

JUL 13 1998

K98/798

510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

SUBMITTER: Biomet, Inc.
Airport Industrial Park
P. O. Box 587
Warsaw IN 46580-0587

Contact Person: Julie K. Ryan

Product Code: 87HWC

Device Name: LactoSorb® Pop Rivet

The LactoSorb® Pop Rivet are indicated for use in soft tissue reattachment in the following shoulder procedures:

1. instability repairs in the shoulder (Bankart procedures)
2. SLAP lesion repair
3. Acromio-clavicular separation repairs
4. Rotator cuff repairs
5. Capsular shift or capsulolabral reconstructions
6. Biceps tenodesis
7. Deltoid repair

The LactoSorb* Pop Rivets are composed of bioresorbable and biocompatible polymers that have been used in surgical procedures for years. LactoSorb* resorbable copolymer is a synthetic polyester derived from lactic and glycolic acids. Polylactic/polyglycolic acid copolymer degrades and resorbs IN VIVO by hydrolysis to lactic and glycolic acids which are then metabolized by the body. In animal studies LactoSorb* has been found to be biocompatible in both soft tissue and bone tissue.

The use of this device in the shoulder indications listed above does not raise any new types of safety and effectiveness when compared to the predicate device.



JUL 13 1998

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Julie K. Ryan
Regulatory Specialist
Biomet, Inc.
P.O. Box 587
Warsaw, Indiana 46581-0587

Re: K981798
LactoSorb® Pop Rivet
Regulatory Class: II
Product Codes: JDR, MAI, and HRX
Dated: May 20, 1998
Received: May 21, 1998

Dear Ms. Ryan:

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.

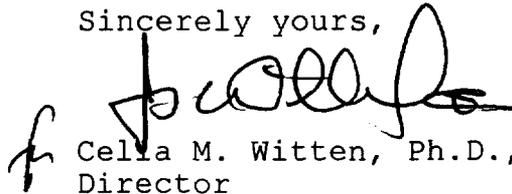
If your device is classified (see above) into either class II (Special Controls) or class III (Pre-market Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially 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.

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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 (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

510(k) NUMBER (IF KNOWN): K981798

DEVICE NAME: LactoSorb* Pop Rivet

INDICATIONS FOR USE:

The LactoSorb* Pop Rivets are indicated for use in soft tissue reattachment in the following procedures:

1. instability repairs in the shoulder (Bankart Procedures)
2. SLAP lesion repair
3. Acromio-clavicular separation repairs
4. Rotator cuff tear repairs
5. Capsular shift or capsulobral reconstructions
6. Biceps Tenodesis
7. Deltoid repairs

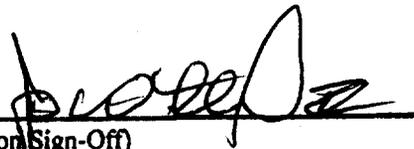
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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X
(Per 21 CFR 801.109)

OR

Over-The-Counter-Use _____
(Optional Format 1-2-96)


(Division Sign-Off)
Division of General Restorative Devices

510(k) Number K981798

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