

K110522

APR - 1 2011

510(k) SUMMARY

A summary of 510(k) safety and effectiveness information in accordance with the requirements of 21 CFR 807.92.

Submitter Information			
Name	Medtronic Sofamor Danek USA, Inc.		
Address	2600 Pyramid Place Memphis, TN 38132		
Phone number	901-344-1463		
Fax number	901-346-9738		
Establishment Registration Number	1030489		
Name of contact person	Nicholas Tabrizi		
Date prepared	March 17, 2011		
Name of device			
Trade or proprietary name	VERTEX® Reconstruction System		
Common or usual name	VERTEX SELECT® Reconstruction System		
Classification name	Spinal Interlaminar Fixation Orthosis		
Classification panel	Class II		
Regulation	21 CFR 888.3050		
Product Code(s)	KWP		
Legally marketed device(s) to which equivalence is claimed	510(k) Number	Title	Date Cleared
	K003780	Vertex Reconstruction System	9/28/01
	K062447	Traverse OCT Spinal Fixation System	10/15/07
	K070742	Modification to Vertex Reconstruction System	9/14/07
	K082728	Vertex Reconstruction System, Vertex Select Reconstruction System	1/16/09
	K083071	Vertex Reconstruction System	11/14/08
	K090714	Vertex Reconstruction System, Vertex Select Reconstruction System	4/17/09
K091365	Vertex Reconstruction System, Vertex Select Reconstruction System	8/6/09	
Reason for 510(k) submission	The purpose of this 510(k) is to consolidate several cleared surgical techniques into two concise documents.		
Device description	The VERTEX SELECT Reconstruction System is a posterior system, which consists of a variety of shapes and sizes of plates, rods, hooks, screws, multi-axial screws, and connecting components, which can be rigidly locked to the rod in a variety of configurations, with each construct being tailor-made for the individual case. Titanium ATLAS® cable may be used with this system at the		

K110522

	<p>surgeon's discretion. See the package inserts of both of those systems for labeling limitations.</p> <p>The VERTEX Reconstruction System is fabricated from medical grade titanium, medical grade titanium alloy, and medical grade cobalt chromium. Medical grade titanium, medical grade titanium alloy, and/or medical grade cobalt chromium may be used together. Never use titanium, titanium alloy, and/or cobalt chromium with stainless steel in the same construct. The VERTEX Reconstruction System includes a retaining ring for the multi-axial screw made of Shape Memory Alloy (Nitinol – NiTi). Shape Memory Alloy is compatible with titanium, titanium alloy, and cobalt chromium implants only. Some components contain elastomeric stakes made of silicone adhesive commonly used in implantable medical devices. Do not use with stainless steel.</p> <p>To achieve best results, do not use any of the VERTEX Reconstruction System implant components with components from any other system or manufacturer unless specifically labeled to do so in this or another MEDTRONIC document. As with all orthopaedic and neurosurgical implants, none of the VERTEX Reconstruction System components should ever be reused under any circumstances.</p>
<p>Intended use of the device</p>	<p>When intended to promote fusion of the occipitocervical spine, cervical spine, and the thoracic spine, (Occiput-T3), the VERTEX Reconstruction System is indicated for the following: DDD (neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, spinal stenosis, fracture, dislocation, failed previous fusion and/or tumors.</p>
<p>Indications for use</p>	<p>When intended as an adjunct to fusion of the occipitocervical spine, cervical spine, and the thoracic spine, (Occiput-T3), the VERTEX® Reconstruction System is indicated for skeletally mature patients using allograft and/or autograft for the following: DDD (neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, spinal stenosis, fracture, dislocation, failed previous fusion and/or tumors.</p> <p>Occipitocervical Components: Plate Rod/Plates/Rods/Occipital Screws/Hooks The occipitocervical plate rods, plates, rods, occipital screws, and hooks are intended to provide stabilization to promote fusion following reduction of fracture/dislocation or trauma in the occipitocervical junction and the cervical spine. When used to treat these occipitocervical and cervical conditions, these screws are limited to occipital fixation only. The screws are not intended to be placed in the cervical spine.</p> <p>Occipitocervical constructs require bilateral fixation to C2 and below. Note: Segmental fixation is recommended for these constructs.</p> <p>Hooks and Rods The hooks and rods are also intended to provide stabilization to promote fusion following reduction of fracture/dislocation or trauma in the cervical/upper thoracic (C1-T3) spine.</p> <p>Multi-axial Screws/Connectors The use of multi-axial screws are limited to placement in T1-T3. The screws are not intended to be placed in the cervical spine. Titanium ATLAS® Cable System to be used with the VERTEX® Reconstruction System allows for cable attachment to the posterior cervical or thoracic spine.</p>

K110522

	In order to achieve additional levels of fixation, the VERTEX® Reconstruction System may be connected to the CD HORIZON® Spinal System rods with the VERTEX® rod connectors. Refer to the CD HORIZON® Spinal System package insert for a list of the CD HORIZON® Spinal System indications of use.		
Summary of the technological characteristics of the device compared to the predicate device			
Characteristic	New Device	Predicate [Device Name] [510(k) number]	
Surgical Technique	VERTEX SELECT® Reconstruction System Surgical Technique	Vertex Reconstruction System, K003780 Modification to the Vertex Reconstruction System, K0070742 Vertex Reconstruction System, Vertex Select Reconstruction System, K082728 Vertex Reconstruction System, K083071 Vertex Reconstruction System, Vertex Select Reconstruction System, K090714 Vertex Reconstruction System, Vertex Select Reconstruction System, K091365	
Surgical Technique	VERTEX SELECT® Reconstruction System Posted Screw Module Surgical Technique	Traverse™ OCT Spinal Fixation System, K062447 Modification to the Vertex Reconstruction System, K0070742 Vertex Reconstruction System, K083071	
PERFORMANCE DATA			
SUMMARY OF NON-CLINICAL TESTS CONDUCTED FOR DETERMINATION OF SUBSTANTIAL EQUIVALENCE*			
Performance Test Summary-New Device			
Characteristic	Standard/Test/FDA Guidance		Results Summary
N/A	N/A		N/A
Comparative Performance Information Summary			
Characteristic	Requirement	New Device	Predicate Device
N/A	N/A	N/A	N/A
SUMMARY OF CLINICAL TESTS CONDUCTED FOR DETERMINATION OF SUBSTANTIAL EQUIVALENCE AND/OR OF CLINICAL INFORMATION			
Not Applicable			
CONCLUSIONS DRAWN FROM NON-CLINICAL AND CLINICAL DATA			
Not Applicable; the system did not change. The surgical techniques were only updated to			

K11052a

provide more detail. The overall implant process did not change.



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

Medtronic Sofamor Danek USA, Inc.
% Mr. Nicholas Tabrizi
Senior Regulatory Affairs Specialist
1800 Pyramid Place
Memphis, Tennessee 38132

APR - 1 2011

Re: K110522

Trade/Device Name: VERTEX[®] Reconstruction System
Regulation Number: 21 CFR 888.3050
Regulation Name: Spinal interlaminar fixation orthosis
Regulatory Class: Class II
Product Code: KWP
Dated: March 21, 2011
Received: March 22, 2011

Dear Mr. Tabrizi:

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

Page 2 – Mr. Nicholas Tabrizi

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,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is written in a cursive style with some initials and a flourish.

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

Enclosure

510(k) Number (if known): K110522

Device Name: VERTEX® Reconstruction System

Indications for Use:

When intended as an adjunct to fusion of the occipitocervical spine, cervical spine, and the thoracic spine, (Occiput-T3), the VERTEX® Reconstruction System is indicated for skeletally mature patients using allograft and/or autograft for the following:

DDD (neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, spinal stenosis, fracture, dislocation, failed previous fusion and/or tumors.

Occipitocervical Components: Plate Rod/Plates/Rods/Occipital Screws/Hooks

The occipitocervical plate rods, plates, rods, occipital screws, and hooks are intended to provide stabilization to promote fusion following reduction of fracture/dislocation or trauma in the occipitocervical junction and the cervical spine. When used to treat these occipitocervical and cervical conditions, these screws are limited to occipital fixation only. The screws are not intended to be placed in the cervical spine.

Occipitocervical constructs require bilateral fixation to C2 and below.

Note: Segmental fixation is recommended for these constructs.

Hooks and Rods

The hooks and rods are also intended to provide stabilization to promote fusion following reduction of fracture/dislocation or trauma in the cervical/upper thoracic (C1-T3) spine.

Multi-axial Screws/Connectors

The use of multi-axial screws are limited to placement in T1-T3. The screws are not intended to be placed in the cervical spine.

Titanium ATLAS® Cable System to be used with the VERTEX® Reconstruction System allows for cable attachment to the posterior cervical or thoracic spine.

In order to achieve additional levels of fixation, the VERTEX® Reconstruction System may be connected to the CD HORIZON® Spinal System rods with the VERTEX® rod connectors. Refer to the CD HORIZON® Spinal System package insert for a list of the CD HORIZON® Spinal System indications of use.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(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)



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

510(k) Number K110522