

K041001  
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**510(k) Summary of Safety and Effectiveness for the  
Omega™ 2 System**

Proprietary Name:	Omega™ 2 System
Common Name:	Compression Screw System
Classification Name and Reference	Single/multiple component metallic bone fixation appliances and accessories 21 CFR §888.3030
Regulatory Class:	Class II
Device Product Code:	87 KTT
For Information contact:	Vivian Kelly, Regulatory Affairs Specialist Howmedica Osteonics Corp. 325 Corporate Drive Mahwah, NJ 07430 Phone: (201) 831-5581 Fax: (201) 831-6038
Date Summary Prepared:	April 16, 2004

**Description:**

The Omega™ 2 System is a compression screw system designed to treat various types of fractures of the proximal and distal femur. The Omega™ 2 System is a modification to the existing Omega™ II, Omega™ Plus and Omega™ Systems. The subject Omega™ 2 System is a line extension to the predicate devices to modify and add new components to the system.

**Intended Use:**

The Omega™ Plus and 2 Systems are intended for use in the temporary stabilization of fractures of the proximal and distal femur.

**Substantial Equivalence:**

The design and function of the Omega™ 2 System is substantially equivalent to that of the predicate devices. Both the subject and predicate systems offer different types of plates in varying lengths and angles for use with the other accessories in the system. This system is equivalent to other systems on the market in regards to design, materials, indications and operational principals. Mechanical testing demonstrated comparable mechanical properties to the predicate components.



JUL 01 2004

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Vivian Kelly  
Regulatory Affairs Specialist  
Howmedica Osteonics Corporation  
325 Corporate Drive  
Mahwah, New Jersey 07430

Re: K041001  
Trade/Device Name: Omega™ 2 System  
Regulation Number: 21 CFR 888.3030  
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories  
Regulatory Class: II  
Product Code: KTT  
Dated: April 16, 2004  
Received: April 19, 2004

Dear Ms Kelly:

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. 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,

*Miriam C. Provost*  
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): K041001

Device Name: Omega™ 2 System

### Indications for Use:

The Omega™ Plus and 2 Systems are intended for use in the temporary stabilization of types of fractures of the proximal and distal femur. The subject devices are indicated for fixation of proximal and distal femoral fractures including but not limited to:

- Intracapsular and basal neck fractures including transcervical and subcapital fractures
- Intertrochanteric fractures
- Subtrochanteric fractures
- Supracondylar fractures
- Intracondylar fractures
- Osteotomies for patients with diseases or deformities of the hip
- Hip arthrodesis

Prescription Use  X  AND/OR Over-The-Counter Use \_\_\_\_\_  
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

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

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Miriam C. Provost  
(Division Sign-Off)

**Division of General, Restorative,  
and Neurological Devices**

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