

2/23/99

K984220

## SECTION 7

## SUMMARY OF SAFETY AND EFFECTIVENESS

**510(k) Summary of  
Safety and Effectiveness**


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Information supporting claims of substantial equivalence, as defined under the Federal Food, Drug and Cosmetic Act, respecting safety and effectiveness is summarized below. For the convenience of the Reviewer, this summary is formatted in accordance with the Agency's final rule "...510(k) Summaries and 510(k) Statements..." (21 CFR 807) and can be used to provide a substantial equivalence summary to anyone requesting it from the Agency.

MODIFIED DEVICE NAME: PROLENE\* (Polypropylene)  
Hernia System

PREDICATE DEVICE NAME: PROLENE\* (Polypropylene)  
Hernia System

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**510(k) SUMMARY****Device Description**


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The PROLENE Hernia System is a sterile, pre-shaped three dimensional device constructed of an onlay patch connected by a cylinder to a circular or oblong underlay patch. The material is undyed PROLENE\* Polypropylene mesh constructed of knitted non-absorbable polypropylene filaments identical to that used in PROLENE\* Polypropylene nonabsorbable surgical sutures, U.S.P (ETHICON, Inc.). This material, when used as a suture, has been reported to be nonreactive, and to retain its strength indefinitely in clinical use.

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**Intended Use**

The PROLENE Hernia System is intended to be used for the repair of abdominal wall hernia defects.

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PROLENE\* (Polypropylene) Hernia System  
ETHICON, Inc.

**SUMMARY OF SAFETY AND EFFECTIVENESS, Continued**

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**510(k) SUMMARY, Continued**

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**Indications Statement**

The PROLENE Hernia System is indicated for the repair of abdominal wall hernia defects.

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**Technological Characteristics**

The modified device has identical technological characteristics to the predicate device.

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**Performance Data**

Nonclinical laboratory testing was not performed.

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**Conclusions**

Based on the 510(k) summaries and 510(k) statements (21 CFR 807) and the information provided herein, we conclude that the new device is substantially equivalent to the Predicate Device under the Federal Food, Drug, and Cosmetic Act.

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**Contact**

Gregory R. Jones  
Director, Regulatory Affairs  
ETHICON, Inc.  
Rt. #22, West  
Somerville, NJ 08876-0151

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**Date**

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FEB 23 1999

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Gregory R. Jones  
Director, Regulatory Affairs  
Ethicon, Inc.  
Route 22 West  
Somerville, New Jersey 08876

Re: K984220  
Trade Name: PROLENE\* (Polypropylene) HERNIA SYSTEM  
Regulatory Class: II  
Product Code: FTL  
Dated: November 24, 1998  
Received: November 25, 1998

Dear Mr. Jones:

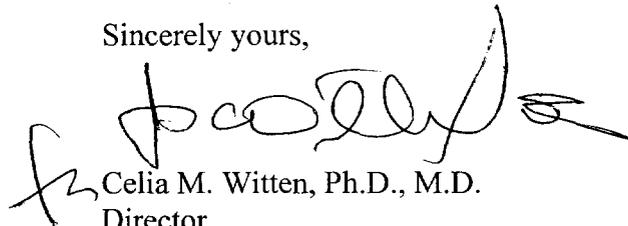
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of 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.

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,

A handwritten signature in black ink, appearing to read 'Celia M. Witten', with a stylized flourish at the end.

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

**K984220**

**INDICATION FOR USE**

510(k) Number (if known): K984220

Device Name: PROLENE\* (Polypropylene) HERNIA SYSTEM.

Indications for Use: The PROLENE (Polypropylene) Hernia System is indicated for the repair of abdominal wall hernia defects.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

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

[Signature]  
(Division Sign-Off)  
Division of General Restorative Devices K984220  
510(k) Number K984220

(Optional Format 1-2-9G)