NOV - 5 1999

K993459

Advanced UroScience, Inc.

**Attachment 4**

# 510(k) Summary

**Submitter's Name, Address, and Date of Submission**

Karen E. Peterson
Vice President of Regulatory, Clinical, & QA
Advanced UroScience, Inc.
1290 Hammond Road
St. Paul, MN 55110

Phone: 651-653-8512
Fax: 651-407-1975

Submitted: October 12, 1999

**Device Name**

| | |
|---|---|
| Trade Name: | [trade name] |
| Classification Name: | Surgical Mesh, 21 CFR 878.3300 |
| Common/Usual Name: | Surgical Mesh |

**Predicate Device**

Brennen Biosynthetic Surgical Mesh Matrix (K982403)

**Indication for Use**

For use in the treatment of hernias where the connective tissue has ruptured or as a sling material to support the repositioning and support of the bladder neck for female urinary incontinence resulting from urethral hypermobility or sphincter deficiency.

**Device Description**

[Trade name] is a sterile, processed and treated porcine skin, which is intended for use in the reconstruction of soft tissue deficiencies.

**Technological Characteristics and Performance**

The technological characteristics are the same as or equivalent to the predicate device. Biocompatibility and bench testing has demonstrated that the device is safe and effective and that its performance is substantially equivalent to the predicate device.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV - 5 1999

Ms. Karen E. Peterson
Vice President, Regulatory, Clinical, and
Quality Affairs
Advanced UroScience, Inc.
1290 Hammond Road
Saint Paul, Minnesota 55110

Re: K993459
Trade Name: Surgical Mesh Matrix
Regulatory Class: II
Product Code: FTM
Dated: October 12, 1999
Received: October 13, 1999

Dear Ms. Peterson:

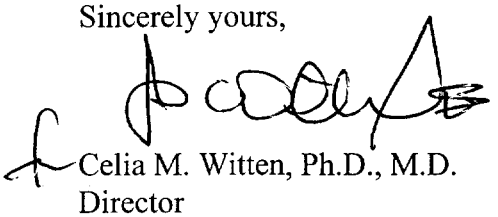
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of 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 controls provisions of the Act. The general controls 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) 594-4595. 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 (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,



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

Enclosure

**Attachment 2**

# Indications for Use Statement

510(k) Number (if known) K993459

**Device Name** **Advanced UroScience [trade name]**
Surgical Mesh Matrix

**Indications for Use**

For use in the treatment of hernias where the connective tissue has ruptured or as a sling material to support the repositioning and support of the bladder neck for female urinary incontinence resulting from urethral hypermobility or sphincter deficiency.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓
(Per 21 CFR 801.109

OR

Over the Counter Use_____

(Optimal Format 1-2-96)

**(Division Sign-Off)**
**Division of General Restorative Devices**
**510(k) Number** K993459