



Food and Drug Administration
10903 New Hampshire Avenue
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Silver Spring, MD 20993-0002

October 21, 2016

ArthroCare Corporation
Ms. Ashley M. Johnston,
Regulatory Affairs Specialist
7000 West William Cannon Drive, Building One
Austin, Texas 78735

Re: K161481

Trade/Device Name: Ambient HipVac 50 Wand with Integrated Finger Switches
Regulation Number: 21 CFR 878.4400
Regulation Name: Electrosurgical Cutting and Coagulation Device and Accessories
Regulatory Class: Class II
Product Code: GEI
Dated: September 19, 2016
Received: September 20, 2016

Dear Ms. Johnston:

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 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" (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,

Jennifer R. Stevenson -A

For Binita S. Ashar, M.D., M.B.A., F.A.C.S.
Director
Division of Surgical Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known)

K161481

Device Name

Ambient HipVac 50 Wand with Integrated Finger Switches

Indications for Use (Describe)

Please see attached.

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

The Ambient HipVac 50 Wand with Integrated Finger Switches is indicated for resection and ablation of soft tissue, and hemostasis of blood vessels less than 1 mm (via coagulation) in the following arthroscopic and orthopedic procedures:

Joint	Ablation/Debridement	Excision/Resection
All Joints (Hip, Knee, Shoulder, Wrist, Ankle, Elbow)	<ul style="list-style-type: none"> ▪ Articular Cartilage ▪ Bursectomy ▪ Chondroplasty ▪ Fascia ▪ Ligament ▪ Scar Tissue ▪ Soft Tissue ▪ Synovectomy ▪ Tendon 	<ul style="list-style-type: none"> ▪ Articular Labrum ▪ Capsule ▪ Cysts ▪ Ligament ▪ Loose Bodies ▪ Plica Removal ▪ Scar Tissue ▪ Soft Tissue ▪ Synovial Membrane ▪ Tendon
Hip		<ul style="list-style-type: none"> ▪ Acetabular Labrum
Knee	<ul style="list-style-type: none"> ▪ ACL/PCL ▪ Notchplasty 	<ul style="list-style-type: none"> ▪ Capsular Release ▪ Cartilage Flaps ▪ Discoid Meniscus ▪ Lateral Release ▪ Meniscal Cystectomy ▪ Meniscectomy ▪ Villusectomy
Shoulder	<ul style="list-style-type: none"> ▪ Acromioplasty ▪ Subacromial Decompression 	<ul style="list-style-type: none"> ▪ Frozen Shoulder Release ▪ Glenoid Labrum
Wrist		<ul style="list-style-type: none"> ▪ Triangular Fibrocartilage

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