



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

December 4, 2014

Medical Compressions System (DBN) Ltd.  
Adely Levy  
RA & QA General Manager  
12 Ha'ilan Street, PO Box 75  
Or Akiva, Israel 30600

Re: K142728  
Trade/Device Name: Activecare+SFT; Activecare+SFT Homecare; Activecare+DTx ;  
Activecare+DTx Homecare  
Regulation Number: 21 CFR 870.5800  
Regulation Name: Compressible Limb Sleeve  
Regulatory Class: Class II  
Product Code: JOW  
Dated: September 19, 2014  
Received: September 23, 2014

Dear Adely Levy,

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 contact the Division of Industry and Consumer Education 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" (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 Industry and Consumer Education 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 "M. D. Zuckerman", is written over a faint, large "FDA" watermark.

for

Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure

## Indications for Use Statement

510(k) Number (if known):K142728

Device Name: ActiveCare+S.F.T. and ActiveCare+DTx Systems

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are portable, ambulatory, sequential, intermittent pneumatic compression devices (IPCDs) prescribed by health care professionals. The systems include a rechargeable battery powered option allowing patient mobility and ease of use. These devices simulate muscle contractions in order to treat or enhance blood flow velocity in individuals experiencing venous impairment or reduced pulsatility (dysfunction of the muscle pump) when blood flow may become challenged or compromised, such as during and after major orthopedic surgery procedures e.g total joint (hip and knee) arthroplasty. They are intended for use in the clinical setting or home environment.

These devices are indicated for use in:

- Preventing Deep Vein Thrombosis (DVT)
- Diminishing post-operative pain and swelling
- Reducing wound healing time
- Patients at risk for deep vein thrombosis (DVT) and related pulmonary embolism (PE) (Venous Thromboembolism (VTE))
- Treatment of venous stasis
- Treatment and assistance in healing: Stasis dermatitis, venous stasis ulcers, arterial and diabetic leg ulcers
- Enhancing blood circulation
- Treatment of chronic venous insufficiency
- Reducing edema

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are intended to provide external compression in synchrony with the specific patient's natural venous blood flow return profile in order to achieve a high pulsatile venous blood flow.

In addition, the ActiveCare+DTx System can detect hemodynamic changes in venous blood flow.

Prescription Use  (Per 21 C.F.R. 801 Subpart D)

AND/OR

Over-The-Counter Use  (Per 21 C.F.R. 807 Subpart C)

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

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Concurrence of CDRH, Office of Device Evaluation (ODE)

## 510(K) SUMMARY: K142728

Medical Compression Systems (DBN) Ltd's ActiveCare+S.F.T and ActiveCare+DTx

Date Prepared: November 21, 2014

| Submitter and Manufacturer  | Contact Person  |
|---|---|
| Medical Compression Systems (DBN) Ltd.<br>12 Ha'ilan Street, PO Box 75<br>Or Akiva 30600, Israel<br>Tel:+972(4) 6266630<br>Fax: +972 (4) 6266640<br>E-mail: <a href="mailto:adely@mcsmed.com">adely@mcsmed.com</a><br><br>Manufacturer Registration Number: 9616558 | Adely Levy<br>12 Ha'ilan Street, P.O. Box 75<br>Or Akiva 30600, Israel<br>Telephone:+972 (4) 6266630<br>Fax: +972 (4) 6266640<br>E-mail: <a href="mailto:adely@mcsmed.com">adely@mcsmed.com</a> |

### Name of Device

Trade Names: ActiveCare+S.F.T. and ActiveCare+DTx Systems

Common Names: Pneumatic Compression System

Classification Name: Compressible Limb Sleeve

### Device Classification/FDA Reviewing Branch

The Division of Cardiovascular Devices has classified Compressible Limb Sleeves as Class II devices pursuant to 21 C.F.R. § 870.5800 (JOW).

### Predicate Device Information

| Predicate Device Name                              | 510(k)  | Manufacturer                |
|--|---------|-----------------------------|
| ActiveCare+S.F.T. and ActiveCare+DTx Systems       | K140755 | Medical Compression Systems |
| VENAPRO  | K133274 | Innovamed Health            |
| Kendall SCD 700 Sequential Compression Controller, | K102737 | Covidien                    |
| Pulstar Logix Pump                                 | K141609 | AlbaHealth LLC              |

## **Intended Use**

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are portable, ambulatory, sequential, intermittent pneumatic compression devices (IPCDs) prescribed by health care professionals. The systems include a rechargeable battery powered option allowing patient mobility and ease of use. These devices simulate muscle contractions in order to treat or enhance blood flow velocity in individuals experiencing venous impairment or reduced pulsatility (dysfunction of the muscle pump) when blood flow may become challenged or compromised such as during and after major orthopedic surgery procedures e.g. total joint (hip and knee) arthroplasty. They are intended for use in the clinical setting or home environment.

These devices are indicated for use in:

- Preventing Deep Vein Thrombosis (DVT)
- Diminishing post-operative pain and swelling
- Reducing wound healing time
- Patients at risk for deep vein thrombosis (DVT) and related pulmonary embolism (PE) (Venous Thromboembolism (VTE))
- Treatment of venous stasis
- Treatment and assistance in healing: Stasis dermatitis, venous stasis ulcers, arterial and diabetic leg ulcers
- Enhancing blood circulation
- Treatment of chronic venous insufficiency
- Reducing edema

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are intended to provide external compression in synchrony with the specific patient's natural venous blood flow return profile in order to achieve a high pulsatile venous blood flow.

In addition, the ActiveCare+DTx System can detect hemodynamic changes in venous blood flow.

## **Device Description/Technological Characteristics**

The ActiveCare+DTx and ActiveCare+S.F.T. Systems are prescriptive, portable, sequential, intermittent pneumatic compression devices designed to apply sequential compression to the lower limb. The systems include a rechargeable battery powered option (in addition to an AC/DC adapter) allowing patient mobility and ease of use. The control units of the Systems provide the user with several treatment options: compression of the foot – single or double, compression of the calf – single or double, compression of the thigh – single or double, and combined compression of any combination of two sleeves. The foot compression program is an intermittent pressure pulse application to a single celled foot sleeve. The calf and thigh compression program is a sequential intermittent application of a pressure to a three-celled cuff sleeve.

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are intended to provide continuous monitoring of each patient's venous phasic blood flow on a real time basis so that the timing of external compression is in synchrony with the specific patient's natural venous blood flow return profile in order to achieve a high pulsatile venous blood flow.

In addition, the ActiveCare+DTx System can detect hemodynamic changes that may be indicative of the development of a venous blood flow obstruction event in the treated patient's limbs. The ActiveCare+DTx is not a diagnostic tool.

### **Performance Data**

Testing referenced in support of this submission includes: Electrical Safety, EMC, Usability, Software Validation, Risk Analysis, internal testing and published Clinical Literature. The data provided demonstrates that the modified ActiveCare+S.F.T. and ActiveCare+DTx Systems are substantially equivalent to its predicates, and raises no new safety or effectiveness issues.

### **Substantial Equivalence**

The ActiveCare+S.F.T. and ActiveCare+DTx Systems are substantially equivalent in intended use and technological characteristics to the predicate devices. There are no new questions of safety and efficacy.