttons are unable to function and the device cannot be shut off, heated handpieces and/or battery packs, loud noise from the motor/battery pack, and particles observed in the saline flow. The impact can range from user dissatisfaction to potential user injury such as thermal injury, skin irritation or healthcare provider may slip and fall. As of June 9th 2025, there have been 933 complaints, with one adverse health event to the user.

Mitigations:

When using these devices during surgery ensure the following:

- 1. Ensure that additional devices are readily available.
- 2. If fluid leaks are observed at the handpiece or battery pack, or vapor/smoke is observed from the handpiece, discontinue use and replace with a new device.
- 3. If particles are observed in the fluid flow, discontinue use and replace with a new device.
- 4. If the user is unable to control the fluid flow/suction, follow the steps listed:
 - a. Discontinue use of the device.
 - b. Remove spike from irrigation solution to stop the flow of fluid
 - c. Remove the batteries to stop the activation of the device

Caution: batteries/battery pack may be hot.

- d. Replace with a new device.
- 5. Per standard sterile processes and operating room procedure(s), ensure the battery pack is not hung over the sterile field.
- 6. Ensure standard universal precautions are utilized when handling device(s).



Actions taken by Stryker:

Stryker has investigated and identified the design change which contributed to the issues noted with the Strykeflow2 Suction Irrigators. A corrective manufacturing change has been implemented. Currently, there is a limited inventory of devices incorporating this change, and replacement devices may not be immediately available.

Requested Customer Actions:

- 1. Inform individuals within your organization who need to be aware of this device recall.
- 2. Review and implement the above mitigation strategies to address any potential hazards presented by the use of these products.
- 3. Please complete Attachment A, Business Reply Form (page 3), as an acknowledgement of this notice and return the completed form via email to xxx@Stryker.com Response is required.
- 4. If you have further distributed product, please complete the table in Attachment A, Business Reply Form (page 3) and return the completed form via email to xxx@Stryker.com
- 5. Maintain awareness of this communication internally until part 2 of 2 of this field action is conducted.

Adverse reactions or quality problems experienced with the use of this product should be reported to:

- Your Stryker Endoscopy Sales Representative and/or Customer Service.
- http://www.stryker.com/productexperience

Your designated contact person for this action is given below. Should you have any queries concerning this matter please do not hesitate to contact them directly.

| Name: Position: en | ıail: |
|--------------------|-------|
|--------------------|-------|

In line with the recommendations of the Medical Device Coordination Group Guidance document Ref MDCG 2023-3 and EU MDR 2017/745, we can confirm that this FSCA has been notified appropriately to the National Competent Authority for your country

On behalf of Stryker, we thank you sincerely for your help and support in completing this action and regret any inconvenience that may be caused. We would like to reassure you that Stryker is committed to ensuring that only conforming devices, meeting our high internal quality standards and your expectations, remain on the market.

Sincerely,

Ashley Cupples

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Regulatory Compliance Manager

stryker

Attachment A

Business Reply Form

Strykeflow 2 Suction Irrigator

RA2025-4025396

| Catalog Number | Product Description | Affected Lot Numbers | | |
|-----------------------|---------------------------------------|-------------------------|--|--|
| 0250070500 | STRYKEFLOW2 WITHOUT TIP (6BX) | Please see Attachment B | | |
| 0250070520 | STRYKEFLOW2 WITH DISPOSABLE TIP (6BX) | Please see Attachment b | | |

| Account Name | | |
|---|------------------|------------------------------------|
| Account Address | | |
| Account Number (if known) | | |
| Printed Name | Title | |
| Email | Phone | |
| Signature | Date | |
| Account Name | ed Product: | |
| Account Name Account Address | ed Product: Qty | |
| Account Name Account Address | | |
| | Qty | n. RESPONSE IS REQUIRED. |
| Account Name Account Address Catalog Number Contact Name Return co | Qty Phone | vledge receipt of the subjected FS |

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Attachment B

Affected Lot Numbers

Catalog Numbers:

| 0000000000 | CERTAINED OFFICE FAIRMAND (CDA) | | |
|------------|---------------------------------------|--|--|
| 0250070500 | STRYKEFLOW2 WITHOUT TIP (6BX) | | |
| 0250070520 | STRYKEFLOW2 WITH DISPOSABLE TIP (6BX) | | |

Lot Numbers:

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