NOV 16 1999

K992792

510k Summary

Device:	Xia™ Spinal System C-C Adaptor
Common name:	Spinal Fixation Device
Classification Name:	Spinal Interlaminal Fixation Orthosis, 21 CFR 888.3050
	Spinal Intervertebral Body Fixation Orthosis, 21 CFR 888.3060
	Pedicle Screw Spinal System, 21 CFR 888.7070
Regulatory Class:	Class II
Product Code:	87 KWP, 87KWQ, 87MNH AND 87MNI
Contact Person:	Karen Ariemma, Regulatory Affairs Specialist
	Howmedica Osteonics Corp.
	59 Route 17
	Allendale, New Jersey 07401-1677
	phone (201) 760-8187
	fax (201) 934-4368

The Xia™ Spinal System C-C Adaptor is a line extension to the Xia™ Spinal System. It consists of a C-C Adaptor with a set screw. The Xia™ Spinal System C-C Adaptor is a lateral connector. When used with a Xia™ Spinal System I-Connector, it allows for attachment of a hook to the longitudinal rod. The components are manufactured from titanium alloy.

The Xia™ Spinal System is intended for use in the noncervical spine. When used as a pedicle screw fixation system, the Xia™ Spinal System is intended for patients: (a) having severe spondylolisthesis (Grades 3 and 4) at the fifth lumbar-first sacral (L5-S1) vertebral joint which is fused; (b) who are receiving fusions using autogenous bone graft only; (c) who are having the device fixed or attached to the lumbar and sacral spine; and (d) who are having the device removed after the development of a solid fusion mass. Pedicle screw fixation is limited to L3 to S1 or the ilium.

When used as a pedicle screw fixation system, the Xia™ Spinal System is also intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor and failed previous fusion (psuedoarthrosis).

When used as an anterior screw fixation system or a posterior hook and sacral/iliac fixation system, the Xia™ Spinal System is indicated for patients with degenerative disc disease of the thoracic, lumbar, which is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies, spondylolisthesis, fracture, spinal stenosis, spinal deformities such as scoliosis, kyphosis, lordosis, tumor, psuedoarthrosis or revision of failed fusion attempts. When used in the posterior non-pedicle indication the Xia™ Spinal System is indicated for use in the thoracic to sacral spine. When used in the anterior indication the Xia™ Spinal System is indicated for use in the thoracic and lumbar spine.

The substantial equivalence of this device is based on an equivalence in intended use, materials, design and operational principles to the predicate Xia™ Spinal System L-Connector. Mechanical testing demonstrates that the device will meet the mechanical functional requirements.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV 16 1999

Ms. Elizabeth A. Staub
Vice President, Quality Assurance, Regulatory
Affairs, Clinical Research
Howmedica Osteonics Corporation
59 Route 17
Allendale, New Jersey 07401-1677

Re: K992792
Trade Name: Howmedica Osteonics® XIA™ Spinal System
Regulatory Class: II
Product Codes: KWQ, KWP, MNH, and MNI
Dated: August 17, 1999
Received: August 19, 1999

Dear Ms. Staub:

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.

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) 594-4659. 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,

James E. Dillard III
Acting Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K992792

Device Name: Howmedica Osteonics® Xia™ Spinal System C-C Adaptor

The subject components, Howmedica Osteonics® Xia™ Spinal System C-C Adaptor, are single-use devices which are sold non-sterile and are intended for use only with the other titanium alloy components of the commercially available Howmedica Osteonics® Xia™ Spinal System.

The Xia™ Spinal System is intended for use in the noncervical spine. When used as a pedicle screw fixation system, the Xia™ Spinal System is intended for patients: (a) having severe spondylolisthesis (Grades 3 and 4) at the fifth lumbar-first sacral (L5-S1) vertebral joint which is fused; (b) who are receiving fusions using autogenous bone graft only; (c) who are having the device fixed or attached to the lumbar and sacral spine; and (d) who are having the device removed after the development of a solid fusion mass. Pedicle screw fixation is limited to L3 to S1 or the ilium.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter Use ____

(Per 21 CFR 801.109) (Optional Format 1-2-96)

(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K992792