

## URGENT FIELD SAFETY NOTICE

### Surgipro™, Surgipro II™, Dermalon™, V-Loc™ 90 and 180 Suture Products Perforation of Suture Breather Pouch

#### Recall

July 2026

Medtronic Reference: FA1570

EU Manufacturer Single Registration Number (SRN): US-MF-000028763

Dear Risk Manager/ Healthcare Professional,

The purpose of this letter is to advise that Medtronic is initiating a recall for specific lots of the Surgipro™, Surgipro II™, Dermalon™, V-Loc™ 90 and V-Loc™ 180 suture products listed in Attachment A.

#### Issue Description:

Medtronic identified a manufacturing nonconformance in affected lots through internal inspection that could result in product containing a perforation or tear in the sterile barrier packaging. The affected product's sterile barrier not meeting specifications may result in biocontamination of the sterile sutures. Internal inspections have found a perforation rate of 0.008% on V-Loc™ 90 and V-Loc™ 180, and 0.264% on Dermalon™, Surgipro™ and Surgipro II™ for the affected product lots.

Variation in manufacturing equipment performance, which contributed to inadequate sterile barrier formation, has been mitigated through additional actions and products currently being distributed are unaffected.

Until June 8, 2026, there have been no customer complaints or patient harm reported in relation to this action.

#### Risk to health:

While there have been no reports of patient harm in relation to this action, risks of compromised packaging integrity and sterile barrier performance include, but are not limited to, infection, loss of vision if in ophthalmic utilization, or prolonged surgery.

#### Patient Management:

If products in scope of this field action have been used in patients under your care, please monitor for signs of infection or vision issues due to the possibility of biocontamination.

#### Customer Actions:

Our records show that your facility has received impacted products. Medtronic requests you take the following actions:

- Immediately identify, cease use, and quarantine all unused impacted product. See Attachment A.
- Return all unused impacted products listed in Attachment A to Medtronic.
- Please complete the enclosed Customer Acknowledgement Form and email to [rs.fsnuki@medtronic.com](mailto:rs.fsnuki@medtronic.com) even if you do not have unused inventory.
- This notice needs to be passed on to all those who need to be aware within your organization or to any organization where the potentially affected devices have been transferred.

- Please maintain a copy of this communication in your records.

**Additional information:**

Medtronic has notified the Competent Authority of your country of this action.

We are committed to patient safety and appreciate your prompt attention to this matter. If you have any questions regarding this communication, please contact your Medtronic Field Representative.

Sincerely,



**Jasmine Khor**

Regulatory Affairs Specialist – UK and Ireland

**Enclosed:**

Attachment A: Affected lots

Customer Acknowledgement Form

## Attachment A: Affected lots

| Product Name | Product Description                     | Model #     | Lot #     | GTIN           |
|--------------|-----------------------------------------|-------------|-----------|----------------|
| Dermalon™    | 88861757-31 DERMALON* 4-0 BLU 75CM C13  | 88861757-31 | D6A3020FY | 20884521070919 |
|              |                                         |             |           | 10884521070912 |
|              | 88861799-31 DERMALON* 4-0 BLU 75CM C14  | 88861799-31 | D6A2861FY | 20884521071060 |
| Surgipro II™ | S8698GX SURGIPRO II BL 5/0 18 P-13      | S8698GX     | D5M3438FY | 20612479214716 |
| Surgipro™    | SP-623 SURGIPRO* 2-0 BLU 75CM SC2 X36   | SP-623      | D6A2963Y  | 20884521037073 |
| V-Loc™ 180   | VLOCL0013 V-LOC* 180 4-0 CLR 30CM P12   | VLOCL0013   | A5M1176VY | 20884521130361 |
|              | VLOCL0014 V-LOC* 180 3-0 CLR 30CM P12   | VLOCL0014   | A6A0972VY | 20884521130378 |
|              | VLOCL0023 V-LOC* 180 4-0 CLR 45CM P12   | VLOCL0023   | A5M1175VY | 20884521130408 |
|              | VLOCL0024 V-LOC* 180 3-0 CLR 45CM P12   | VLOCL0024   | A5M1224VY | 20884521130415 |
|              | VLOCL0306 V-LOC 180 DEVICE 0 15CM GS-21 | VLOCL0306   | A6A0996VY | 20884521130941 |
|              |                                         |             |           | 10884521130944 |
|              | VLOCL0316 V-LOC* 180 0 GRN 30CM GS21X12 | VLOCL0316   | A5M1060VY | 20884521131313 |
|              |                                         |             |           | 10884521131316 |
|              |                                         |             | A6A0994VY | 20884521131313 |
|              | VLOCL0345 V-LOC* 180 2-0 GRN 23CM GS21  | VLOCL0345   | A5M1165VY | 20884521131047 |
|              | VLOCL0436 V-LOC* 180 0 GRN 60CM GS25X12 | VLOCL0436   | A5M1036VY | 20884521131085 |
|              | VLOCL0604 V-LOC* 180 3-0 GRN 15CM V20   | VLOCL0604   | A5M0869VY | 10884521131132 |
|              |                                         |             |           | 20884521131139 |
|              |                                         |             | A5M1179VY | 10884521131132 |
|              |                                         |             |           | 20884521131139 |
|              |                                         |             | A5M1180VY | 20884521131139 |
|              |                                         |             | A5M1181VY | 10884521131132 |
|              |                                         |             |           | 20884521131139 |
|              |                                         |             | A5M1182VY | 10884521131132 |
|              |                                         |             |           | 20884521131139 |
|              | VLOCL0615 V-LOC* 180 2-0 GRN 30CM V20   | VLOCL0615   | A5M1245VY | 20884521131160 |
|              | VLOCL0625 V-LOC* 180 2-0 GRN 45CM V20   | VLOCL0625   | A6A1000VY | 20884521131238 |
|              | VLOCL0644 V-LOC* 180 3-0 GRN 23CM V20   | VLOCL0644   | A5M1163VY | 20884521131269 |
|              | VLOCL0804 V-LOC 180 3-0 GRN 15CM CV23   | VLOCL0804   | A5M1064VY | 20884521131283 |
|              |                                         |             |           | 10884521131286 |
|              |                                         |             | A5M1205VY | 20884521131283 |
|              |                                         |             |           | 10884521131286 |
|              |                                         |             | A6A1004VY | 20884521131283 |

|           |                                         |           |            |                |
|-----------|-----------------------------------------|-----------|------------|----------------|
| V-Loc™ 90 | VLOCL2105 V-LOC* 180 2-0 GRN 15CM GS22  | VLOCL2105 | A5M1183VY  | 20884521131535 |
|           |                                         |           | A6A1003VY  | 20884521131535 |
|           |                                         |           |            | 10884521131538 |
|           | VLOCL2145 V-LOC* 180 2-0 GRN 23CM GS22  | VLOCL2145 | A5M1164VY  | 20884521131542 |
|           |                                         |           | A6A1001VY  | 10884521131545 |
|           |                                         |           |            | 20884521131542 |
|           | VLOCL2246 VLOC180 0 GRN 9 GS-22         | VLOCL2246 | A6A0998VY  | 20884521762494 |
|           | VLOCM0003 V-LOC* 90 4-0 CLR 15CM P12X12 | VLOCM0003 | A5M1022Vfy | 20884521131603 |
|           |                                         |           |            | 10884521131606 |
| V-Loc™ 90 |                                         |           | A5M1166Vfy | 20884521131603 |
|           | VLOCM0013 V-LOC* 90 4-0 CLR 30CM P12X12 | VLOCM0013 | A5M1023Vfy | 20884521131641 |
|           |                                         |           | A5M1024Vfy | 10884521131644 |
|           |                                         |           |            | 20884521131641 |
|           | VLOCM0024 V-LOC* 90 3-0 CLR 45CM P12X12 | VLOCM0024 | A5M0860Vfy | 10884521131699 |
|           |                                         |           |            | 20884521131696 |
|           | VLOCM0123 V-LOC* 90 4-0 CLR 45CM P14X12 | VLOCM0123 | A5M1169Vfy | 20884521132235 |
|           | VLOCM0315 V-LOC* 90 2-0 VIO 30CM GS21   | VLOCM0315 | A6A1005VY  | 20884521132464 |
|           | VLOC 90 0 VL 22 GS-21                   | VLOCM0336 | A5M0917VY  | 20884521132501 |
|           | VLOC 90 0 VL 22 GS-25 VLOCM0436         | VLOCM0436 | A5M1035VY  | 20884521827513 |
|           | VLOCM0603 V-LOC* 90 4-0 VIO 15CM V20X12 | VLOCM0603 | A5M1246VY  | 20884521132532 |
|           |                                         |           |            | 10884521132535 |
|           | VLOCM0604 V-LOC* 90 3-0 VIO 15CM V20X12 | VLOCM0604 | A5M1014VY  | 20884521132549 |
|           |                                         |           | A5M1062VY  | 10884521132542 |
|           |                                         |           |            | 20884521132549 |
|           | VLOCM1203 V-LOC* 90 4-0 VIO 15CM CV15   | VLOCM1203 | A6A1063VY  | 10884521132757 |
|           |                                         |           |            | 20884521132754 |
|           | VLOCM2115 V-LOC* 90 2-0 VIO 30CM GS22   | VLOCM2115 | A5M1155VY  | 20884521133003 |

| Kit Description               | Model #    | Lot #      | GTIN           |
|-------------------------------|------------|------------|----------------|
| BOX ZESTAW DO RYGB            | WEJRYGB3   | 0233547345 | 00763000975326 |
| BOX LAP HERNIE INGUNIAL RIGHT | BOX00051V4 | 0233560350 | 00763000967765 |
|                               |            | 0233570153 |                |
|                               |            | 0233584284 |                |
|                               |            | 0233606897 |                |

|                               |             |            |                |
|-------------------------------|-------------|------------|----------------|
| BOX BYPASS CARDON             | BOX01056V2  | 0233484641 | 00763000593711 |
| BOX BYPASS DR LAGAE           | BOX01482V2  | 0233607201 | 00763000457990 |
| BOX GASTRIC BYPASS SIGNIA     | BOX02191V11 | 0233514888 | 00199150038022 |
|                               |             | 0233586164 |                |
|                               |             | 0233586169 |                |
|                               |             | 0233587200 |                |
|                               |             | 0234047180 |                |
| BOX BEDSIDE STAPLING IS KING  | BOX06614V4  | 0233506453 | 00199150037902 |
|                               |             | 0233506454 |                |
|                               |             | 0233506455 |                |
|                               |             | 0233506456 |                |
| BOX GASTRICBYPASS KIT V4      | BOX06863V4  | 0233560359 | 00763000991654 |
|                               |             | 0234087501 | 00763000991654 |
| BOX BY PASS FINAL             | BOX07405V1  | 0233617676 | 00763000960186 |
| BOX GBP SIGNIA                | BOX08506V2  | 0234121845 | 00199150028627 |
|                               |             | 0234122488 |                |
|                               |             | 0234122495 |                |
|                               |             | 0234122500 |                |
|                               |             | 0234122505 |                |
|                               |             | 0234122509 |                |
| BOX BYPASS KIT NEU BOX 003    | BOX08767V1  | 0233598575 | 00199150034338 |
| BOX BYPASS KIT DEZEMBER 2025  | BOX09222V1  | 0233577301 | 00199150066636 |
| BOX GASTRIC BYPASS            | JAWBYPASS2  | 0233608008 | 00763000931988 |
|                               |             | 0233608009 |                |
| BOX KIT COLON IHS             | KIT00625V1  | 0233646102 | 00199150033874 |
| BOX KIT HERNIA HIATO IHS      | KIT01026V1  | 0233646101 | 00199150033867 |
| BOX NEW GBP KIT               | PST03130V2  | 0233628870 | 00763000911096 |
| BOX GB BOX MET LHOOK          | PST04884V3  | 0233514943 | 00763000523954 |
|                               |             | 0234035336 |                |
| BOX GB ZONDER ENDOHERNIA EGIA | PST04884V6  | 0233476937 | 00763000646820 |
|                               |             | 0233550564 |                |
|                               |             | 0233609032 |                |
| BOX ZESTAW DO BARIATRII GB    | UCKGB5      | 0233600730 | 00763000910549 |

## CUSTOMER ACKNOWLEDGEMENT FORM UK AND IRELAND CUSTOMERS

Please email this form back to Medtronic (even if you do not have affected inventory) to: [rs.regulatoryuk-ire@medtronic.com](mailto:rs.regulatoryuk-ire@medtronic.com)

### Urgent Field Safety Notice - Recall

**FA1570: Perforation in Suture Breather Pouch SurgiPro™, Surgipro II™, Dermalon™, V-Loc™ 90 and V-Loc™ 180 Suture Products**

#### Customer Contact Details

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                            |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------|------------|
| Company name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Account number (optional): |            |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | City:                      | Country:   |
| <ul style="list-style-type: none"> <li>I confirm that I have read and understood the Urgent Field Safety Notice.</li> <li>I agree to pass on the Urgent Field Safety Notice to all those who need to be aware within our organization or to any organization where the potentially affected products have been transferred.</li> <li>I have reviewed our inventory, identified, and quarantined all unused affected products in our inventory, and I declare the following:                     <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> No affected products are located at our facility.                 </div> <div> <input type="checkbox"/> Affected products are located at our facility. See below table for details of affected products to be returned to Medtronic.                 </div> </div> </li> </ul> |            |                            |            |
| Name (print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Job title: | Date:                      | Signature: |

Please fill-in the section below only if you have affected stock:

#### Return Details

| Invoice or Delivery Note (if available)                                                                                                | Item Code  | Lot # / Serial #                         | Quantity (please count units inside of the box) |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------|-------------------------------------------------|
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
|                                                                                                                                        |            |                                          |                                                 |
| <input type="checkbox"/> If you have more products to return, tick the box. Please create and send separate attachment with same data. |            |                                          | <b>Total:</b>                                   |
| Contact Person at Point of Collection:                                                                                                 |            |                                          |                                                 |
| Pick-up address / Department (please provide location details. E.g.: collection/accessible area):                                      |            |                                          |                                                 |
| City:                                                                                                                                  |            |                                          | Post code:                                      |
| Pick-up phone number:                                                                                                                  |            | Pick-up email:                           |                                                 |
| When the product will be ready for pick-up? (Please allow 2 days for handling your request):                                           |            |                                          |                                                 |
| Opening hours of the pick-up location:                                                                                                 |            | Dimension LxWxH (in cm): ... x ... x ... |                                                 |
| # Pallets:                                                                                                                             | # Parcels: | Number of parcels weighing over 45 kg:   |                                                 |

- Customer Service will contact you directly to organise return of affected products and credit will be given for returned products.
- Please don't send the goods back before having received the return documentation.
- Please package goods according to packaging instructions that will be provided upon confirmation & remove all labels from the inbound shipment.