

### ТОВ «Б. БРАУН МЕДІКАЛ УКРАЇНА»

### LLC «B. BRAUN MEDICAL UKRAINE»

Україна 03124, м. Київ бул. В. Гавела, 6 Тел. +38 (044) 351-11-30 e-mail: info.bbmua@bbraun.com Ukraine 03124, Kiev City bld. V.Havel, 6 Tel.: +38 (044) 351-11-30

e-mail: info.bbmua@bbraun.com

Bux. № 663-1 Bio 23.07.19 Державна служба України з лікарських засобів та контролю за наркотиками

### Шановні колеги!

Компанія **ТОВ «Б. Браун Медікал Україна»**, яка є Уповноваженим представником в Україні виробника **Б.Браун Медікал АГ, Швейцарія** повідомляємо наступне:

Компанією було отримано повідомлення від виробника щодо підозрюваних передбачуваних побічних реакцій на медичний виріб: Пронтосан, розчин для іригації ран, (клас ризику — III) в Швейцарії.

1 випадок:

Продукт	Пронтосан, розчин для іригації ран 350 мл, номер за каталогом: 400403
Номер серії:	Невідомий
Опис	Пацієнтка 1980р народження, з маммологією. та після променевої терапії, уже кілька тижнів має рану на грудях
	11 або 18/06/2019: перший раз застосовано Пронтосан, розчин, відчувала себе не досить добре, проблем не було. Пізніше пацієнтка згадала, що не відчувала себе добре і трохи
	свербіло навколо рани. Медсестра також спробувала нанести Пронтосан на марлю і приклала це на кілька годин до шкіри, проблем і реакцій не виявлено.
	25/6/2019: Другий раз (невідомо, чому існує розрив у застосуванні Пронтосану протягом 2 тижнів) пацієнтка поступила приблизно через півгодини по використанні Пронтосану з



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e-mail: info.bbmua@bbraun.com

	симптомами свербіж, не почувала себе добре, і у неї набряк рот, що було схоже на шок. Її транспортували до лікарні (Альріжне), де вона пробула 2 дні. Інформації про лікування немає
<u> </u>	(швидше за все спостереження, інфузія).
Дата фіксації	2019-07-05

Вищезазначені реакції  $\varepsilon$  передбачуваними і зазначені в інструкції з використання медичного виробу.

Звіти щодо дослідження цих повідомлень виробником надаємо.

### 3 повагою,

Директор ТОВ «Б.Браун Медікал Україна»

Уповноважена особа з якості ТОВ «Б.Браун Медікал Україна»



Шаповалоа А.Б.

Денис А.В.

import XML

fix + save

fill with test data Initial

fill with test data I+F

fill with test data Follow Up

fill with test data Final

# **Report Form Manufacturer's Incident Report**

**Medical Devices Vigilance System** (MEDDEV 2.12/1 rev 7)

Thew Case, keep base data	Version 2.26 2012-12-
1 Administrative information	<b>的是是在1000年的中国的</b>
Recipient (Name of NCA)	Stamp box
Dutch Healthcare Inspectorate	
Address of National Competent Authority	
Stadsplateau 1	
3521 AZ Utrecht	
	1. 6.4 13
Date of this report	在某人是非常一定专家的人会是对象。我们是是什么
2019-07-23	-
Reference number assigned by the manufacturer	
CC 400437996	
Reference number assigned by NCA	
Type of report	
○ Initial report	
○ Follow-up report	
<ul> <li>Combined initial and final report</li> </ul>	
○ Final report	
Does the incident represent a serious public health threat?	
Cyes	
<b>⊙</b> no	
Classification of incident	
○ Death	
Unanticipated Serious Deterioration in State of Health	
All other reportable incidents	
Identify to what other NCA's this report was also sent	
FDA	
2 Information on submitter of the report	
Status of submitter	
Manufacturer	
Authorised Representative within EEA and Switzerland and Turkey	
Others: (identify the role)	

Name		
B. Braun Medical AG		
Contact Name		
Theiler Jennifer		
Address		
Seesatz 17		
Postcode	City	
6204	Sempach	
Phone	Fax	
+41 58 258 56 89		
E-mail	Country	
jennifer.theiler@bbraun.com	CH - Switzerland	

4 Authorised Representative Information	new _
Name	
B. Braun Medical B.V.	
Contact Name	
Paul Geelen	
Address	
Euterpehof 10	
Postcode	City
5342 ew	Oss
Phone	Fax
0031412672423	0031412672490
E-mail	Country
paul.geelen@bbraun.com	NL - Netherlands

5 Submitter's information	new
Name	
B. Braun Medical AG	
Contact Name	
Theiler Jennifer	
Address	
Seesatz 17	
Postcode	City
6204	Sempach
Phone	Fax
+41 58 258 56 89	
E-mail	Country
jennifer.theiler@bbraun.com	CH - Switzerland

o meaned, device information	new mexical design of the second of the seco		
Class	1000		
AIMD Active implants			
MDD Class III	O IVD Annex II List A		
O MDD Class IIb	O IVD Annex II List B		
MDD Class IIa	O IVD Devices for self-testing		
MDD Class I	() IVD General		
Nomenclature system (preferable GMDN)	Nomenclature code		
GMDN	100000000000000000000000000000000000000		
Nomenclature text			
PRONTOSAN LOESUNG RUNDFLAS. "WEST" 350ML			
Commercial name/ brand name / make			
Prontosan			
Model number	Catalogue number		
	400403		
Serial number(s) (if applicable)	Lot/batch number(s) (if applicable) UNKNOWN		
Software version number (if applicable)			
Device Mfr Date	Expiry date		
Implant date (For implants only)	Explant date (For implants only)		
Duration of Implantation (For implants only. To be	filled if the exact implant and explant dates are unknown)		
Accessories / associated devices (if applicable)			
Notified Body (NB) ID-number			
0344/DEKRA			

### 7 Incident Information

### Date the incident occurred

2019-06-25

### Incident description narrative

Patient with mammaca in 1980, and radiation therapie. Has know for some weeks a wound at the breast.

According to the nurse, the patient had two times a sort of allergic reaction after they used the prontosan. The prontosan was deliverd by Mathot, they are the delivery at home, batchnumber is unknown.

The nurse also tried (after the first time) a gauze with prontosan for several hours on the skin without a reaction, they find it rather strange also.

### SPECIAL REMARKS:

11 or 18/6/2019 First time with the use of prontosan she was afterwards not feeling well, no big problems. The patient mentioned not feeling well and a bit itchy around the wound.

The nurse also tried some prontosan on a gauze and attached this for some hours to the skin, this was without any problems or reaction.

#### 25/6/2019

The second time (they don't know why there is a gap in the use of the prontosan for 2 weeks).

The patient did get in about half an hour (after the use of prontosan), again itchy, was not feeling well and she got a swollen

d to the hospital (Alrijne) and stayed there for 2 days. There is no bservation, infusion ).
prontosan and they still use it now
e:
Number of medical devices involved (if known)
1
own)

7 7 6

t

0.1.1.1.0.4.1.1	ect one)		
Healthcare Professional			
○ Patient			
Other			
Usage of the medical device (select from list below)			
<ul><li>♠ initial use</li></ul>			
reuse of a single use medical device			
reuse of a reusable medical device			
re-serviced/refurbished			
Oother			
Oproblem noted prior use			
8 Patient information	12 (12 th 12		,为19 <b>%</b> 自然自然有效的。
Patient outcome			
Patient recovered fully without sequelae.			
Gender, if applicable  Female  Male			
Age of the patient at the time of incident it applicable	units		
Age of the patient at the time of incident, if applicable	units	Cmantha	0.1
	units  Years	O months	○ days
Age of the patient at the time of incident, if applicable  Weight in kilograms, if applicable		C months	∩ days
		Cmonths	∩ days
Weight in kilograms, if applicable	Years		
Weight in kilograms, if applicable	Years		∩ days
Weight in kilograms, if applicable  9 Healthcare facility information	Years		
Weight in kilograms, if applicable  9 Healthcare facility information http://toltograms.	Years		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)	Years		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)  Contact person within the facility	Years		
Weight in kilograms, if applicable  9 Healthcare facility information 1877 to	Years		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)  Contact person within the facility  Dhr. Ben Evers  Address	Years		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)  Contact person within the facility  Dhr. Ben Evers  Address  Postbus 149	( Years		
Weight in kilograms, if applicable  9 Healthcare facility information Name of the healthcare facility Activite Thuiszorg (Home care service) Contact person within the facility Dhr. Ben Evers Address Postbus 149 Postcode	© Years		
Weight in kilograms, if applicable  9 Healthcare facility information http://to.th.p.//to.th.p./	City Leiderdorp		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)  Contact person within the facility  Dhr. Ben Evers  Address  Postbus 149  Postcode  2350 AC  Phone	© Years		
Weight in kilograms, if applicable  9 Healthcare facility information  Name of the healthcare facility  Activite Thuiszorg (Home care service)  Contact person within the facility  Dhr. Ben Evers  Address  Postbus 149  Postcode  2350 AC  Phone  06 46892881	City Leiderdorp Fax		
	City Leiderdorp		

0 Manufacturer's	Property State of the Control of the
Manufacturer's pr	eliminary analysis
	n identified as B. Braun Medical AG internal report number 400437996.
The instructions fo In very rare cases, ninutes. Prontosar	r use of the product have been checked and the following side effects are listed: there may be a mild burning sensation after application of Prontosan, but this usually dissipates after a few can cause allergic reactions such as itching (urticatia) and rashes (exanthema). In rare cases (less than 1 out actic shock has been reported."
he product quant	ities sold in 2018 for Prontosan Wound Irrigation Solution were over 4.4 million. No negative trend can be
	ctions/preventive actions implemented by the manufacturer
	ylactic reactions are known side effects, as stated in the IfU. Since there is no trend, no further actions are
Expected date of	next report
11 Results of mar	ufacturers final investigation (Final report) Follows & Gradual Annual Control of the Control
The manufacture	r's device analysis results
	warded to B. Braun Medical AG, Sempach. Therefore, no analytical testing is possible.
Allergic and anapl	corrective action/preventive action / Field Safety Corrective Action  nylactic reactions are known side effects, as stated in the IfU. Since there is no trend, no further actions will be
Allergic and anapl	
Allergic and anapl taken.	nylactic reactions are known side effects, as stated in the IfU. Since there is no trend, no further actions will be
Allergic and anapl taken.	r the implementation of the identified actions
Allergic and anaph taken.  Time schedule fo No actions defined	rylactic reactions are known side effects, as stated in the IfU. Since there is no trend, no further actions will be r the implementation of the identified actions
Allergic and anaphtaken.  Time schedule for No actions defined.	r the implementation of the identified actions
Allergic and anaphtaken.  Time schedule for No actions defined  Final comments  The rate of allerging	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to be
Allergic and anaphtaken.  Time schedule for No actions defined.  Final comments: The rate of allerging implemented.  Further investigation.	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to b
Allergic and anaphtaken.  Time schedule for No actions defined.  Final comments: The rate of allerging implemented.  Further investigation.	rylactic reactions are known side effects, as stated in the IfU. Since there is no trend, no further actions will be r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to b ations  rer aware of similar incidents with this type of medical device with a similar root cause?
Allergic and anaphtaken.  Time schedule for No actions defined.  Final comments: The rate of allergic implemented.  Further investigation.	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to b  ations  rer aware of similar incidents with this type of medical device with a similar root cause?
Final comments The rate of allergimplemented.  Further investigations.  Is the manufacture  Yes No Number of similar  25	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to b  ations  rer aware of similar incidents with this type of medical device with a similar root cause?
Final comments: The rate of allergi implemented.  Further investigation.  Sthe manufactur  Yes No.  Number of similar  Stress of the stress of	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to be ations  ations  rer aware of similar incidents with this type of medical device with a similar root cause?  ar incidents  hich countries and the report reference numbers of the incidents. 2443/09 and 2448/09 and 4394/09
Final comments: The rate of allergi implemented.  Further investigations.  Is the manufacture Yes No. Number of similar 25  If yes, state in wind taken.	r the implementation of the identified actions d.  from the manufacturer c and anaphylactic reactions is continously monitored and in case of negative trend further actions have to b ations  rer aware of similar incidents with this type of medical device with a similar root cause?  ar incidents  hich countries and the report reference numbers of the incidents. 2443/09 and 2448/09 and 4394/09 20111 00586

Sweden-Läkemedelsverket Ref no: 6.6.2-2014-52572

Spain-PS/CV/AG/26537 (Literature case)

Netherlands- NL - Health Care Inspectorate: Reg. number: 1013686

Italy-Incidente 400271165

Switzerland-Incidence 400279591, Vk 20151221\_18

Norway - NO -Incidence 400289152

Portugal-Infarmed Case no - 1713/2016 (Literature case), 400324889

Norway - NO- Incidence REF: 17/4252, 400330046

Australia-AU-Incidence TGA 45911, 400344664

China-CN-Incidence CFDA 131311800201702326, 400344718

Netherland-NL-Incidence IGZ: IT2002226, 400356184

Czech Republic-CZ-SUKL: sukls265875/2017, 400363450

Sweden-SE-Incidence MPA (MoH): 6.6.2-2018-13625, 400376081

Sweden-SE-Incidence MPA (MoH): 6.6.2-2018-15837, 400377710

UK - MHRA (MoH): 2018/007/017/601/005, 400394358

UK - MHRA (MOH): 2018/009/028/601/003, 400403450

Sweden-SE-Incidence MPA (MoH): 6.6.2-2018-83189, 400407527

Sweden-SE-Incidence MPA (MoH): 6.6.2-2019-58959, 400435406

Sweden-SE-Incidence MPA (MoH): 6.6.2-2019-58740, 400435522

For final repor	ts only. The m	edical device l	nas been distri	buted to the fo	ollowing coun	tries:	
within the EE	A and Switze	rland and Tur	key				
⊠AT □EE □IS □NO	⊠BE ⊠ES ⊠IT □PL	□BG □FI □LI ⊠PT	⊠CH ⊠FR □LT □RO	□CY 図GB □LU □SE	□CZ □GR □LV □SI	⊠DE □HU □MT □SK	□DK ☑IE ☑NL ☑TR
Candidate Co	ountries						
□HR							
☐ All EEA, ca	ndidate coun	tries and Swit	zerland and T	urkey			
Others:	MY PY 7A FC	, MY, MT, SV, N	A III MO SY N	AV. PH. SG. RO. I	HK. TW. TH. ID. I	L. VN	
An, CL, CO, FL,	WX, F1, ZX, LC	, 14(1, 14(1, 54, 14)	n, LO, MQ, 31, N	11,111,30,110,1	110,110,110,10,1	-, ***	
12 Comments	OF STREET	Harry Charles	改造的原始的	and the Alexander			
12 Comment		H#18531200 福 317567	BANKSAM CON	E Marie Productions			
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Signature	theijec	h Department of the Control of the C	itien van theijech Inhaus, di-stereig aur laceron, anments, au-Ole QM, cn-theijech, lengtherun comen, Opis754 -0700'	print	chec	k send	I XML-data by E-Ma
	e information of the my knowledge	given above is o	correct				