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**MAUDE Adverse Event Report: JOHNSON & JOHNSON INTERNATIONAL PROCEED VENTRAL PATCH MESH, SURGICAL, POLYMERIC**



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**JOHNSON & JOHNSON INTERNATIONAL PROCEED VENTRAL PATCH MESH, SURGICAL, POLYMERIC**

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**Catalog Number** PVPM

**Device Problem** Material separation

**Event Date** 03/25/2017

**Event Type** Malfunction

**Manufacturer Narrative**

A used device of product code pvpm was returned for evaluation. During visual inspection of the sample it was observed body fluids on the mesh; also one strap was broken and the other was damaged in a corner. In addition, there are several fragments of the pds base plate present, indicating significant degradation. The partial separation of the straps at the welding with the load ring may occur during handling and does not have any effect on the product properties and functionality. During insertion, be certain to avoid kinking the patch (e. G. , by using clamp or extensive folding/rolling etc. ). Once the mesh patch has been inserted through the defect, manipulate the strap carefully to facilitate proper positioning of the patch. Pulling carefully on the suture loops allows the mesh patch to flatten itself against the abdominal wall. The assignable cause suggests an improper handling of the sample.

**Manufacturer Narrative**

(b)(4). Attempts have been made to retrieve the device. To date the device has not been returned. If the device or further details are received at the later date a supplemental medwatch will be sent. Attempts are being made to obtain the following information. To date no response has been provided. If further details are received at the later date a supplemental medwatch will be sent. The 3rd follow-up: (b)(4) contacted the affiliate via email to request the following information: please indicate which portion of the proceed ventral patch (product pvmp) came away, for example was it the straps or the suture loops? will the device be returned in it's entirety, even is not one piece? procedure being performed when the difficulty occurred? procedure date if available? device lot number?.

**Manufacturer Narrative**

Additional information was requested and the following was obtained: please indicate which portion of the proceed ventral patch (product pvmp) came away, for example was it the straps or the suture loops? strap. Procedure being performed when the difficulty occurred? open ventral patch repair of umbilical hernia. Procedure date if available? (b) (6) 2017. Device lot number? unknown.

**Event Description**

It was reported that the patient underwent an unknown procedure on unknown date and the mesh was implanted. During the procedure, when the mesh was placed inside the abdomen, the surgeon had to remove it due to one of the longer ends of the mesh came away. There were no adverse consequences reported. Additional information has been requested.

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**Brand Name** PROCEED VENTRAL PATCH  
**Type of Device** MESH, SURGICAL, POLYMERIC  
**Manufacturer (Section D)** JOHNSON & JOHNSON INTERNATIONAL  
 Leonardo Da Vincilaan 15  
 Diegem 1831  
 BELGIUM 1831

**Manufacturer (Section G) ETHICON INC.-GMBH**

Robert-Koch Strasse 1  
 Norderstedt D-228 51  
 GERMANY D-22851

**Manufacturer Contact** Darlene Kyle

Route 22 West Po Box 151  
 Somerville , NJ 08876  
 9082182792

**MDR Report Key** 6512573**Report Number** 2210968-2017-60190**Device Sequence Number** 1**Product Code** FTL<sup>24</sup>**Report Source** Manufacturer**Source Type** COMPANY REPRESENTATIVE, FOREIGN**Reporter Occupation** Other**Type of Report** Initial, Followup, Followup**Report Date** 03/31/2017**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received** 04/21/2017**Is This An Adverse Event Report?** No**Is This A Product Problem Report?** Yes**Device Operator** Health Professional**Device Catalogue Number** PVPM**Was Device Available For Evaluation?** Device Returned To Manufacturer**Date Returned to Manufacturer** 06/20/2017**Is The Reporter A Health Professional?** No**Was the Report Sent to FDA?** No**Event Location** No Information**Date Manufacturer Received** 06/20/2017**Was Device Evaluated By Manufacturer?** Yes**Is The Device Single Use?** Yes**Is this a Reprocessed and Reused Single-Use Device?** No**Type of Device Usage** Initial**Patient TREATMENT DATA****Date Received: 04/21/2017 Patient Sequence Number: 1****Links on this page:**

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Page Last Updated: 06/30/2017

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