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Traditional 510k Neurovision Ink Printed Endotracheal Tube Electrode

510K Summary

In accordance with Title 21 of the Code of Federal Regulations, Part 807 and in particular 21 CFR §807.92, the following summary of information is provided:

Applicant Information

Christine Vergely Neurovision Medical Products, Inc. 2225 Sperry Ave., Suite 1000 Ventura, CA 93003 PH 805-866-6999 Fax: 413-410-4579 christie@neurovisionmedical.com

Device Identification:

Neurovision Ink Printed Endotracheal Tube Electrode. Trade or Proprietary Name:

LETEIP-1, LETEIP-2

Endotracheal Tube with Electromyography (EMG) Common or Usual Name:

monitoring Electrodes.

Class II Device Class: ETN Product Code:

Predicate Device

The subject Neurovision Ink Printed Endotracheal Tube Electrode is substantially equivalent to the following predicate devices concurrently distributed commercially in the U.S.:

K094054 NuVasive EMG Endotracheal Tube

Device Description

The Neurovision Ink Printed Endotracheal Tube Electrode is an endotracheal tube with integrated electrodes for electromyographic (EMG) monitoring during surgery. The ET tube is made of a flexible PVC material with an inflatable low pressure cuff. The Neurovision Ink Printed Endotracheal Tube Electrode is provided as a sterile, single use disposable accessory that connects to a compatible EMG monitor to provide an open airway for patient ventilation during EMG neuromonitoring of the Recurrent Laryngel Nerve (RLN).

Intended Use

The Neurovision Ink Printed Endotracheal Tube Electrode is intended for use during surgery and parasurgerical care only, with any compatible monitoring system, for continuous EMG monitoring and status assessment of the nerves supplying the laryngeal musculature as well as providing an open airway for patient ventilation.

Technological Characteristics of Device in Relation to Predicate Devices

The subject Neurovision Ink Printed Endotracheal Tube Electrode is substantially equivalent to the predicated device cleared by the FDA for commercial distribution in the United States. The subject device was shown to be substantially equivalent and have the same technological



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characteristics to its predicate device through comparison in areas including design, intended use, material composition, function, packaging, and sterilization.

Characteristics	Predicate Device	Subject Device
	NuVasive EMG Endotracheal	Neurovision Ink Printed
	Tube	Endotracheal Tube Electrode
	(K094054)	
Laryngeal Surface	YES	YES
Electrode		
Endotracheal	YES	YES
Location		
Number of	4	2 or 4
Electrodes		
Electrode Surface	Conductive Silver Ink	Conductive Silver Ink
Material	•	
Tube & Cuff	PVC	PVC
Materials		
Reinforcing Material	None	Dielectric coating
Tube Dimensions	Various Dimensions	Various Dimensions
Sterilization and	Sterile, Single Use Only	Sterile, Single Use Only
Packaging		

Nonclinical testing, including wire pull, abrasion, submersion and bend tests as well as impedance measurements demonstrated that the subject Neurovision Ink Printed Endotracheal Tube Electrode is substantially equivalent to the predicate.

Biocompatibility testing included ISO 10993-11 Systemic Toxicity, ISO 10993-10 Intracutaneous Sensitivity and ISO 10993-10 Irritation and Skin Sensitization.

Sterilization Validation was by VDMax method and Porous Packaging Validation was conducted according to ISO 11607.







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

Neurovision Medical Products, Inc. c/o Ms. Christine Vergely Regulatory Manager 2225 Sperry Ave., Suite 1000 Ventura, CA 93003

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~ Re: K110989

Trade/Device Name: Neurovision Ink Printed Endotracheal Tube Electrode

Regulation Number: 21 CFR 874.1820

Regulation Name: Surgical Nerve Stimulator/Locator

Regulatory Class: Class II

Product Code: ETN, BTR, GWF

Dated: October 17, 2011 Received: October 19, 2011

Dear Ms. Vergely:

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 <u>Federal Register</u>.

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" (21 CFR 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,

Malvina B. Eydelman, M.D.

Director

Division of Ophthalmic, Neurological, and Ear, Nose and Throat Devices Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): <u>K110989</u>			
Device Name: Neurovision Ink Printed Endotracheal Tube Electrode			
Indications for Use:			
The Neurovision Ink Printed Endotracheal Tube Electrode is intended for use during surgery and parasurgical care only, with any compatible monitoring system, for continuous EMG monitoring and status assessment of the nerves supplying the laryngeal musculature as well as providing an open airway for patient ventilation.			
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Prescription Use X AND/OR Over-The-Counter Use (21 CFR 801 Subpart C)			
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)			
Concurrence of CDRH, Office of Device Evaluation (ODE)			
(Division Sign-Off)			
Division of Ophthalmic, Neurological and Ear, Nose and Throat Devices			