4-12-99

Hospital Specialty Company

Personal Care Division of the Tranzonic Companies
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(800) 321-9832 • (216) 361-1230 • (800) B-AT-EASE
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K990861

510(k) Summary

Contact: John Quigley
Company: Hospital Specialty
Address: 7501 Carnegie Ave
Cleveland, OH 44103
telephone: 216-361-1230 x 371
fax: 216-361-0829

Device Name:
Classification name: dressing
Trade/Common name: ABD pad
Proprietary name: Hospeco

Predicate Device: Kendall's Tendersorb ABD pad

Device Description: The pad is composed of the same type of materials as the predicate device. The non-woven outer-wrap has been tested according to the Intensified Shelasnski Repeated Insult Patch Test and is neither a skin irritant nor a skin sensitizer. The pads are available in the same sizes and similar weights.

Intended Use: The pad is used to cover wounds.

Technological Characteristics: Non-woven wax-cured polyester is used as a barrier and to wrap the pad instead of non-woven polypropylene.

Supporting Data and Conclusions: The wound dressing is made of similar materials and in a similar manor as the previously cleared device. The finished device has been evaluated using the AAMI Method 1 for microbiological validation of gamma irradiation sterilization. The bioburden has been established and the minimum irradiation dose has been determined and tested for providing a sterility assurance level of 10^{-6}. A quarterly dose audit will be performed on the product. Based upon this evidence, the wound dressing is substantially equivalent to the existing legally marketed device.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 12 1999

Mr. John Quigley
Quality Assurance Manager
Hospital Specialty Co.
7501 Carnegie Avenue
Cleveland, Ohio 44103

Re: K990861
Trade Name: Hospeco ABD Wound Dressing
Regulatory Class: Unclassifed
Product Code: FRO
Dated: March 15, 1999
Received: March 16, 1999

Dear Mr. Quigley:

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 (the Act). You may, therefore, market your device subject to the general controls provisions of the Federal Food, Drug, and Cosmetic Act (Act) and the following limitations:

1. This device may not be labeled for use on third degree burns.

2. This device may not be labeled as having any accelerating effect on the rate of wound healing or epithelization.

3. This device may not be labeled as a long-term, permanent, or no-change dressing, or as an artificial (synthetic) skin.

4. This device may not be labeled as a treatment or a cure for any type of wound.

The labeling claims listed above would be considered a major modification in the intended use of the device and would require a premarket notification submission (21 CFR 807.81).

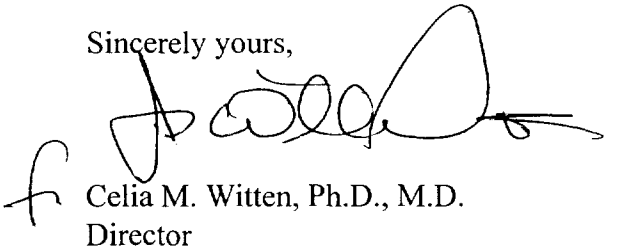
The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practices, labeling, and prohibitions against misbranding and adulteration.

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 (CFR), Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practices (GMP) for Medical Devices: General GMP regulation (21 CFR Part 820) and that, through periodic GMP 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) 594-4595. 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/dsmamain.html.

Sincerely yours,



Celia M. Witten, Ph.D., M.D.
Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K990861

Device Name: Hospeco ABD wound dressing

Indications For Use:

The pad is used to cover wounds

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

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 General Restorative Devices
510(k) Number K990861