

MAY - 8 2009

K082060

510 (k) Summary of Safety and Effectiveness for Cranial Image Guided Surgery System

Manufacturer:

Address: BrainLAB AG
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Germany
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Contact Person: Mr. Per Persson

Summary Date: July 17, 2008

Device Name:

Trade names: VectorVision cranial
VectorVision ENT
Kolibri cranial
Kolibri ENT
Cranial Essential
Cranial Unlimited
ENT Essential
ENT Unlimited

Common/Classification Name: Image Guided Surgery System / Instrument,
Stereotaxic

Predicate Devices:

Kolibri Image Guided Surgery System (K042391)

VectorVision Cranial/ENT (K023651)

Device Classification Name: Instrument, Stereotaxic
Regulatory Class: Class II

Intended Use:

This submission does not change the indications for use for the predicate devices.

The BrainLAB Cranial IGS System is intended to be an intra-operative image guided localization system to enable minimally invasive surgery. It links a freehand probe, tracked by a magnetic sensor system or a passive marker sensor system to a virtual computer image space on patient image data being processed by the IGS workstation. The system is indicated for any medical condition in which the use of stereotactic surgery may be appropriate and where a reference to a rigid anatomical structure, such as the skull, a long bone, or vertebra, can be identified relative to a CT, CTA, X-Ray, MR, MRA and ultrasound based model of the anatomy.

Example procedures include but are not limited to:

Cranial Procedures:

- Tumor resections
- Skull base surgery
- Cranial biopsies
- Craniotomies/ Craniectomies
- Pediatric Catheter Shunt Placement
- General Catheter Shunt Placement
- Thalamotomies/ Pallidotomies

ENT Procedures:

- Transphenoidal procedures
- Maximillary anrostomies
- Ethmoidectomies
- Spheno-idotomies/ sphenoid explorations
- Turbinate resections
- Frontal sinusotomies
- Intranasal procedures

Device Description:

The Cranial IGS System consists of the IGS workstation, the touch screen monitor and the 3D tracking system. A set of hardware accessories provides for comfortable and accurate use of the system.

The IGS workstation holds the patient data during the surgery and runs the cranial software application.

The patient data needed for the image-guided surgery is acquired pre-operatively or intra-operatively and is transferred to the IGS workstation via network, data carrier or data bus. The cranial software application offers the display of the patient data in various reconstructions, segmentations and overlays on the touch screen in addition to position information of tracked instruments – optionally combined with outlined information. The touch screen enables the control of the cranial software application and can be draped for sterile use by the surgeon.

The electro-magnetic or optical 3D tracking system performs the localization of patient and surgical tools within the operating field.

The virtual diagnostic image spaces are correlated (“registered”) to the surgical environment by collecting the 3D position of anatomical landmarks or fiducial markers with a tracked pointer probe and relating them with the corresponding features extracted from the diagnostic image data sets. Alternatively, the patient’s skin surface can be scanned with a laser device or touched with a pointer device and matched to the 3D reconstruction of the patient data set. If several diagnostic image spaces have been acquired from the same patient, only one of them has to be registered whereas the remaining ones can be fused to the registered data set.

Intra-operatively acquired patient data can furthermore be correlated (“registered”) to the surgical environment by determining its spatial position in relation to the patient during its acquisition.

Structures in the patient’s body are localized using trackable pre-calibrated or intra-operatively calibrated surgical instruments. Examples of surgical instruments are the pointer tool, biopsy needles, catheter stylets or suction tubes.

Surgical microscopes, ultrasound devices and endoscopes are additional intra-operative image sources, which are connected with the Cranial IGS System via signal transmission cables. They can be calibrated and tracked similar as any other surgical instrument. Their images can be displayed on the touch screen or external monitors and combined with the available patient data in correct spatial relation. The settings of microscope and ultrasound devices offering a communication interface can be controlled from the Cranial IGS System. Navigation information can be displayed in the microscope’s image injection module.

Defined components of the Cranial IGS System are prepared for the use in magnet-resonance environments.

The Cranial IGS System contains hardware accessories and software features to improve the support and guidance of surgical instruments.

The Cranial IGS System contains a network based software interface that allows downloading medical data (such as image sets, objects, trajectories or points) and tracking data from the system as well as to upload and display an image stream to the system. This interface can be used to implement custom visualization of medical data (e.g. included modalities which are otherwise unknown to the cranial software application)

as well as to control other devices. These view data is strictly under the responsibility of the user and clearly marked as such.

Substantial equivalence:

The Cranial IGS System has been verified and validated according to BrainLAB's procedures for product design and development. The validation proves the safety and effectiveness of the system. The information provided by BrainLAB in this 510 (k) application was found to be substantially equivalent with the predicate devices Kolibri Image Guided Surgery System (K042391) and VectorVision Cranial/ENT (K023651).



BrainLAB AG
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Germany

MAY - 8 2009

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Re: K082060
Trade/Device Name: Cranial Image Guided Surgery System
Regulation Number: 21 CFR 882. 4560
Regulation Name: Stereotaxic instrument
Regulatory Class: II
Product Code: HAW
Dated: May 1, 2009
Received: May 1, 2009

Dear Mr. Person:

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.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

Page 2 - Mr. Per Person

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" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please contact the CDRH/Office of Surveillance and Biometrics/Division of Postmarket Surveillance at (240) 276-3464. For more information regarding the reporting of adverse events, please go to <http://www.fda.gov/cdrh/mdr/>.

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,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a long horizontal line extending to the right.

Mark N. Melkerson
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K082060

Device Name: Cranial Image Guided Surgery System

Indications For Use:

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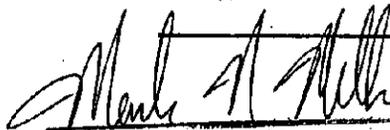
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- Intranasal procedures

Prescription Use X
(Per 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 **Surgical, Orthopedic,
and Restorative Devices**

(Division Sign-Off)
Division of **Surgical, Orthopedic,
and Restorative Devices**

510(k) Number K082060

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