DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 12 1999

Mr. Ted Hartley
FDA Correspondent
ScarEase, Inc.
P.O. Box 500356
Poway, California 92150-0356

Re: K984115
Trade Name: ScarEase and ScarEase Adhesive Gel
Regulatory Class: Unclassified
Product Code: MDA
Dated: November 6, 1998
Received: November 17, 1998

Dear Mr. Hartley :

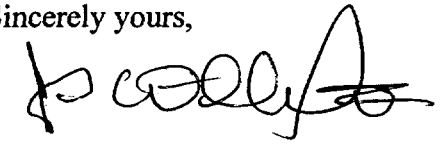
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of 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 your device subject to the general control provisions of the Federal Food, Drug, and Cosmetic Act (Act). Please note: If you purchase your device components in bulk (i.e., unfinished) and further process them (e.g., sterilize), you must submit a new 510(k) before including these components in your kit. The general control provisions of the Act include requirements for 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 (CFR), Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practices (GMP) for Medical Devices: General GMP regulation (21 CFR Part 820) and that, through periodic GMP 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

K984115 Page 1 of

510(k) NUMBER (IF KNOWN) K984115

DEVICE NAME: ScarEase & ScarEase Adhesive Gel

INDICATIONS FOR USE:

- ScarEase is indicated for use in the management of hypertrophic and keloid scars.
- ScarEase is effective in the management of hypertrophic and keloid scars.
- Consistent use of ScarEase can reduce hypertrophic and keloid scarring.
- If used following surgical procedures, ScarEase may prevent hypertrophic and keloid scarring.

(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 X
(Per 21 CFR 801.109) (Optional Format 1-2-96)

(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K984115