

SECTION 5
510(k) SUMMARY

1. Submitter

Boston Scientific Corporation
100 Boston Scientific Way
Marlborough, MA 01752
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Contact: Janis F. Taranto M.S., RAC
Sr. Regulatory Affairs Specialist
Date Prepared: June 10, 2013

NOV 04 2013

2. Device

Trade Name: Sensation Short Throw, Single-Use Polypectomy Snares
Captiflex, Single-Use Polypectomy Snares
Captivator, Single-Use Polypectomy Snares
Captivator II, Single-Use Polypectomy Snares
Profile, Single-Use Polypectomy Snares

Common Name: Polypectomy Snare Family
Classification Name: 1) Snare, Flexible, 2) Snare, Non-Electrical
Regulation Number: 1) 876.4300, 2) 876.4730
Product Code: 1) FDI, 2) FGX
Classification: Class II

Trade Name: Rotatable Snare, Single-Use Polypectomy Snare
Common Name: Rotatable Snare
Classification Name: Snare, Flexible
Regulation Number: 876.4300
Product Code: FDI
Classification: Class II

3. Predicate Devices

Trade Name: Sensation Short Throw, Single-Use Polypectomy Snares
Captiflex, Single-Use Polypectomy Snares
Captivator, Single-Use Polypectomy Snares
Captivator II, Single-Use Polypectomy Snares
Profile, Single-Use Polypectomy Snares
Manufacturer and Clearance Number: Boston Scientific Corporation, K941750
Classification Name: Snare, Flexible
Regulation Number: 876.4300
Product Code: FDI
Classification: Class II

Trade Name: Single-Use Rotatable Snare
Manufacturer and Clearance Number: Boston Scientific Corporation, K992477
Classification Name: Snare, Flexible
Regulation Number: 876.4300
Product Code: FDI
Classification: II

Trade Name: SnareMaster
Manufacturer and Clearance Number: Olympus, K955650
Classification Name: 1) Snare, Flexible, 2) Electrode, electrosurgical, active, urological
Regulation Number: 876.4300
Product Code: 1) FDI, 2) FAS
Classification: II

4. Device Description

Both the rotatable and non-rotatable snares consists of a flexible wire cable and loop which can be extended and retracted from the snare's flexible outer sheath using a three-ring handle. When passed through an endoscope and activated, the snare delivers a monopolar electrical current to cut and cauterize tissue with the loop. For the rotatable snares, the snare can be rotated by using the rotation actuator.

5. Indication for Use:

The Polypectomy Snares and Rotatable Snares are used endoscopically in the removal and /or cauterization of diminutive polyps, sessile polyps, pedunculated polyps and tissue from within the GI tract.

6. Technological Characteristics:

This is a change to the device indication only. The proposed Polypectomy Snares and Rotatable Snares are identical in design, materials, and manufacturing processes to the predicate Polypectomy Snares and Rotatable Snares (K941750 and K992477). The proposed Polypectomy Snares and Rotatable Snares are similar in design to the Olympus SnareMaster (K955650).

7. Performance Data:

In-vitro testing has been performed and all components, subassemblies, and/or full devices met the required specifications for the completed tests.

Comparative testing was performed to assess similarities between the Boston Scientific Corporation Polypectomy Snares and Rotatable Snares and the Olympus SnareMaster.

Specifications tested included length, OD, loop width and shape, loop plane deflection and tensile strength.

8. Conclusion:

Boston Scientific Corporation has demonstrated that the proposed Polypectomy Snares and Rotatable Snares are substantially equivalent to Boston Scientific Corporation's currently marketed Polypectomy Snares and Rotatable Snares (K941750 and K992477) and the Olympus SnareMaster (K955650).



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

November 4, 2013

Boston Scientific Corporation
Janis F. Taranto, M.S., RAC
Senior Regulatory Affairs Specialist
100 Boston Scientific Way
Marlborough, MA 01752

Re: K131700
Trade/Device Name: Single Use Polypectomy Snares and Rotatable Snares;
Sensation Short Throw, Single-Use Polypectomy Snares
Captiflex; Single-Use Polypectomy Snares, Captivator,
Single-Use Polypectomy Snares; Captivator II, Single-Use
Polypectomy Snares; Profile, Single-Use Polypectomy Snares;
Rotatable Snare, Single-Use Polypectomy Snares
Regulation Number: 21 CFR§ 876.4300
Regulation Name: Endoscopic electrosurgical unit and accessories
Regulatory Class: II
Product Code: FDI
Dated: October 11, 2013
Received: October 15, 2013

Dear Janis F. Taranto,

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 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,

Benjamin R. Fisher - S

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

**SECTION 4
INDICATIONS FOR USE
STATEMENT**

Indications for Use:

510(k) Number (if known): 131700

Device Name: Single use Polypectomy Snares and Rotatable Snares
Sensation Short Throw, Single-Use Polypectomy Snares
Captiflex, Single-Use Polypectomy Snares
Captivator, Single-Use Polypectomy Snares
Captivator II, Single-Use Polypectomy Snares
Profile, Single-Use Polypectomy Snares
Rotatable Snare, Single-Use Polypectomy Snares

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Prescription Use X
(Part 21 CFR 801 Part D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Benjamin R. Fisher -S
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