

JUN 23 1999

Dexide Bipolar Forceps II Device**

K991859

IX. 510(k) Summary of Safety and Effectiveness

SUBMITTER: United States Surgical
150 Glover Avenue
Norwalk, CT 06856

CONTACT PERSON: Christopher A. Graham

DATE PREPARED: May 27, 1999

CLASSIFICATION NAME: Electrosurgical cutting and coagulation device and accessories

COMMON NAME: Bipolar Forceps

PROPRIETARY NAME: Dexide Bipolar Forceps II** device

PREDICATE DEVICES: Minisite* Bipolar Forceps** device (K972415)

DEVICE DESCRIPTION: The Dexide Bipolar Forceps II** device is a laparoscopic grasping, coagulating, and transecting bipolar forceps, which is intended to be passed down a laparoscopic cannula. The device is intended to be used with the bipolar outputs of compatible electrosurgical generators.

INTENDED USE: The Dexide Bipolar Forceps II** device is indicated for use in laparoscopic bipolar procedures, to grasp, coagulate and transect tissues.

MATERIALS: All component materials of the Dexide Bipolar Forceps II** device are comprised of materials which are in accordance with ISO Standard # 10993-1.

PERFORMANCE DATA: The Dexide Bipolar Forceps II** device is in compliance with ANSI/AAMI American National Standard for Electrosurgical Devices HF-18/1993.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 23 1999

Mr. Christopher A. Graham
Senior Associate, Regulatory Affairs
United States Surgical Corp.
150 Glover Avenue
Norwalk, Connecticut 06856

Re: K991859
Trade Name: Dexide Bipolar Forceps II
Regulatory Class: II
Product Code: GEI
Dated: May 27, 1999
Received: June 1, 1999

Dear Mr. Graham:

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.

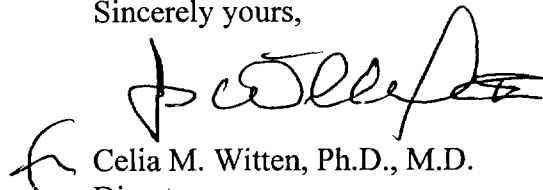
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, 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.

Page 2 – Mr. Christopher A. Graham

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,

A handwritten signature in black ink, appearing to read "C. Witten", with a stylized flourish at the end.

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

Dexide Bipolar Forceps II** Device

IV. Indications For Use:

510(k) Number (if known): K 991859

Name: Dexide Bipolar Forceps II** device

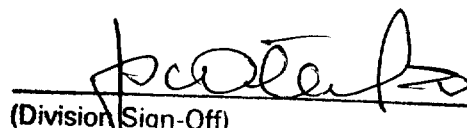
Indications For Use:

The Dexide Bipolar Forceps II** device is indicated for use in laparoscopic bipolar procedures, to grasp, coagulate and transect tissues.

(Please do not write below this line - continue on another page if needed)

Concurrence of CDRH, Office of Evaluation (ODE)

Prescription Use: X OR Over-The-Counter Use: _____
(Per 21 CFR §801.109)


(Division Sign-Off)

Division of General Restorative Devices

510(k) Number

K 991859