

MAY 03 2013

**510(k) SUMMARY**

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|------------------------------------|---|
| Submitter                          | Safe Orthopaedics<br>Parc des Bellevues<br>Allée R. Luxembourg - Le Californie<br>95610 Eragny sur Oise - France  |
| Contacts                           | Pierre DUMOUCHEL <a href="mailto:p.dumouchel@safeorthopaedics.com">p.dumouchel@safeorthopaedics.com</a><br>Regulatory contact :<br>Isabelle Drubaix <a href="mailto:idee-consulting@nordnet.fr">idee-consulting@nordnet.fr</a><br>+33 (0) 3 21 05 64 23 |
| Trade Name                         | Sterispine™ PS Pedicle Screw  |
| Common Name<br>Classification Name | Pedicle screw spinal system   |
| Product code                       | MNI, MNH, KWP, NKB  |
| CFR section                        | 888.3070  |
| Class                              | III   |
| Classification Panel               | Orthopedic  |
| Legally marketed predicate device  | Sterispine™ PS Pedicle Screw K112453 and K121299<br>Manufactured by SAFE ORTHOPAEDICS   |
| SPECIAL 510k                       | Modification to Sterispine™ PS Pedicle Screw system   |
| e-copy Statement                   | The eCopy is an exact duplicate of the paper copy   |

Description:

SteriSpine™PS system includes Pedicle Screws and Rods. Components of SteriSpine™PS system are made of Titanium Ta6V Eli grade conforming to ASTM F136. SteriSpine™PS components are supplied sterile with a single-use set of surgical instruments. Components added within this submission include multi-axial pedicle screws with extended head and associated instruments.

Indications for use:

The SteriSpine™PS system is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion. SteriSpine™PS System is intended for posterior, non-cervical pedicle and non-pedicle fixation for the following indications: degenerative disc disease (DDD) (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma (i.e., fracture or dislocation); spinal stenosis; tumor; pseudoarthrosis; and failed previous fusion.

Performance data:

SteriSpine™PS conforms to special control established for Pedicle screw spinal system and to « Spinal System 510(k)s - Guidance for Industry and FDA Staff Document » issued on: May 3, 2004.

Mechanical testing was conducted per ASTM F1717 Standard Test Methods for Spinal Implant Constructs in a Vertebrectomy Model and ASTM F1798 Standard Guide for Evaluating the Static and Fatigue Properties of Interconnection Mechanisms and Subassemblies Used in Spinal Arthrodesis Implants. Testing according to ASTM F1717 includes Static Compression, Static Torsion and Dynamic Compression. Testing according to ASTM F1798 includes Static slipping, Static bending and Static rotation.

Results demonstrate comparable mechanical properties to the predicate device. Cadaver testing performed to validate the instrumentation have been presented. No additional testing has been performed for the added components. Clinical data from a review of the literature has been presented in the class III summary.

Substantial equivalence:

The extended range of SteriSpine™PS system is substantially equivalent to its predicate devices SteriSpine™PS system (K112453, K121299) in terms of intended use, material, design, mechanical properties and function.

Verification Activity and Validation Activity demonstrate that components added to SteriSpine™PS system are as safe, as effective, and performs at least as safely and effectively as predicate SteriSpine™PS system.

2013, February 28th



May 3, 2013

Safe Orthopaedics  
% Mr. Pierre Dumouchel  
Parc des Bellevues  
Allée R. Luxembourg – Le Califormie  
95610 Eragny sur Oise - FRANCE

Re: K130632

Trade/Device Name: Sterispine™ PS (Pedicule Screw) System  
Regulation Number: 21 CFR 888.3070  
Regulation Name: Pedicle screw spinal system  
Regulatory Class: Class III  
Product Code: NKB, MNI, MNH, KWP  
Dated: April 3, 2013  
Received: April 5, 2013

Dear Mr. Dumouchel:

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 application (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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

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

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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 contact 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>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 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,

**Erin D. Keith**

Mark N. Melkerson  
Director  
Division of Orthopedic Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**INDICATIONS FOR USE**

510(k) Number (if known):           K130632          

Device Name: SteriSpine™PS

Indications for Use:

The SteriSpine™PS system is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion.

SteriSpine™PS System is intended for posterior, non-cervical pedicle and non-pedicle fixation for the following indications: degenerative disc disease (DDD) (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma (i.e., fracture or dislocation); spinal stenosis; tumor; pseudoarthrosis; and failed previous fusion.

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| Prescription Use <input checked="" type="checkbox"/> | AND/OR | Over-The-Counter Use <input type="checkbox"/> |
| (Part 21 CFR 801 Subpart D)                          |        | (21 CFR 801 Subpart C)                        |

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Concurrence of CDRH, Office of Device Evaluation (ODE)

**Ronald P. Jean -S**

(Division Sign-Off)

Division of Orthopedic Devices

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