

**3. 510(k) Summary**

JUL 18 2013

**510(k) Summary  
For neoClose Device**

In accordance with 21 CFR **807.92** of the Federal Code of Regulations the following **510(k)** summary is submitted for the **neoClose Device**

510(k) NumberDate Prepared

7 June 2013

Proprietary Name

neoClose Hasson and neoClose Universal

Common Name

Suture passer

Classification Name§876.1500 Product code GCJ  
Endoscope and Accessories.Device Classification

Class II

Device Panel

General and Plastic Surgery Devices

Predicate Device

neoClose (K123280)

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Block 12  
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Ph: +353 (0)91 421 000Device Description

The neoClose device is intended to facilitate the delivery of absorbable AutoAnchors through soft tissues of the body during endoscopic/ laparoscopic surgery. There are two neoClose product codes, neoClose Hasson and neoClose Universal, each consisting of an AccuGuide and two AutoAnchors loaded onto two Drivers.

The neoClose Hasson is designed to provide sealed anchoring of a laparoscopic trocar and suture placement for subsequent soft tissue approximation. The neoClose Universal is equivalent to the neoClose Hasson design in its method of soft tissue approximation but does not provide for sealed anchoring of a trocar. Soft tissue approximation is facilitated by delivering two AutoAnchors, through an AccuGuide with a Driver. The AutoAnchors and Drivers for both the neoClose Hasson and Universal are identical but the AccuGuides differ in construction. The Hasson AccuGuide features Suture Locks, a flexible Sleeve, and two Guide Channels while the Universal AccuGuide features a Thumb Grip and one Guide Channel.

Intended Use

The neoClose device is intended to facilitate the delivery of absorbable AutoAnchors through soft tissues of the body during endoscopic/ laparoscopic surgery.

Summary of Technological Characteristics of Modified Device Compared to the Legally Marketed Predicate Device

The technical characteristics of the applicant device are substantially equivalent to the predicate device with respect to indications for use, product design, materials, packaging, labeling and sterilization methods.

Support of Substantial Equivalence

neoSurgical has submitted information on indication for use, design and principle of operation, biocompatibility and performance characteristics to establish that the neoClose device is substantially equivalent to the currently marketed predicate device, neoClose (K123280). A detailed justification for substantial equivalence was completed which includes a side-by-side comparison of the product attributes of the applicant device and predicate device. Design Verification bench testing supports the performance of the neoClose device and demonstrates that it is at least as safe and effective as the predicate device, neoClose (K123280).

- **Intended Use**  
The neoClose components have the same intended use as the predicates.
- **Physical Characteristics**  
There are no technological differences between the neoClose device and the predicate devices (neoClose K123280) affecting intended use or safety and effectiveness.
- **Anatomical Sites**  
The neoClose device and its predicates may be utilized in the same anatomical site.
- **Performance**  
Design Verification bench testing support the use of the neoClose device and demonstrate that it is at least as safe and effective as the predicate device, neoClose (K123280).
- **Safety Characteristics**  
The GLP Animal Study completed with the predicate device demonstrates the safety and effectiveness of both the modified neoClose device and the predicate neoClose device (K123280), because an extension of shelf life is the only change to the design of the modified device. Design Verification bench testing also demonstrates that the modified device is at least as safe and effective as the predicate device, neoClose (K123280).

The neoClose device is substantially equivalent to the predicate device since it has the same intended use, does not raise new concerns regarding safety and effectiveness and is at least as safe and effective as the predicate device when used in accordance with the Instructions for Use.



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neoSurgical, Limited  
% Orla Brennan  
Quality Assurance and Regulatory Affairs Director  
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Galway, Ireland

July 18, 2013

Re: K131688

Trade/Device Name: neoClose Hasson, neoClose Universal  
Regulation Number: 21 CFR 876.1500  
Regulation Name: Endoscope and accessories  
Regulatory Class: Class II  
Product Code: GCJ  
Dated: June 07, 2013  
Received: June 18, 2013

Dear Orla Brennan:

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 contact 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>. 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  
Acting Director  
Division of Surgical Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**2. Indications for Use Statement**

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**510(k) Number:** K131688

**Device Name:** neoClose

**Indications for Use:** The neoClose device is intended to facilitate the delivery of absorbable AutoAnchors through soft tissues of the body during endoscopic/ laparoscopic surgery.

Prescription Use  (Per 21 CFR 801.109)

OR

Over-The-Counter Use

PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED

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Concurrence of CDRH, Office of Device Evaluation (ODE)

**David Krause -S**

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(Division Sign-Off)

Division of Surgical Devices

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