# Boston Scientific: COGNIS Implantable Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and TELIGEN DR \& VR Implantable CardioveterDefibrillators (ICDs) ( 10 October 2014 Addendum) 

## Link to ANZCDACC Advisory Notice from 5 September 2013

In addition to the original advisory below

# Device: Boston Scientific: COGNIS Implantable Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and TELIGEN DR \& VR Implantable CardioveterDefibrillators (ICDs) Manufactured prior to December 2009 

Advisory Grade TGA: Class I Hazard Alert (All Devices Implanted)
ANZDACC Advisory Grade: Semi Urgent

## Boston scientific has included

Device: Boston Scientific: COGNIS Implantable Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and TELIGEN DR \& VR Implantable CardioveterDefibrillators (ICDs) Manufactured prior to March 2010

This is an additional 27,300 active devices that may exhibit diminished LV capacitor performance at a rate that is similar to the August 2013 advisory population (approximately $0.67 \%$ or 1 in 150).

Boston Scientific has projected cumulative rate of occurrence for LV capacitor malfunction within the total advisory population is approximately $2.9 \%$ at 60 months and the potential for life-threatening harm from loss of therapy is estimated to be less than 1 in 125,000 ( $0.0008 \%$ ) at 60 months.

Boston scientific also provides a software upgrade to enable detection of the advisory. All patients in this device cohort should have this upgrade at next follow-up but within 3 months of their notification in September 2014.

Our advice remains unchanged from the previous advisory notice. See below.
Presentation: Advisory presents with "beeping" of device or safety alerts or battery at ERI (prematurely).

Advice: All devices with this problem should be replaced. Otherwise surveillance is satisfactory. Usual in office follow-up (3-6 monthly) is sufficient and it is strongly advised to place patients with these devices on home monitoring.

## Letter from Boston Scientific available here.

