

## 510(k) Summary

SEP - 8 2011

**Submitter:** Coloplast A/S

**Address** Holtedam 1  
3050 Humlebaek, Denmark

**Company Contact:** Tim Crabtree  
Regulatory Affairs Manager  
612.302.4922

**Date Prepared:** August 15, 2011

**Device Name:** Exair<sup>®</sup> Anterior and Posterior Prolapse Repair System

**Common Name:** Surgical mesh

**Classification Name:** Surgical mesh, polymeric

**Classification:** 21 CFR §878.3300

**Product Code:** OTP

**Predicate Devices:** *Exair* Anterior and Posterior Prolapse Repair System  
(K083499)

**Description of Device:** The *Exair* Anterior and Posterior Prolapse Repair System is composed of NovaSilk mesh precut into shape with an enlarged or elongated body with four appendages extending out from the main body. The mesh arms for both *Exair* Anterior and Posterior Prolapse Repair Systems are sleeved in 2-mil thick polypropylene to facilitate arm implantation and positioning; sleeves are removed after proper placement of the implant is achieved. The system instrumentation includes a hollow introducer used to create a passage through the tissues and facilitate placement of the mesh arms, and four (4) anterior or two (2) posterior retrievers used to guide the mesh arms in place the tissues for positioning and fixating the mesh body. The system provided sterile and for single use only.

**Intended Use:** The Coloplast *Exair* Anterior and Posterior Prolapse Repair Systems are indicated for tissue reinforcement and long-lasting stabilization of fascial structures of the pelvic floor in vaginal wall prolapse where surgical treatment is intended, either as mechanical support or bridging material for the fascial defect.

**Comparison of Technological Characteristics:** The proposed changes in this submission do not affect the materials, design, components or technological features of the *Exair* Anterior and Posterior Prolapse Repair System. .

**Substantial Equivalence:** The changes cited in this submission do not affect substantial equivalence established in the original submission.



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room –WO66-G609  
Silver Spring, MD 20993-0002

Coloplast A/S  
% Mr. Tim Crabtree  
Regulatory Affairs Manager  
Coloplast Corp.  
1601 West River Road N  
MINNEAPOLIS MN 55411

SEP 28 2012

Re: K112386

Trade/Device Name: Exair® Anterior and Posterior Prolapse Repair System  
Regulation Number: 21 CFR§ 878.3300  
Regulation Name: Surgical mesh  
Regulatory Class: II  
Product Code: OTP  
Dated: August 17, 2011  
Received: August 18, 2011

Dear Mr. Crabtree:

This letter corrects our substantially equivalent letter of September 8, 2011.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate 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) that do not require approval of a premarket approval (PMA). 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 (PMA), 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 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

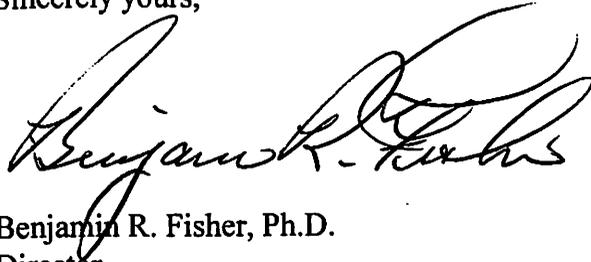
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Benjamin R. Fisher". The signature is fluid and cursive, with the first name being the most prominent.

Benjamin R. Fisher, Ph.D.

Director

Division of Reproductive, Gastro-Renal,  
and Urological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

**Indications for Use Statement**

510(k) Number (if known): K112386

**Device Name:** Exair® Anterior and Posterior Prolapse Repair System

**Indications for Use:** The Coloplast *Exair* Anterior and Posterior Prolapse Repair Systems are indicated for tissue reinforcement and long-lasting stabilization of fascial structures of the pelvic floor in vaginal wall prolapse where surgical treatment is intended, either as mechanical support or bridging material for the fascial defect.

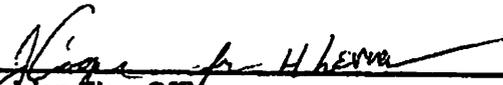
Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

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

---

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Reproductive, Gastro-Renal, and  
Urological Devices  
510(k) Number K112386