

MAY 21 2002

K021310

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Special 510(k) Summary - Addition of 36mm C-Taper Femoral Heads To The LFIT™ And Non-LFIT™ Series

	SUBJECT DEVICE	PREDICATE DEVICE
Proprietary Name:	36mm C-Taper Femoral Head Components (LFIT™ and Non-LFIT™)	22mm-32mm C-Taper Femoral Head Components (LFIT™ and Non-LFIT™)
Common Name:	Femoral Head Component	Femoral Head Component
Classification Name and Reference:	21 CFR §888.3350 Hip Joint Metal/ Polymer Semi-constrained Cemented Prosthesis	21 CFR §888.3350 Hip Joint Metal/ Polymer Semi-constrained Cemented Prosthesis
Proposed Regulatory Class:	II	II
Device Product Code:	(87) JDI, LWJ, KWY	(87) JDI, LWJ, KWY
For Information contact:	Jennifer A. Daudelin, Regulatory Affairs Howmedica Osteonics Corp. 59 Route 17 Allendale, NJ 07401-1677 (201) 831-5379 Fax: (201) 831-6038 Email: jdaudelin@howost.com	

This Special 510(k) submission is intended to add 36mm C-Taper femoral head components to the LFIT™ and non-LFIT™ Femoral Bearing Series. The intended use, manufacturing methods, materials, packaging and sterilization of the subject device are identical to those of predicate devices. The predicate LFIT™ C- Taper femoral bearing components were found substantially equivalent via the 510(k) process in K910988 up to the size +10mm offset head. The non-LFIT™ C- Taper femoral head components were cleared in 510(k) number K900836 up to the size +10mm offset head. The +12mm and +15mm offset head components in both the non-LFIT™ and LFIT™ versions were found substantially equivalent in 510(k) #K982936. The C-Taper femoral head components are fabricated from cobalt chromium alloy conforming to ASTM F1537. Like the predicate devices, the subject devices are intended to be used in conjunction with appropriate Howmedica Osteonics hip stems in patients requiring total hip arthroplasty.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY 21 2002

Ms. Jennifer A. Daudelin
Regulatory Affairs Specialist
Howmedica Osteonics Corp.
59 Route 17
Allendale, NJ 07401-1677

Re: K021310

Trade/Device Name: 36mm C-Taper Femoral Head Components (LFIT™ and Non-LFIT™)
Regulation Number: 21 CFR 888.3350 and 21 CFR 888.3390

Regulation Name: Hip joint metal/polymer semi-constrained cemented prosthesis and
Hip joint femoral (hemi-hip) metal/polymer cemented or uncemented
prosthesis

Regulatory Class: Class II

Product Code: JDI, LWJ, and KWY

Dated: April 24, 2002

Received: April 25, 2002

Dear Ms. Daudelin:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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.

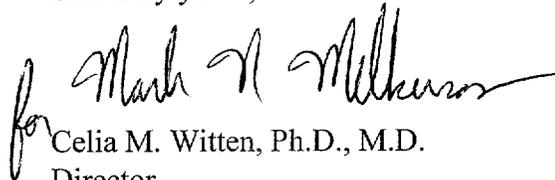
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); 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.

Page 2 – Ms. Jennifer A. Daudelin

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.

Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K021310

Device Name: 36mm C-Taper Femoral Heads

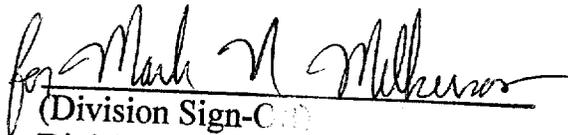
Indications for Use:

Indications for use as part of a Universal Hip Replacement include:

- Femoral neck fractures;
- Non-union of femoral head and neck fractures;
- Aseptic necrosis of the femoral head as well as;
- Osteo-, rheumatoid, and post-traumatic arthritis of the hip with minimal acetabular involvement or distortion.

Indications for use as part of a Total Hip Replacement include:

- Severely disabled joints resulting from painful osteo-, rheumatoid, post-traumatic arthritis and late stages of avascular necrosis;
- Revision of previous unsuccessful femoral head replacement, cup arthroplasty or other procedure as well as;
- Other difficult clinical management problems.



(Division Sign-Off)
Division of General Restorative
and Neurological Devices

510(k) Number K021310

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use yes
(Per 21 CFR 801.109)

OR

Over-The-Counter Use N

(Optional Format 1-2-96)