

MAR 13 2003

**510(k) Summary of Safety and Effectiveness**

**Gyrus PSR System**

K 02311

**Submitted by:**

Gyrus Medical Inc.  
6655 Wedgwood Road, Suite 105  
Maple Grove, MN 55311-3602

**Contact Person:**

Mark Jensen  
Vice President RA/QA

Telephone: 763-416-3005

Facsimile: 763-416-3070

**Date Summary Prepared:**

September 11, 2002

---

**Name of the Device:**

Proprietary Name:

Gyrus Plasma Skin Resurfacing (PSR) System

Common/Usual Name:

Electrosurgical Generator and Accessories

Classification Name:

Electrosurgical Device (per 21 CFR 878.4400)

**Predicate Devices:**

Arthrocare Visage (K992180)  
Thermage Thermacool TC System (K013639)  
Lumenis (Coherent) UltraPulse CO<sub>2</sub> Laser (K974789)

**Description:** The Gyrus Medical PSR System is intended for treatment of the following dermatological conditions:

- Superficial skin lesions
- Actinic Keratosis
- Viral papillomata
- Seborrheic Keratosis

Accessories included with the generator are a cable assembly/instrument, power cable and a footswitch.

**Statement of Intended Use:**

The Gyrus PSR System is intended for treatment of dermatological conditions.

This device is intended for use by qualified medical personnel trained in the use of electrosurgery.

**Comparison to Predicate Devices:**

The Gyrus PSR System has been carefully compared to legally marketed devices with respect to intended use and safety and effectiveness. In addition, performance validation testing has been done to validate the performance of the device. The comparison and validation results presented in this 510(k) notification to the FDA show that the device is substantially equivalent to predicate devices and is safe and effective in its intended use.

---



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

MAR 13 2003

Mr. Mark Jensen  
Vice President RA/QA  
Gyrus Medical, Inc.  
6655 Wedgwood Road, Suite 105  
Maple Grove, Minnesota 55311

Re: K023111

Trade/Device Name: Gyrus Plasma Skin Resurfacing (PSR) System  
Regulation Number: 21 CFR 878.4400  
Regulation Name: Electrosurgical cutting and coagulation device and accessories  
Regulatory Class: II  
Product Code: GEI  
Dated: December 31, 2002  
Received: December 31, 2002

Dear Mr. Jensen:

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.

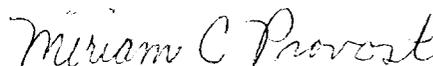
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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.

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), 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) you may obtain. 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,



*fw* 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): ~~Not Yet Assigned~~ K023111

Device Name: Gyrus PSR System  
ELECTROSURGICAL GENERATOR

**Indications For Use:**

The Gyrus Medical PSR System is intended for treatment of the following dermatological conditions:

- Superficial skin lesions
- Actinic Keratosis
- Viral papillomata
- Seborrheic Keratosis

~~The system is intended for use by qualified medical personnel trained in the use of electro-surgical equipment.~~

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

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR  
(Per 21 CFR 801.109)  
(Optional Format 1-2-96)

Over-The-Counter Use \_\_\_\_\_

Miriam C. Provost  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K023111