SYNTHES®

AUG 1 7 2000

K001793

Attachment VI

Summary of Safety and Effectiveness Information
[510(k) Summary]

SUBMITTER	Synthes (USA) 1690 Russell Road Paoli, PA 19301 (610) 647-9700 Contact: Angela J. Silvestri
DEVICE NAME:	Synthes Scalloped Distal Tibia Plates
COMMON OR USUAL NAME	Appliance, Fixation, Nail/Blade/Plate Combination, Single Component;
DEVICE CLASSIFICATION:	Class II, 21 CFR 888.3030
PREDICATE DEVICE:	DePuy Ace TiMAX Medial Pilon Plate
DESCRIPTION:	Synthes Scalloped Distal Tibia Plate has a scalloped plate design, is available in lengths ranging from 72 - 264 mm and accepts 3.5 mm cortical and 4.0 mm cancellous screws. The head of the plate includes a hole for a suture, if necessary.
INTENDED USE:	Synthes Scalloped Distal Tibia Plate is intended for fractures of the distal tibia, including pilon fractures (distal tibial intra-articular fractures), high medial malleolar fractures, and low boot type rotational distal extra-articular tibial fractures.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

AUG 1 7 2000

Ms. Angela J. Silvestri
Manager, Regulatory Affairs
Synthes (USA)
1690 Russell Road
P.O. Box 1766
Paoli, Pennsylvania 19301

Re: K001793
Trade Name: Synthes Scalloped Distal Tibia Plate
Regulatory Class: II
Product Code: LXT
Dated: June 13, 2000
Received: June 14, 2000

Dear Ms. Silvestri:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597, or at its Internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Donna R. Bochner

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative and
Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

SYNTHES®

2.0 Indications for Use Statement

510(k) Number (if known): K001793

Device Name: Synthes Scalloped Distal Tibia Plate

Indications For Use:

Synthes Scalloped Distal Tibia Plate is intended for fractures of the distal tibia, including pilon fractures (distal tibial intra-articular fractures), high medial malleolar fractures, and low boot type rotational distal extra-articular tibial fractures.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter Use _____
(Per 21 CFR 801.109)

Donna R. Lochner
(Division Sig
Division of G ...storative Devices
510(k) Numbe K001793