

510(k) Summary

Proprietary Name: AxSOS 3 Ti Locking Plate System

Common Name: Bone plates
Bone Screws

MAR 28 2013

Classification Name and Reference: Single/multiple component metallic bone fixation appliances and accessories 21 CFR §888.3030

Smooth or threaded metallic bone fixation fastener
21 CFR §888.3040

Regulatory Class: Class II

Product Codes: 87 HRS: Plate, Fixation, Bone
87 HWC : Screw, Fixation, Bone

Sponsor: Stryker Trauma AG
Bohnackerweg 1
CH-2545 Selzach
Switzerland

Contact Person: Estela Celi
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Date Prepared: December 21, 2012

Description

This Traditional 510(k) submission is being supplied to the U.S. FDA to provide authorization to market the new AxSOS 3 Ti Locking Plate System. The AxSOS 3 Ti Locking Plate System is an internal fixation device that consists of monoaxial plates and various types of screws to fit different types of fractures in the tibia and femur. The subject components will be available sterile and non-sterile. The plates will be available in sizes ranging from 95-415mm in length and the screws will range from 10-150mm in length.

Intended Use

The AxSOS 3 Ti Locking Plate System is intended for long bone fracture fixation.

Indications

The AxSOS 3 Ti Locking Plate System is intended for long bone fracture fixation. Indications include:

- Diaphyseal, metaphyseal, epiphyseal, extra- and intra-articular fractures
- Non-unions and malunions
- Normal and osteopenic bone
- Osteotomies

Summary of Technologies

Device comparison showed that the proposed device is substantially equivalent in intended, use, materials and performance characteristics to the following predicate devices:

- K061012/K122308 AxSOS Plus Locking Plate System
- K062564 Synthes LCP Distal Femur Plates
- K052390 Synthes LCP Proximal Tibia Plates
- K972323 Osteo BOS System
- K012162 Stryker Plating System Basic Fragment Set

Non-Clinical Testing

Non-clinical laboratory testing was performed for the AxSOS 3 Ti Locking Plate System components to determine substantial equivalence. Testing demonstrated that the AxSOS 3 Ti Locking Plate System is substantially equivalent to devices currently cleared for marketing.

The following testing was performed:

- Static strength
- Dynamic Fatigue Testing
- Shear-Off Testing
- Insertion Testing
- Pull-Out Testing

Clinical Testing

Clinical testing was not required for this submission.

Conclusion

The AxSOS 3 Ti Locking Plate System is substantially equivalent to the predicate devices identified in this premarket notification.



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

Stryker Trauma AG
% Ms. Estela Celi
325 Corporate Drive
Mahwah, New Jersey 07430

Letter dated: March 28, 2013

Re: K123964

Trade/Device Name: AxSOS 3 Ti Locking Plate System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and accessories

Regulatory Class: Class II

Product Code: HRS

Dated: March 6, 2013

Received: March 7, 2013

Dear Ms. Celi:

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 -S

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

Enclosure

Indications for Use

K123964

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510(k) Number (if known): _____

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Indications for Use:

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- Normal and osteopenic bone
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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 OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Elizabeth L. Frank -S

Division of Orthopedic Devices