



JAN 19 1999

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Horst Semm  
President  
WISAP Gesellschaft fur Wissenschaft  
Rudolf - Diesel - Ring 20 D-82054  
Sauerlach b.  
Munchen, Germany

Re: K982515  
Power-Drive WISAP Model  
#7688PD/7688PD1  
Dated: October 29, 1998  
Received: November 2, 1998  
Regulatory Class: II  
21 CFR 884.1720/Prococode: 85 HET

Dear Mr. Semm:

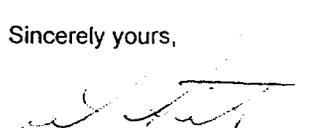
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 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). 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 (Premarket Approval), 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 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 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 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification"(21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers 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,

  
Capt. Daniel G. Schultz, M.D.  
Acting Director, Division of Reproductive,  
Abdominal, Ear, Nose and Throat,  
and Radiological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510(k) Number (if known): K982515

Device Name: POWER-DRIVE 7688PD/7688PD1

Indications For Use:

This device is restricted to use by authorized expert personnel/physicians.

The WISAP POWER-DRIVE is a laparoscopic accessory to be used in connection with the S\*E\*M\*M\*-Set.

It allows cutting of tissue cylinders out of myoma and uteri by continuous rotation of the motor drive or additional intermittent manual rotation.

The POWER-DRIVE may only be used for horizontal morcellation.

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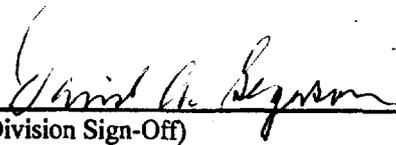
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use    
 (Per 21 CFR 801.109)

OR

Over-The-Counter Use

(Optional Format 1-2-96)



(Division Sign-Off)  
Division of Reproductive, Abdominal, ENT,  
and Radiological Devices

510(k) Number K982515