

URGENT Medical Device Correction

**Philips Respironics – Sleep and Respiratory Care
Notification To DMEs/Distributors/Prescribers**

**Amara View Minimal Contact Full-Face Mask
DreamWear Full Face Mask
DreamWisp Nasal Mask with Over the Nose Cushion
Wisp Nasal Masks and Wisp Youth Nasal Masks
Therapy Mask 3100 NC/SP**

August 29, 2022

This document contains important information for the continued safe use of your equipment

- Please review the following information with all members of your staff who need to be aware of the contents of this communication. It is important to understand the implications of this communication.
- Please retain a copy with the equipment Instruction for Use.

Dear Customer,

The following Philips Respironics patient interface devices (face and nasal masks) - Amara View Minimal Contact Full-Face Mask, DreamWear Full Face Mask, DreamWisp Nasal Mask with Over the Nose Cushion, Wisp Nasal Masks, Wisp Youth Nasal Masks, and Therapy Mask 3100 NC/SP - contain magnets.

This Urgent Medical Device Correction is intended to inform you that Philips Respironics is updating its existing 'Contraindications' and 'Warning' of the above masks with magnets to the below.

Contraindication: *Use of the mask is contraindicated for patients and their household members, caregivers, and bed partners that may be in close vicinity to patients using the masks, that have implanted devices that may be affected by magnets, including but not limited to:*

- *Pacemakers*
- *Implantable cardioverter defibrillators (ICD)*
- *Neurostimulators*
- *Magnetic metallic implants/electrodes/valves placed in upper limbs, torso, or higher (i.e. neck and head)*
- *CSF (cerebral spinal fluid) shunts (e.g., VP (ventriculo peritoneal) shunt)*
- *Aneurysm clips*
- *Embollic coils*
- *Intracranial aneurysm intravascular flow disruption devices*
- *Metallic cranial plates, screws, burr hole covers, and bone substitute devices*
- *Metallic splinters in the eye*
- *Ocular implants (e.g., glaucoma implants, retinal implants)*
- *Certain contact lenses with metal*
- *Implants to restore hearing or balance that have an implanted magnet (such as cochlear implants, implanted bone conduction hearing devices, and auditory brainstem implants)*
- *Magnetic denture attachments*
- *Metallic gastrointestinal clips*
- *Metallic stents (e.g., aneurysm, coronary, tracheobronchial, biliary)*
- *Implantable ports and pumps (e.g., insulin pumps)*
- *Hypoglossal Nerve Stimulators*
- *Devices labeled as MR (magnetic resonance) unsafe*
- *Magnetic metallic implants not labeled for MR or not evaluated for safety in a magnetic field*

Warning: Magnets with a magnetic field strength of 400 mT are used in the mask. With the exception of the devices identified in the contraindication, ensure the mask is kept at least 6 inches (approx. 15.24 cm) away from any other medical implants or medical devices that can be impacted by the magnetic fields to avoid possible effects from localized magnetic fields. This includes household members, caregivers, and bed partners that may be in close vicinity to patients that use the masks.

1. What the problem is and under what circumstances it can occur

- The affected masks contain magnets which can potentially affect the functioning and/or induce the movement/dislocation of medical implants or medical devices that can be impacted by the magnetic fields.
- See the Contraindication and Warning in this notice for additional details.

2. Describe the hazard/harm associated with the issue

- With the exception of the devices in the contraindication, if the mask magnets are placed less than 6 inches (approx. 15.24 cm) away from a metallic implant or device the magnets may cause the device to not perform as intended, which may result in a serious injury.
- There have been fourteen (14) reports of patients suggesting that the mask magnets have impacted their medical devices which include: pacemaker interference, pacemaker failure leading to replacement, need of shunt adjustment, resetting of automatic implantable cardioverter defibrillator (AICD), seizures, defibrillator shutting off periodically, arrhythmia, irregular blood pressure, change in heartbeats, and cognitive issues.

3. Affected products and how to identify them

Figures 1 – 5 shows the images of the affected masks and Figure 6 (next page) contains their part numbers. The magnetic headgear clips on these masks are circled. Use the below images (Figures 1-5) and the Part Numbers (see Figure 6) in this letter, to determine if your or your patient's mask also uses magnetic headgear clips. These masks are intended to provide an interface for application of CPAP or bi-level therapy to patients.



Figure 1:
Amara View
Full Face
Mask



Figure 2:
DreamWisp
Nasal Mask



Figure 3:
DreamWear
Full Face
Mask



Figure 4:
Wisp and
Wisp Youth
Nasal Mask



Figure 5:
Therapy
Mask 3100
NC/SP

4. Actions that should be taken by the customer in order to prevent risks for patients

As a DME, distributor, or prescriber of these masks, you must take the following action:

- 4.1. Provide this correction letter and copies of the included patient version of the correction letter and FAQs document to all those who must be aware within your organization, and to any organizations where the affected devices have been transferred.

- 4.2. Provide the given copies of the included patient version of the Urgent Medical Device Correction Letter and FAQs document to all patients using the affected devices*.

*NOTE: Philips Respironics sells these products through DMEs/distributors and prescribers, and we may not have the contact information to reach all patients.

- 4.3. Fill out the Business Reply Form included in this letter and return it by email per the instructions in the form. This form serves as official acknowledgement that you have received this correction letter and completed the actions required for this medical device correction.
- 4.4. Patients should **STOP** using the affected mask, if the implant/medical device is contraindicated against the mask magnets. Patients should consult their physician immediately to determine if another mask can be used for their therapy. In the interim, switch to a non-magnetic mask if available, for continued therapy. Patients should properly dispose of the mask that has magnets after an alternative is obtained.
- 4.5. If patients, and household members, caregivers, and bed partners that may be in close vicinity to patients, do not have implanted medical devices, or metallic splinters in their eyes, then no action related to patients is needed.
- 4.6. Contact Philips Respironics customer service to learn more about non-magnetic mask options.
- 4.7. Household members, caregivers, and bed partners with a medical implant/device must ensure the mask is kept at least 6 inches (approx. 15.24 cm) away from the medical implant(s)/device(s).

5. Describe the actions planned by Philips Respironics to correct the problem

Philips Respironics is updating its existing contraindication and warning as provided in this correction letter.

6. **If you need any further information or support concerning this issue, please contact your local Philips Respironics representative.** For general issues or concerns, contact the Philips Customer Care Solutions Center at +1-800-345-6443.

This correction letter has been reported to the appropriate Regulatory Agencies. Adverse reactions or quality problems experienced with the use of this product may be reported to the FDA's MedWatch Adverse Event Reporting program either online, or by regular mail, or by fax. Philips Respironics regrets any inconvenience caused by this problem.

Sincerely,

Thomas J. Fallon

Thomas Fallon
Head of Quality Assurance
Philips Respironics

Devices Impacted by This Issue - Figure 6:

Amara View Minimal Contact Full-Face Mask	
Part #	Description
1090602	S Amara View Mask w/HGR
1090603	M Amara View Mask w/HGR
1090604	L Amara View Mask w/HGR
1090622	S Amara View Mask w/ HGR, DOM
1090623	M Amara View Mask w/ HGR, DOM
1090624	L Amara View Mask w/ HGR, DOM
1090670	Amara View Mask w/HGR, FitPack
1090696	RP – Amara View Headgear, L
1090697	RP-Amara View Headgear, Standard
1135080	S AMARA VIEW MASK SE W/ HGR
1135081	M AMARA VIEW MASK SE W/ HGR
1135082	L AMARA VIEW MASK SE W/ HGR
1136626	Amara View Magnet Clip
1090670RTL	AMARA VIEW MASK W/HGR, FITPACK
1136626RTL	Amara View Full Face Magnetic Clips

DreamWear	
Part #	Description
1133344	S, DreamWear UTN Nsl/Full, Combo Pack
1133345	M, DreamWear UTN Nsl/Full, Combo Pack
1133375	S, DreamWear Full, Sm & Med Frm, GBL
1133376	M, DreamWear Full, Sm & Med Frm, GBL
1133377	L, DreamWear Full, Sm & Med Frm, GBL
1133378	MW, DreamWear Full, Sm & Med Frm
1133380	S, DreamWear Full, Med Frm W/ HGR
1133381	M, DreamWear Full, Med Frm W/ HGR
1133382	L, DreamWear Full, Med Frm W/ HGR, GBL
1133383	MW, DreamWear Full, Med Frm W/ HGR, GBL
1133385	S, DreamWear Full, Sm Frm W/ HGR, GBL
1133386	M, DreamWear Full, Sm Frm W/ HGR, GBL
1133387	L, DreamWear Full, Sm Frm W/ HGR, GBL
1133388	MW, DreamWear Full, Sm Frm W/ HGR, GBL
1133390	S, DreamWear Full, Lg Frm W/ HGR, GBL
1133391	M, DreamWear Full, Lg Frm W/ HGR, GBL
1133392	L, DreamWear Full, Lg Frm W/ HGR, GBL
1133393	MW, DreamWear Full, Lg Frm W/ HGR, GBL
1133395	DreamWear Full, Demo Pack
1133400	FitPack, DreamWear Full, Med Frame, GBL
1133401	DreamWear Full, Med Frm W/O HGR, GBL
1133405	S, DreamWear Full, Med Frm W/O HGR, GBL
1133406	M, DreamWear Full, Med Frm W/O HGR, GBL
1133407	L, DreamWear Full, Med Frm W/O HGR, GBL
1133408	MW, DreamWear Full, Med Frm W/O HGR, GBL
1133410	S, DreamWear Full, Sm Frm W/O HGR, GBL

Wisp and Wisp Youth	
Part Number	Description
1094050	WISP MASK, CLEAR FRAME, W/ HDGR, DOM
1094051	WISP MASK, FABRIC FRAME, W/MAG CLIPS DOM
1094053	WISP MASK, USA, FABRIC FRAME, W/ HDGR
1109298	WISP YOUTH MASK, FABRIC, W/MAG CLIPS DOM
1118060	P, WISP MASK, CLEAR FRAME, W/ HDGR, DOM
1118061	S/M, WISP MASK CLEAR FRAME, W/ HDGR DOM
1118062	L, WISP MASK, CLEAR FRAME, W/ HDGR, DOM
1118063	XL, WISP MASK, CLEAR FRAME, W/ HGR, DOM
1118064	P, WISP MASK, FABRIC FRAME, W/ HDGR,DOM
1118065	S/M, WISP MASK FABRIC FRAME W/ HDGR,DOM
1118066	L, WISP MASK, FABRIC FRAME, W/ HDGR,DOM
1118067	XL, WISP MASK, FABRIC FRAME W/ HGR, DOM
1120434	Wisp/DreamWisp Magnetic Headgear Clip,RP
1137360	Wisp Nasal Lab Mask, Fabric Frame, DOM
1137361	Wisp Nasal Lab Mask, Clear Frame, DOM
1137366	S/M, Wisp Lab Mask, Fabric Frame, DOM
1137367	L, Wisp Nasal Mask, Fabric Frame, DOM
1137368	S/M, Wisp Nasal Mask, Clear Frame, DOM
1137369	L, Wisp Nasal Mask, Clear Frame, DOM
1137370	COMBOPACK, WISP LAB MASK, DOM
1138989	P, WISP MASK,CLEAR FRAME, W/HDGR, 1118060
1138991	L, WISP MASK, CLEAR W/ HDGR, DOM, 1118062
1138992	XL,WISP MASK,CLEAR FRAME,W/ HGR,1118063
1138993	P, WISP MASK,FABRIC FRAME,W/HDGR,1118064
1138994	S/M,WISP MASK FABRICFRAME W/HDGR,1118065
1138995	L, WISP MASK,FABRIC FRAME,W/HDGR,1118066
1138996	XL,WISP MASK,FABRIC FRAME W/HGR, 1118067
1139009	S/M,WISPMASK CLEAR FRAME,W/ HDGR 1118061
1094051RTL	WISP MASK, FABRICFRM,W/MAG CLIPS DOM-RTL
1148366	DreamWisp/Wisp Magnetic Clips - RTL

DreamWisp Nasal Mask with Over the Nose Cushion	
Part #	Description
1137916	Fitpk DreamWisp Nsl, MED Con W/HGR GBL
1137918	FitPk DreamWisp Nsl, MED Con W/O HGR GBL
1137922	P, DreamWisp Nsl, Med Con W/O HGR GBL
1137923	S, DreamWisp Nsl, Med Con W/O HGR GBL
1137924	M, DreamWisp Nsl, Med Conn W/O HGR GBL
1137925	L, DreamWisp Nsl, Med Con W/O HGR GBL
1137926	XL, DreamWisp Nsl, Med Con W/O HGR GBL
1137927	P, DreamWisp NSL, SM CON, W/HGR, GBL
1137928	S, DreamWisp NSL, SM CON, W/HGR, GBL
1137929	M, DreamWisp NSL, SM CON, W/HGR, GBL
1137930	L, DreamWisp NSL, SM CON, W/HGR, GBL

1133411	M, DreamWear Full, Sm Frm W/O HGR, GBL
1133412	L, DreamWear Full, Sm Frm W/O HGR, GBL
1133413	MW, DreamWear Full, Sm Frm W/O HGR, GBL
1133415	S, DreamWear Full, Lg Frm W/O HGR, GBL
1133416	M, DreamWear Full, Lg Frm W/O HGR, GBL
1133417	L, DreamWear Full, Lg Frm W/O HGR, GBL
1133418	MW, DreamWear Full, Lg Frm W/O HGR, GBL
1133430	S, DreamWear Full Cushion, RP
1133431	M, DreamWear Full Cushion, RP
1133432	L, DreamWear Full Cushion, RP
1133433	MW, DreamWear Full Cushion, RP
1133434	SW, DreamWear Full Cushion, RP
1133450	DreamWear Full Headgear, RP
1133454	Headgear Magnet Clip, RP
1137430	Fitpack, DreamWear Full Lab,Med Frm, DOM
1137431	Ext Sizepack,DreamWear Full Lab Msk, DOM
1137437	S, DreamWear Full Lab Msk,Med Frame, DOM
1137438	S, DreamWear Full Lab Mask,Sm Frame, DOM
1137439	M, DreamWear Full Lab Msk,Med Frame, DOM
1137440	COMBOPACK, DREAMWEAR FULL LAB MASK
1140235	S, DreamWear Full, Med Frm W/ HGR, USA
1143130	FitPack, DreamWear Full, Med Frame, USA
1144347	DreamWear Full Headgear - Lab, RP
1146593	S, DreamWear Full Cushion, RP - RTL
1146594	M, DreamWear Full Cushion, RP - RTL
1146595	L, DreamWear Full Cushion, RP - RTL
1146596	MW, DreamWear Full Cushion, RP - RTL
1146597	DreamWear Full Headgear, RP - RTL
1148363	DreamWear Full Face Magnet Clip - RTL
1133375RTL	DreamWear Mask, S. Cushion w/ Frame (S&M)
1133376RTL	DreamWear Mask, M. Cushion w/ Frame (S&M)
1133377RTL	DreamWear Full Face Mask Kit, L. Cushion
1133378RTL	DreamWear Full Face Mask Kit, M. Wide Cushion
1133430RTL	S, DREAMWEAR FULL CUSHION, RP-RTL
1133431RTL	M, DREAMWEAR FULL CUSHION, RP-RTL
1133432RTL	DreamWear Full Face Cushion, Large
1133433RTL	DreamWear Full Face Cushion, Med. Wide

1137931	XL, DreamWisp NSL, SM CON, W/HGR, GBL
1137932	P, DreamWisp Nsl, Med Con, W/HGR, GBL
1137933	S, DreamWisp Nsl, Med Con, W/HGR, GBL
1137934	M, DreamWisp Nsl, Med Con, W/HGR, GBL
1137935	L, DreamWisp Nsl, Med Con, W/HGR, GBL
1137936	XL, DreamWisp Nsl, Med Con, W/HGR, GBL
1137953	LABPK DreamWisp ALL CON S/M/L CUSH W/HGR
1137954	P/XL LABPK DreamWisp LAB PACK, S/L con
1137955	Combo LabPK DreamWisp
1137964	DreamWisp HEADGEAR, RP
1137965	DreamWisp LARGE HEADGEAR, RP
1137966	DreamWisp RS HEADGEAR, RP
1144344	DreamWisp RS HEADGEAR-Lab, RP
1144345	DreamWisp LARGE HEADGEAR-Lab, RP
1144346	DreamWisp HEADGEAR - Lab, RP
1144502	FitPack, DreamWisp, USA
1148409	DreamWisp Headgear (RS)- RTL
1148410	DreamWisp HEADGEAR, RP- RTL
1148411	DreamWisp LARGE HEADGEAR, RP- RTL
1137916RTL	FITPK DREAMWISP NSL, MED CON W/HGR -RTL

Therapy Mask 3100 NC/SP	
Part #	Description
1144608	Therapy Msk 3100 NC, fitpack, w/HGR, GBL
1144610	Therapy Msk 3100 SP, fitpack, w/HGR, GBL
1145044	XS, Therapy Mask 3100 NC, w/oHGR, GBL
1145045	S, Therapy Mask 3100 NC, w/oHGR, GBL
1145046	M, Therapy Mask 3100 NC, w/oHGR, GBL
1145047	L, Therapy Mask 3100 NC, w/oHGR, GBL
1145048	MW, Therapy Mask 3100 NC, w/oHGR, GBL
1145055	XS, Therapy Mask 3100 SP, w/oHGR, GBL
1145056	S, Therapy Mask 3100 SP, w/oHGR, GBL
1145057	M, Therapy Mask 3100 SP, w/oHGR, GBL
1145058	L, Therapy Mask 3100 SP, w/oHGR, GBL
1145059	MW, Therapy Mask 3100 SP, w/oHGR, GBL
1145060	Therapy Mask 3100 NC-SP, demopack, GBL
1145061	Therapy Msk 3100 NC, lab fitpack, single
1145062	Therapy Msk 3100 SP, lab fitpack, single
1145063	Therapy Mask 3100 NC-SP, lab combo, GBL
1145064	XS, Therapy Mask 3100 NC, cushion, RP
1145065	S, Therapy Mask 3100 NC, cushion, RP
1145066	M, Therapy Mask 3100 NC, cushion, RP
1145067	L, Therapy Mask 3100 NC, cushion, RP
1145068	MW, Therapy Mask 3100 NC, cushion, RP
1145069	XS, Therapy Mask 3100 SP, cushion, RP
1145070	S, Therapy Mask 3100 SP, cushion, RP
1145071	M, Therapy Mask 3100 SP, cushion, RP
1145072	L, Therapy Mask 3100 SP, cushion, RP

1145073	MW, Therapy Mask 3100 SP, cushion, RP
1145074	Therapy Mask 3100 NC-SP, frame, RP
1145459	XS, Therapy Mask 3100 NC, w/HGR, GBL
1145460	S, Therapy Mask 3100 NC, w/HGR, GBL
1145461	M, Therapy Mask 3100 NC, w/HGR, GBL
1145462	MW, Therapy Mask 3100 NC, w/HGR, GBL
1145463	L, Therapy Mask 3100 NC, w/HGR, GBL
1145464	XS, Therapy Mask 3100 SP, w/HGR, GBL
1145465	S, Therapy Mask 3100 SP, w/HGR, GBL
1145466	M, Therapy Mask 3100 SP, w/HGR, GBL
1145467	MW, Therapy Mask 3100 SP, w/HGR, GBL
1145478	L, Therapy Mask 3100 SP, w/HGR, GBL
1145916	Therapy Mask 3100 NC, lab fitpack, GBL
1145917	Therapy Mask 3100 SP, lab fitpack, GBL

URGENT MEDICAL DEVICE CORRECTION BUSINESS RESPONSE FORM

Reference: 2022-CC-SCR-001

Instructions: Complete and return all pages of this form within 30 days and return it to Philips Respironics RS North America LLC via email to: pms.fac@philips.com.

Customer Name: _____

Street Address: _____

City/Postal Code/Country: _____

We acknowledge:

1. Receipt and understanding of the accompanying DME/Distributor/Prescriber Urgent Medical Device Correction Letter, and confirm that the letter has been provided to all those who need to be aware within your organization and to any organizations where the affected devices have been transferred.
2. Receipt of the patient version of the Urgent Medical Device Correction Letter and FAQs document, and confirm that these documents have been provided to all patients using the affected devices.

Name of person completing this form:

Signature: _____

Printed Name: _____

Title: _____

Telephone Number: _____

Email Address: _____

Date (DD/MM/YYYY): _____