

OCT 23 2003



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**VI. 510(k) SUMMARY FOR THE ORBITER PV  
DIAGNOSTIC ELECTRODE CATHETER**

This 510(k) Summary of Safety and Effectiveness is being submitted in accordance with the requirements of the Safe Medical Devices Act of 1990.

**A. Submitter's Information**

Name: C.R. Bard, Inc.  
Address: 55 Technology Drive, Suite 1  
Lowell, MA 01851  
Phone: (978) 323-2216 (Direct Line)  
Fax: (978) 323-2222  
Contact Person: Deborah L. Herrington  
Regulatory Affairs Manager  
Date of Preparation: February 26, 2003

**B. Device Name:**

Trade Name: Orbiter PV Diagnostic Electrode  
Catheter  
Common/Usual Name: Electrode Recording Catheter  
Classification Name: Electrode Recording Catheter

**C. Predicate Device Name(s):**

Orbiter ST Diagnostic Electrode Catheter  
Viking Diagnostic Electrode Catheter  
Bard Woven Electrode Catheter

#### D. Device Description/Indications for Use:

##### **Description**

The Orbiter PV Diagnostic Electrode Catheter is a closed lumen, steerable device. Typical of electrode recording catheters currently sold, the Orbiter PV catheter will be offered in 7.5F diameter (7F shaft with a 5F tip) with 1-24 electrodes with a variety of inter-electrode spacings. The distal curve is capable of forming a 360-degree loop.

##### **Indications:**

Bard Electrophysiology's steerable diagnostic electrode catheters are intended for temporary intracardiac sensing, recording, stimulation and temporary pacing during the evaluation of cardiac arrhythmias.

#### E. Technological Characteristics/Performance Data Summary

K992373

The predicate device for this 510(k) Pre-market Notification is the currently marketed Bard Orbiter ST Diagnostic Electrode catheter. Where appropriate, other Bard devices are referenced as supplemental predicate devices including the Viking catheter (K971265/FDA concurrence October 23, 1997) and the Woven catheter (Preamendment device).

Refer to Appendix 4 for the Instructions for Use for the predicate device and the supplemental predicate devices.

Appendix 5 contains the information demonstrating Preamendment Status for the Bard Woven Electrode Catheter.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

OCT 23 2003

Bard Electrophysiology  
c/o Ms. Deborah L. Herrington  
Manager, Regulatory Affairs  
C.R. Bard, Inc.  
55 Technology Drive  
Lowell, MA 01851

Re: K030627

Trade Name: Orbiter PV Diagnostic Electrode Catheter  
Regulation Number: 21 CFR 870.1220  
Regulation Name: Electrode Recording Catheter or Electrode Recording Probe  
Regulatory Class: Class II (two)  
Product Code: DRF  
Dated: September 18, 2003  
Received: September 22, 2003

Dear Ms. Herrington:

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.

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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) 594-4646. 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,



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

Enclosure

**D. INDICATIONS FOR USE**

**Diagnostic Electrode Catheter**

**Device Name:** Orbiter PV Diagnostic Electrode Catheter

The Orbiter PV catheter will initially be offered in both the 14-pole and 24-pole design.

**Indications for Use:** Bard Electrophysiology's steerable diagnostic electrode catheters are intended for temporary intracardiac sensing, recording, stimulation and temporary pacing during the evaluation of cardiac arrhythmias.

**Contraindications:** The catheter should not be used in conditions where manipulation of the catheter would be unsafe (e.g. Intracardiac mural thrombus).

The transseptal approach is contraindicated in patients with left atrial thrombus or myxoma, or interatrial baffle patch. The retrograde transaortic approach is contraindicated in patients with aortic valve replacement.

The retrograde transaortic approach is contraindicated due to the risk of entrapping the tip in the left ventricle.

Concurrence of CDRH, Office of Device Evaluation (ODE)

\_\_\_\_\_  
(Division Sign-Off)  
Division of Cardiovascular Devices  
510(k) Number K030627

Prescription Use  \_\_\_\_\_  
(Per 21 CFR 801.109)

OR Over-the-Counter Use \_\_\_\_\_