

K971201

ENCLOSURE I
510(k) SUMMARY AND SAFETY AND EFFECTIVENESS

JUN - 3 1997

SUBMITTER: United States Surgical Corporation
150 Glover Avenue
Norwalk, CT 06856

CONTACT PERSON: Victor Clavelli

DATE PREPARED: May 21, 1997

CLASSIFICATION: Procedure Kit

COMMON NAME: Lymphatic Mapping Kit

PROPRIETARY NAME: Not yet determined

PREDICATE DEVICES: AUTO SUTURE* Premium SURGICLIP*
Standard Hyperdermic Needle
Standard Syringe with LuerLock
Standard Sterile Marking Pen
Standard Surgical Ruler
DRUG-Lymphazurin Blue

KIT DESCRIPTION: The Kit consists of 5 devices and a drug (see predicate device list) which are packaged together in accordance with their existing labeling and indications for use in lymphatic mapping procedures.

INTENDED USE: The AUTO SUTURE* ILM** Procedure Kit has application in the surgical mapping of the lymphatic system.

MATERIALS: All of the device contained within this kit are currently marketed instruments which are composed entirely of biocompatible materials which are in compliance with ISO 10993-1 for their intended patient contact profile.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Victor Clavelli
Senior Associate, Regulatory Affairs
United States Surgical Corporation
150 Glover Avenue
Norwalk, Connecticut 06856

JUN - 3 1997

Re: K971201
Trade Name: Auto Suture* ILM** Kit
Regulatory Class: Class II
Product Code: FZP
Dated: March 31, 1997
Received: April 1, 1997

Dear Mr. Clavelli:

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 (the Act). You may, therefore, market the device, subject to the general controls provisions of Act. However, you are responsible to determine that the medical devices you use as components in the kit have either been determined as substantially equivalent under the premarket notification process (Section 510(k) of the act), or were on the market prior to May 28, 1976, the enactment date of the Medical Device Amendments. Please note: If you purchase your device components in bulk (i.e., unfinished) and further process (e.g., sterilize) you must submit a new 510(k) before including these components in your kit. 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 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 Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, FDA will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, the Food and Drug Administration (FDA) may publish further announcements concerning your

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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.

In addition, we have determined that your device kit contains Lymphazurin which is subject to regulation as a drug.

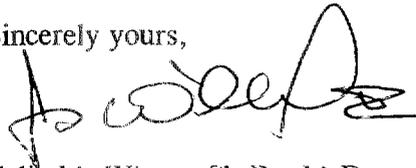
Our substantially equivalent determination does not apply to the drug component of your device. We recommend you first contact the Center for Drug Evaluation and Research before marketing your device with the drug component. For information on applicable Agency requirements for marketing this drug, we suggest you contact:

Director, Division of Drug Labeling Compliance (HFD-310)
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857
(301) 594-0063

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 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. 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,



f 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

K971201

ENCLOSURE II
INDICATIONS FOR USE

510(k) Number (if known): K971201

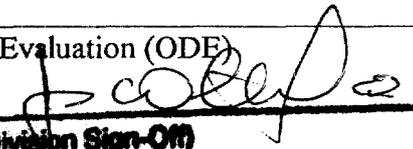
Device Name: AUTO SUTURE* ILM** Procedure Kit

Indications For Use:

The AUTO SUTURE* ILM** Procedure Kit is indicated for use in lymphatic mapping.

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Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K971201

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