Endoscopy
Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810

978 749 1000
978 749 1599 Fax
www.smith-nephew.com

We are smith&nephew

FEB - 3 2011

SECTION IV

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS INFORMATION

as required by the Safe Medical Devices Act of 1990 and codified in 21 CFR 807.92 upon which the substantial equivalence is based.

OSTEORAPTOR Curved 2.3 Suture Anchor

Date Prepared: November 8, 2010

A. Submitter's Name:

Smith & Nephew, Inc., Endoscopy Division

150 Minuteman Road

Andover, MA 01810

B. Company Contact

Kathleen Solomon

Regulatory Affairs Specialist II

Phone: (978) 749-1605

Fax: (978) 749-1443

C. Device Name

Trade Name:	OSTEORAPTOR Curved 2.3 Suture Anchor
Common Name:	Fastener, fixation, biodegradable, soft tissue
Classification Name:	Single/multiple component metallic bone fixation appliances and accessories.
Product Code:	MAI
Regulation Number:	21 CFR §888.3030

D. Predicate Device

The Smith & Nephew OSTEORAPTOR Curved 2.3 Suture Anchors are substantially equivalent in Indication for Use and Fundamental Scientific Technology to the OSTEORAPTOR 2.3 Suture Anchor, K082215.

E. Description of Device

The Smith & Nephew OSTERAPTOR Curved 2.3 Suture Anchor is bioabsorbable 2.3 mm suture anchor manufactured from PLLA/HA and comes preloaded with non-absorbable ultra high molecular weight braided polyethylene #2 suture preassembled to a flexible stainless steel inserter.

F. Intended Use

The OSTERAPTOR Curved 2.3 suture anchors are intended for the fixation of soft tissue to bone in the Hip, Shoulder, Foot, Ankle, Elbow, Wrist, Hand and Knee as follows:

Hip
Hip capsule repair
- Acetabular labrum reattachment

Shoulder
Capsular stabilization
- Bankart repair
- Anterior shoulder instability
- SLAP lesion repairs
- Capsular shift or capsulolabral reconstructions
Acromioclavicular separation repairs
Deltoid repairs
Rotator cuff tear repairs
Biceps tenodesis

Foot and Ankle
Hallux valgus repairs
Medial or lateral instability repairs/reconstructions
Achilles tendon repairs/reconstructions
Midfoot reconstructions
Metatarsal ligament/tendon repairs/reconstructions
Bunionectomy

Elbow, Wrist, and Hand
Biceps tendon reattachment
Ulnar or radial collateral ligament reconstructions
Lateral epicondylitis repair

Knee
Extra-capsular repairs:
– Medial collateral ligament
– Lateral collateral ligament
– Posterior oblique ligament
Patellar realignment and tendon repairs
– Vastus medialis obliquous advancement
Iliotibial band tenodesis

G. Comparison of Technological Characteristics

The Smith & Nephew OSTERAPTOR Curved 2.3 Suture Anchors are substantially equivalent in indications for use, technological characteristics, and are as safe and as effective as their currently marketed predicate device, the Smith & Nephew OSTERAPTOR 2.3 Suture Anchor (K082215).

H. Summary Performance Data

The performance testing demonstrates that the insertion, pull out and suture slide properties of the OSTEORAPTOR Curved 2.3 anchors are substantially equivalent to the Smith & Nephew OSTEORAPTOR 2.3 anchors.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

Smith & Nephew, Inc. Endoscopy Division
% Ms. Kathleen Solomon
Regulatory Affairs Specialist II
150 Minuteman Road
Andover, Massachusetts 01810

FEB - 3 2011

Re: K103309
Trade/Device Name: OSTEORAPTOR Curved Suture Anchors
Regulation Number: 21 CFR 888.3030
Regulation Name: Single / multiple component metallic bone fixation appliance and accessories
Regulatory Class: Class II
Product Code: MAI, JDR
Dated: November 8, 2010
Received: November 10, 2010

Dear Ms. Solomon:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate 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) that do not require approval of a premarket approval application (PMA). 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

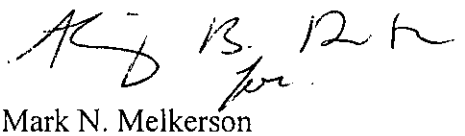
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,



Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K103309

Device Name: OSTEORAPTOR Curved Suture Anchors

Indications For Use:

The Smith & Nephew OSTERAPTOR Curved Suture Anchor is intended for the reattachment of soft tissue to bone for the following indications:

Hip
Hip capsule repair
- Acetabular labrum reattachment

Shoulder
Capsular stabilization
- Bankart repair
- Anterior shoulder instability
- SLAP lesion repairs
- Capsular shift or capsulolabral reconstructions
Acromioclavicular separation repairs
Deltoid repairs
Rotator cuff tear repairs
Biceps tenodesis

Foot and Ankle
Hallux valgus repairs
Medial or lateral instability repairs/reconstructions
Achilles tendon repairs/reconstructions
Midfoot reconstructions
Metatarsal ligament/tendon repairs/reconstructions
Bunionectomy

Elbow, Wrist, and Hand
Biceps tendon reattachment
Ulnar or radial collateral ligament reconstructions
Lateral epicondylitis repair

Knee
Extra-capsular repairs:
– Medial collateral ligament
– Lateral collateral ligament
– Posterior oblique ligament
Patellar realignment and tendon repairs
– Vastus medialis obliquous advancement
Iliotibial band tenodesis

Prescription Use X AND/OR Over-The-Counter Use ____

(Per 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

for M. Melkerson

(Division Sign-Off)
Division of Surgical, Orthopedic, and Restorative Devices