



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

OCT 7 1998

Mr. Wayne B. Sterner  
Medivision Scope Service Center, Inc.  
1440 South State College Blvd.  
Suite 1C  
Anaheim, CA 92806

Re: K982659  
Medivision Hysteroscopes, Models MV400,  
MV415, MV430 and MV470  
Dated: July 27, 1998  
Received: July 27, 1998  
Regulatory Class: II  
21 CFR 884.1690/Procode: 85 HIH

Dear Mr. Sterner:

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 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,

Lillian Yin, Ph.D.  
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): K 982659

Device Name: HYSTEROSCOPE

Indications For Use:

**MEDIVISION HYSTEROSCOPE MV400/MV415/MV430/MV470**

**INDICATIONS for USE**

**NOTE:**

Hysteroscopes are used as tools for access to the uterine cavity and are not, in and of themselves, a method for surgery.

**Diagnostic Hysteroscopy**

- Abnormal Uterine Bleeding
- Infertility & Pregnancy Wastage
- Evaluation of Abnormal Hysterosalpingogram
- Intrauterine Foreign Body
- Amenorrhea
- Pelvic Pain

**Operative Hysteroscopy**

- Directed Biopsy
- Removal of Submucous Fibroids and Large Polyps
- Submucous Myomectomy
- Transection of Intrauterine Adhesions
- Transection of Intrauterine Septa
- Endometrial Ablation

Medical disease, cervical stenosis, and pelvic infection may alter the choice of location for hysteroscopy (i.e., office setting vs. Hospital).

**(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 Reproductive, Abdominal, ENT,  
and Radiological Devices

510(k) Number K 982659

Prescription Use   
(Per 21 CFR 801.109)

OR

Over-The-Counter Use

(Optional Format 1-2-96)