

K030523 114

*WaterLase™ Expanded Indications for Use*  
BioLase Technology, Inc.  
February 13, 2003

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

JAN 5 0 2004

**Regulatory Authority:** Safe Medical Devices Act of 1990,  
21 CFR 807.92

**Company:** BioLase Technology, Inc.  
981 Calle Amanecer  
San Clemente, CA 92673

**Contact:** Ms. Ioana M. Rizoiu  
BioLase Technology, Inc.  
981 Calle Amanecer  
San Clemente, CA 92673  
(949) 361-1200 (949) 361-0204 Fax

**Trade Name:** *Waterlase®*

**Common Name:** Er,Cr:YSGG laser

**Classification Name:** Surgical laser instrument

**Classification Code:** 79 GEX, MXF, DZI

**Equivalent Devices:**

BioLase Technology, Inc. *Waterlase®*

**Device Description:**

The *Waterlase®* hydrokinetic dental laser system is a diverse device utilized to perform a variety of dental applications. For hard tissue procedures the *Waterlase®* uses the Erbium, Chromium: Yttrium, Scandium, Gallium Garnet (Er,Cr:YSGG) laser in combination with advanced water atomization technology to cut, remove, roughen and etch tissues. Soft tissue procedures are performed using a different mode of operation where direct Er,Cr:YSGG laser energy is applied to incise, excise or ablate these tissues. In soft tissue procedures the water spray is applied for hydration, cooling or to keep tissues clean. For hard tissue applications the spray is part of the tissue removing process as well as hydration, cooling and keeping the tissues clean.

A flexible fiberoptic handpiece delivers the *Waterlase®* laser energy. A visible light emitted from the handpiece distal end pinpoints the area of treatment. In both hard and soft tissue applications the power output, pulse energy, repetition rate and air and water flow rates are adjustable to specific user requirements.

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## **Indications for Use:**

### **Hard Tissue**

#### **General Indications\***

- Class I, II, III, IV and V cavity preparation
- Caries removal
- Hard tissue surface roughening or etching
- Enameloplasty, excavation of pits and fissures for placement of sealants

\* For use on adult and pediatric patients

#### **Root Canal Hard Tissue Indications**

- Tooth preparation to obtain access to root canal
- Root canal preparation including enlargement
- Root canal debridement and cleaning

#### **Bone Surgical Indications**

- Cutting, shaving, contouring and resection of oral osseous tissues (bone)
- Osteotomy

#### **Endodontic Surgery (Root Amputation) Indications**

- Flap preparation - incision of soft tissue to prepare a flap and expose the bone
- Cutting bone to prepare a window access to the apex (apices) of the root(s).
- Apicoectomy - amputation of the root end.
- Root end preparation for retrofill amalgam or composite
- Removal of pathological tissues (i.e. cysts, neoplasm or abscess) and hyperplastic tissues (i.e., granulation tissue) from around the apex.  
Note: Any tissue growth (i.e., cyst, neoplasm or other lesions) must be submitted to a qualified laboratory for histopathological evaluation.

#### **Laser Periodontal Procedures**

- Full thickness flap
- Partial thickness flap
- Split thickness flap
- Laser soft tissue curettage
- Laser removal of diseased, infected, inflamed and necrosed soft tissue within the periodontal pocket
- Removal of highly inflamed edematous tissue affected by bacteria penetration of the pocket lining and junctional epithelium
- Removal of granulation tissue from bony defects
- Sulcular debridement (removal of diseased, infected, inflamed or necrosed soft tissue in the periodontal pocket to improve clinical indices including gingival index, gingival bleeding index, probe depth, attachment loss and tooth mobility)

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- Osteoplasty and osseous recontouring (removal of bone to correct osseous defects and create physiologic osseous contours)
- Osteotomy (resection of bone to restore bony architecture, resection of bone for grafting, etc.)
- Osseous crown lengthening

#### **Soft Tissue Indications Including Pulpal Tissues\***

Incision, excision, vaporization, ablation and coagulation of oral soft tissues, including:

- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal
- Flap preparation – incision of soft tissue to prepare a flap and expose the bone
- Flap preparation – incision of soft tissue to prepare a flap and expose the unerupted teeth (hard and soft tissue impactions)
- Frenectomy and frenotomy
- Gingival troughing for crown impressions
- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis & coagulation
- Implant recovery
- Incision and drainage of abscesses
- Incision and drainage of periapical abscesses.
- Laser soft tissue curettage of the post-extraction tooth sockets and the periapical area during apical surgery
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- Pulp extirpation
- Pulpotomy as an adjunct to root canal therapy
- Reduction of gingival hypertrophy
- Removal of pathological tissues (i.e. cysts, neoplasm or abscess) and hyperplastic tissues (i.e. granulation tissue). *Note: Any tissue growth (i.e., cyst, neoplasm or other lesions) must be submitted to a qualified laboratory for histopathological evaluation.*
- Root canal debridement and cleaning
- Soft tissue crown lengthening
- Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- Vestibuloplasty

\* For use on adult and pediatric patients

#### **Cautions and Contraindications:**

All clinical procedures performed with *Waterlase*® must be subjected to the same clinical judgment and care as with traditional techniques. Patient risk must always

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be considered and fully understood before clinical treatment. The clinician must completely understand the patient's medical history prior to treatment. Exercise caution for general medical conditions that might contraindicate a local procedure. Such conditions may include allergy to local or topical anesthetics, heart disease, lung disease, bleeding disorders, sleep apnea or an immune system deficiency. Medical clearance from patient's physician is advisable when doubt exists regarding treatment.

**Substantial Equivalence:**

There are no unique applications, indications, materials or specifications presented herein. All the presented indications for use retain the same meaning as their equivalent indications cleared by the FDA in K011041 (*Waterlase*® , expanded soft tissue indications including Sulcular Debridement), K012511 (*Waterlase*® , indications for Root Canal), K013908 (*Waterlase*® , indications for oral osseous procedures) and K022803 (*Waterlase*® , indications for Endodontic Surgery).

**Conclusion:**

The indications included herein are the same as those included in previous clearances. *Waterlase*® is therefore substantially equivalent in relation to the previous clearances.



JAN 30 2004

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Ioana M. Rizoiu  
Vice President, Clinical Research and Development  
Biolase Technology, Inc.  
981 Calle Amanecer  
San Clemente, California 92673

Re: K030523  
Trade/Device Name: Waterlase®  
Regulation Number: 21 CFR 878.4810  
Regulation Name: Laser surgical instrument for use in general and  
plastic surgery and in dermatology  
Regulatory Class: II  
Product Code: GEX  
Dated: October 31, 2003  
Received: November 3, 2003

Dear Ms. Rizoiu:

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](#).

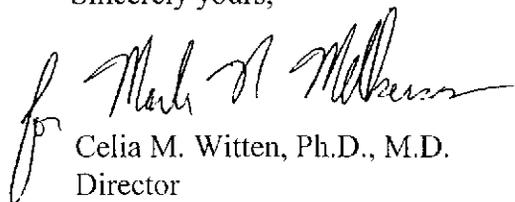
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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.

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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. 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 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,

A handwritten signature in black ink, appearing to read "Celia M. Witten". The signature is written in a cursive style with a large initial "C" and "W".

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

**510(k) Number (if known): K030523**

**Device Name:** *Waterlase®*

**Indications for Use:**

Use of Waterlase may be indicated for:

**General Indications\***

- Class I, II, III, IV, and V cavity preparation
- Caries removal
- Hard tissue surface roughening or etching
- Enameloplasty, excavation of pits and fissures for placement of sealants

\* For use on adult and pediatric patients

**Root Canal Hard Tissue Indications**

- Tooth preparation to obtain access to root canal
- Root canal preparation including enlargement
- Root canal debridement and cleaning

**Endodontic Surgery (Root Amputation) Indications (soft and hard tissue)**

- Flap preparation – incision of soft tissue to prepare a flap and expose the bone.
- Cutting bone to prepare a window access to the apex (apices) of the root(s).
- Apicoectomy – amputation of the root end.
- Root end preparation for retrofill amalgam or composite.
- Removal of pathological tissues (*i.e.*, cysts, neoplasm or abscess) and hyperplastic tissues (*i.e.*, granulation tissue) from around the apex
- Incision and drainage of periapical abscesses

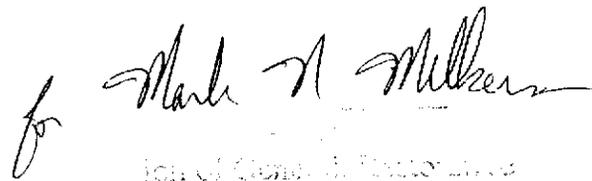
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- Osteotomy

**Laser Periodontal Procedures**

- Full thickness flap
- Partial thickness flap
- Split thickness flap
- Laser soft tissue curettage

*for*   
Director of General Practice  
Neurological Devices  
K030523

- Laser removal of diseased, infected, inflamed and necrosed soft tissue within the periodontal pocket
- Removal of highly inflamed edematous tissue affected by bacteria penetration of the pocket lining and junctional epithelium
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- Osteoplasty and osseous recontouring (removal of bone to correct osseous defects and create physiologic osseous contours)
- Ostectomy (resection of bone to restore bony architecture, resection of bone for grafting, etc.)
- Osseous crown lengthening

### ***Soft Tissue Indications Including Pulpal Tissues\****

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- Frenectomy and frenotomy
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- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis
- Implant recovery
- Incision and drainage of abscesses
- Laser soft tissue curettage of the post-extraction tooth sockets and the periapical area during apical surgery
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- Pulp extirpation
- Pulpotomy as an adjunct to root canal therapy
- Removal of pathological tissues (*i.e.*, cysts, neoplasm or abscess) and hyperplastic tissues (*i.e.*, granulation tissue) from around the apex
- Root canal debridement and cleaning
- Reduction of gingival hypertrophy

*for Mark A. Miller*

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- Soft tissue crown lengthening
- Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- Vestibuloplasty

\* For use on adult and pediatric patients

*for Mark N. Mellers*

K030523

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use  (Per 21 CFR 801.109)

or

Over-The-Counter-Use