APR 0 3 2014

510(k) Summary

Proprietary Name:	VariAx 2 System
Common Name:	Bone plates
Classification Name and Reference:	Single/multiple component metallic bone fixation appliances and accessories 21 CFR §888.3030
Regulatory Class:	Class II
Product Codes:	87 HRS: Plate, Fixation, Bone
Sponsor:	Stryker Trauma AG Bohnackerweg 1 CH-2545 Selzach Switzerland
Contact Person:	Estela Celi Regulatory Affairs Specialist 325 Corporate Drive Mahwah, NJ 07430 Phone: (201) 831-6461 Fax: (201) 831-3461 estela.celi@stryker.com
Date Prepared:	February 11, 2014

Description

This Traditional 510(k) submission is being supplied to the U.S. FDA to provide authorization to market the new VariAx 2 System. The VariAx 2 System is an internal fixation device that consists of various plates used with compatible screws to fit different types of fractures in the foot and ankle. The subject components will be available sterile and non-sterile. The plates will be available in sizes ranging from 14-70mm in length.

Intended Use
The Stryker VariAx 2 System is intended for use in internal fixation, reconstruction and treatment of fractures in the foot and ankle in adult and adolescent (12-21 years) patients.

Indications
The Stryker VariAx 2 System is intended for use in internal fixation, reconstruction and treatment of fractures in the foot and ankle in adult and adolescent (12-21 years) patients. Including:

- Replantation
- Joint fusions
- Corrective osteotomies
- Osteopenic bone

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:

- K063875 Stryker Foot Plating System
- K100776 Synthes 2.4 MM/2.7 MM Variable Angle LCP Forefoot/Midfoot System
- K101240 DePuy ALPS Small Bone Locked Plating System
- K091214 Synthes 2.4mm/2.7mm Variable Angle (VA)- LCP Forefoot/ Midfoot System

Non-Clinical Testing
Non-clinical laboratory testing was performed on the VariAx 2 System components to determine substantial equivalence. Testing demonstrated that the VariAx 2 System is substantially equivalent to the predicate devices currently cleared for marketing.

The following testing was performed

- Construct Fatigue Strength Testing

Clinical Testing
Clinical testing was not required for this submission.

Conclusion
The VariAx 2 System is substantially equivalent to the predicate device identified in this premarket notification.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

April 3, 2014

Stryker Trauma AG
Ms. Estela Celi
Specialist Regulatory Affairs
325 Corporate Drive
Mahwah, New Jersey 07430

Re: K140376
Trade/Device Name: VariAx 2 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: February 11, 2014
Received: February 14, 2014

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 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,

Lori A. Wiggins

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

Enclosure

Indications for Use

510(k) Number (if known): K140376

Device Name: VariAx 2 System

Indications for Use:

The Stryker VariAx 2 System is intended for use in internal fixation, reconstruction and treatment of fractures in the foot and ankle in adult and adolescent (12-21 years) patients. Including:

- Replantation
- Joint fusions
- Corrective osteotomies
- Osteopenic bone

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 [illegible] Frank -S

Division of Orthopedic Devices