

510(k) Summary

1.0 Date Prepared

August 24, 1999

2.0 Submitter (Contact)

Martin D. Sargent
Xomed Surgical Products
Jacksonville, FL
(904) 279-7586

3.0 Device Name

Proprietary Name: Xomed Ball-Tip Monopolar Stimulator Probe
Common Name(s): Monopolar Stimulator Probe
Classification Name(s): Surgical Nerve Stimulator/Locator

5.0 Device Classification

Surgical Nerve Stimulator/Locator:
Procode ETN Class II 21 CFR 874.1820

6.0 Device Description

The probe includes a metal ball tip, an insulated, flexible metal shaft, and a protected pin electrical connector to attach the probe to a stimulator.

7.0 Intended Use

The Ball-Tip Monopolar Stimulating Probe is intended to stimulate cranial and peripheral motor nerves for location and identification during surgery, including spinal nerve roots.

8.0 Substantial Equivalence

The Xomed Ball-Tip Monopolar Stimulator Probe is substantially equivalent to the Magstim/Neurosign Pedicle Hole Probe as described in K980148 in its intended use, materials, and overall design.



OCT 7 1999

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Martin D. Sargent
Sr. Regulatory Affairs Specialist
XOMED
6743 Southpoint Dr. N.
Jacksonville, Florida

Re: K992869
Trade Name: Xomed Monopolar Stimulator Probe
Regulatory Class: II
Product Code: 77 ETN
Dated: August 25, 1999
Received: August 26, 1999

Dear Mr. Sargent:

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/dsmamain.html>".

Sincerely yours,



A. Ralph Rosenthal, M.D.

Director

Division of Ophthalmic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

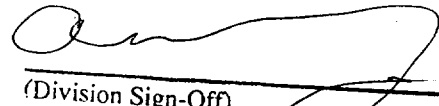
Enclosure

510(k) Number (if known): 2992869

Device Name: Ball-Tip Monopolar Stimulator Probe

Indications for Use:

The Ball-Tip Monopolar Stimulating Probe is intended to stimulate cranial and peripheral motor nerves for location and identification during surgery, including spinal nerve roots.



(Division Sign-Off)
Division of Ophthalmic Devices
510(k) Number 2992869

(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)

Prescription Use _____
(Per 21 CFR 801.109)

Or Over-the-Counter Use _____

(Optional Format 1-2-96)