

VII. 510(k) Summary

APR 11 2005

SUBMITTER: DePuy Spine, Inc.
325 Paramount Drive
Raynham, MA 02780

CONTACT PERSON: Lisa Gilman

DATE PREPARED: February 25, 2005

CLASSIFICATION NAME: Appliance, Fixation, Spinal Interlaminar
Orthosis, Spinal Intervertebral Body Fixation

PROPRIETARY NAME: EXPEDIUM Spine System Spinous Process Fusion
Plates

PREDICATE DEVICES: EXPEDIUM Spine System K033901
Wilson Spinal Plate

DEVICE DESCRIPTION: The EXPEDIUM Spine System Spinous Process Fusion
Plates are available in various lengths and spinous
process heights.

The EXPEDIUM Spine System also contains Class 1
manual surgical instruments and cases that are
considered exempt from premarket notification.

INTENDED USE: The EXPEDIUM Spine System is intended for non-
cervical, non-pedicle fixation for the following indications:
degenerative disc disease (defined as back pain of
discogenic origin with degeneration of the disc confirmed
by history and radiographic studies); spondylolisthesis;
trauma (i.e., fracture or dislocation); spinal stenosis;
curvatures (i.e., scoliosis, kyphosis, and/or lordosis);
tumor; pseudarthrosis; and failed previous fusion in
skeletal mature patients.

The Expedium Spinous Process Fusion Plate is not intended for stand-alone use. When used with DePuy Spine VBR Spinal System components the Expedium Spinous Process Fusion Plate is intended for the following conditions:

- degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies)
- spondylolisthesis
- trauma (i.e., fracture or dislocation)
- tumor

MATERIALS: Manufactured from ASTM F-136 implant grade titanium alloy.

PERFORMANCE DATA: Performance data were submitted to characterize the additional EXPEDIUM Spine System components.



APR 11 2005

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Lisa Gilman
Senior Regulatory Affairs Associate
DePuy Spine, Inc.
325 Paramount Drive
Raynham, Massachusetts 02767-0350

Re: K050675

Trade/Device Name: EXPEDIUM™ Spine System Spinous Process Fusion Plate
Regulation Number: 21 CFR 888.3070, 21 CFR 888.3050
Regulation Name: Pedicle screw spinal system, Spinal interlaminar fixation orthosis
Regulatory Class: II
Product Code: MNI, MNH, KWP
Dated: March 24, 2005
Received: March 25, 2005

Dear Ms. Gilman:

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.

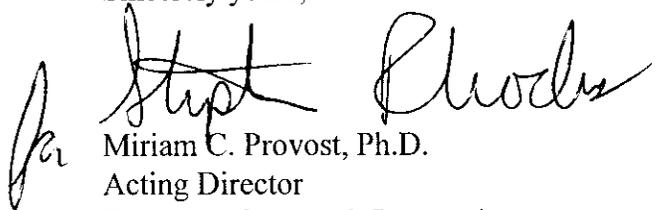
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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 (240) 276-4369. 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/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Miriam C. Provost". The signature is written in a cursive style with a large initial "M".

Miriam C. Provost, Ph.D.
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

EXPEDIUM Spinous Process Fusion Plate

III. Indications for Use

510(k) Number (if known): K050675

Device Name: EXPEDIUM™ Spine System Spinous Process Fusion Plate

Indications For Use:

The EXPEDIUM Spine System is intended for non-cervical, non-pedicle fixation for the following indications: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma (i.e., fracture or dislocation); spinal stenosis; curvatures (i.e., scoliosis, kyphosis, and/or lordosis); tumor; pseudarthrosis; and failed previous fusion in skeletally mature patients.

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- trauma (i.e., fracture or dislocation)
- tumor

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use
(21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

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

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