

K081613

SEP 17 2008

510(k) Summary Statement

Submitter: American Medical Systems (AMS)
10700 Bren Road West
Minnetonka, MN 55343

Contact Person: Sarah Peterson
Phone: 952.930.6431
Fax: 952.930.5785

Device Common Name: Surgical Mesh

Device Trade Name: SPARC™ System, Monarc® System,
Monarc® + System, and Monarc® C System

**Device Classification/
Classification Name:** Class II, 21 CFR Part 878.3300
Surgical Mesh, polymeric (FTL)

Predicate Device: SPARC™ System (K041948), Monarc® System,
Monarc® + System, and Monarc® C System
(K051530)

Indications for Use

Sparc System: Intended for the placement of pubourethral sling for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

**Monarc®,
Monarc® +,
Monarc® C
Systems:** Intended for the placement of suburethral mesh for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Device Description

The Sparc, Monarc®, Monarc® +, and Monarc® C Systems are sterile, single use procedure kits that consist of two stainless steel, curved needle passers and a mesh sling assembly.

Summary of Testing

The components of the Sparc, Monarc, Monarc +, and Monarc C Systems have been tested for biocompatibility and performance requirements and found to be substantially equivalent to the predicate devices.



NOV 18 2008

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

American Medical Systems, Inc.
% Ms. Sarah J. P. Meyer
Regulatory Affairs Specialist
10700 Bren Road West
Minnetonka, Minnesota 55343

Re: K081613

Trade/Device Name: Sparc System
Monarc[®] System, Monarc[®] + System, and Monarc[®] C System
Regulation Number: 21 CFR 878.3300
Regulation Name: Surgical Mesh
Regulatory Class: II
Product Code: FTL
Dated: September 4, 2008
Received: September 5, 2008

Dear Ms. Meyer:

This letter corrects our substantially equivalent letter of September 17, 2008.

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 (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 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.

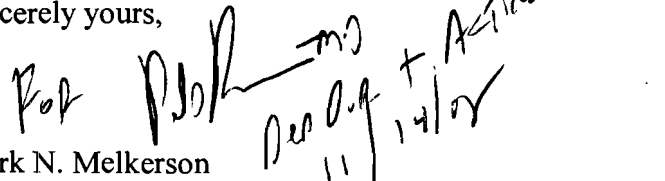
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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 continue 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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. 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 (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K081613
Pg 1 of 2

Indications for Use Statement

510(k) Number:
(if known)

Device Name: Monarc[®] System, Monarc[®] + System, and Monarc[®] C System

Indications For Use: Intended for the placement of suburethral mesh for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 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

510(k) Number K081617

K081613
pg 2082

Indications for Use Statement

510(k) Number:
(if known)

Device Name: Sparc System

Indications For Use: Intended for the placement of pubourethral sling for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 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**

510(k) Number K081613