

T.CAD International
991001/MG-510(k)
NYLON

SECTION III

510(K) Summary of Safety and Effectiveness

This summary of safety and effectiveness information is being submitted in accordance with the requirements of the Safe Medical Devices Act (SMDA) of 1990 and Title 21 CFR §807.92

A. Applicant & Submitted By:

Trading Consultants And Distributors International Inc.
(T.CAD International)
157 WindDance Dr.
Chicago, IL 60046-6681
Telephone: (847) 265-7676
Fax : (847) 265- 7686

Contact Person: Main M. Ghazal, President
Date Prepared: October 1st 1999.

B. Device Name:

- a. Trade Name: NYLON
- b. Common or Usual Name: Polyamide Surgical Suture
- c. Classification Name: Nonabsorbable Polyamide Surgical Suture
(Per 21CFR878.5020)

C. Predicate Device:

DERMALON® Non-Absorbable Polyamide Surgical Sutures of Davis & Geck
Ethilon® Nonabsorbable Polyamide Surgical Suture (Ethicon, Inc.)

D. Device Description:

NYLON is a nonabsorbable sterile surgical suture composed of the long-chain aliphatic polymers Nylon 6 and/or Nylon 6,6.
NYLON meets all requirements established by the United States Pharmacopeia (USP) for Nonabsorbable Surgical Suture. Offered as monofilament in form, it maybe offered coated or uncoated, undyed and dyed with an appropriate FDA listed color additive, D&C Blue No. 2. (21CFR74.3102) or Logwood extract, C.I. Natural Black 1. (21CFR74.1410). NYLON will be offered with or without standard needles attached.

E. Intended Use:

NYLON is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

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F. Comparison to Predicate Device:

	NYLON	Predicate Device
Intended Use	General soft tissue approximation and /or ligation, including use in cardiovascular, ophthalmic and neurological procedures.	General soft tissue approximation and /or ligation, including use in cardiovascular, ophthalmic and neurological procedures.
Suture Material	L-chain aliphatic polymers Nylon 6 and/or Nylon 6,6.	L-chain aliphatic polymers Nylon 6 and/or Nylon 6,6.
Suture Characteristics	Not absorbed, progressive degradation of the nylon <u>in vivo</u> may result in gradual loss of all of the suture's tensile strength over time.	Not absorbed, progressive degradation of the nylon <u>in vivo</u> may result in gradual loss of all of the suture's tensile strength over time.
Sterilization Method	Gamma Irradiation	Same or equivalent method.
How Supplied	Monofilament thread, coated or uncoated, undyed or dyed with an FDA listed color additive. Sterile and offered for Single Use Only. Available with or without surgical needle.	Same of equivalent manner. Monofilament, uncoated, undyed or dyed with the same FDA listed colorants (Blue or Black). Available with or without needles.
Suture Diameter, Suture Length, Knot Pull Tensile Strength and Needle Attachment Strength	Meet U.S.P. Requirements	Meet U.S.P. Requirements
Packaging	Dry packaged in Aluminum Foil and Polyester tear open packaging.	Same or equivalent manner
Labeling	In conformance with CDRH instructions of the "Medical Device Quality Manual" dated December 1996. Package Inserts in accordance with the FDA Guidance documents "Alternate Suture Labeling" Resulting from the January 11 th 1993 meeting with HIMA, reformatted on December 17 th 1997.	Same

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G. Clinical & Non-Clinical Testing:

Non-Clinical Testing was conducted on the subject device to prove conformance to the requirements of U.S.P. standards and to demonstrate substantial equivalence to the predicate device. Physical properties and functionality testing assured the safety and effectiveness of the subject device within its intended uses. Results of the non-clinical testing demonstrate conformance with the U.S.P. standards and requirements for Absorbable surgical suture.

Clinical Testing: Not available at the present time.

H. Conclusion:

Based on the detailed device description, the intended use of the device, the technological characteristics and physical properties of the device, performance testing and conformance with voluntary performance standards like:

- a. United States Pharmacopeia Standards.
- b. ISO 9002, EN 46002 & EN 552 Standards
- c. FDA Guidance documents "Alternate Suture Labeling" Resulting from the January 11th 1993 meeting with HIMA,

T.CAD International believes that the subject device demonstrates a substantial equivalence to the predicate device.



FEB 4 2000

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Main M. Ghazal
Trading Consultants and Distributors International, Inc.
157 WindDance Drive
Chicago, Illinois 60046-6681

Re: K993998
Trade Name: Nylon
Regulatory Class: II
Product Code: GAR
Dated: November 22, 1999
Received: November 24, 1999

Dear Mr. Ghazal:

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 that were regulated as transitional devices and that have been reclassified into class II. Notice of this reclassification was published in the Federal Register on Friday, May 31, 1991 (Vol. 56, No. 105, Pages 24684 and 24685). A copy of this Federal Register can be obtained by calling the Division of Small Manufacturers Assistance (DSMA) at (800) 638-2041 or (301) 443-6597. You may, therefore, market the device, subject to the general controls provisions of the Federal Food, Drug, and Cosmetic Act (Act) and the following limitations:

1. The Nylon Surgical Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.
2. This device may not be manufactured from any long chain aliphatic polymers other than nylon 6 and/or nylon 6,6. In addition, you must maintain documentation at your premises regarding vendor certification for raw or semiprocessed source material, all manufacturing and quality control release procedures, and validation of sterilization procedures used in the manufacture of the Nylon surgical suture. Any deviation of the source material or processing as described in this 510(k) notification requires submission of a new premarket notification and Food and Drug Administration (FDA) clearance prior to commercial distribution of the modified device.

The sale, distribution and use of this device are restricted to prescription use in accordance with 21 CFR 801.109.

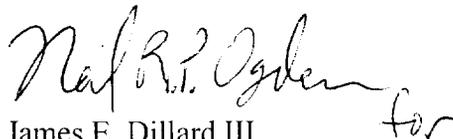
The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practices, labeling, and prohibition against misbranding and adulteration.

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) 594-4595. 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 that reads "Neil R. Ogden" followed by a small "for" written below the signature.

James E. Dillard III
Acting Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K993998

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SECTION II

Statement of indication for use

Device Name: NYLON

510(k) Number:

Indication for use:

NYLON is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

(PLEASE DO NOT WRITE BELOW THE LINE - CONTINUE ON ANOTHER PAGE IF NECESSARY)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-the-Counter Use _____
(Per 21CFR 801.109)

7/10 for J2D

(Division Sign-Off)

Division of General Restorative Devices

510(k) Number

K993998