



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
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Silver Spring, MD 20993-0002

March 16, 2018

Quanta System S.p.A.
Francesco Dell'antonio
V.P Regulatory Affairs & Quality Assurance
Via acquedotto, 109
Samarate, 20826 Italy

Re: K163009
Trade/Device Name: Litho
Regulation Number: 21 CFR 878.4810
Regulation Name: Laser Surgical Instrument For Use In General And Plastic Surgery And
In Dermatology
Regulatory Class: Class II
Product Code: GEX
Dated: November 3, 2016
Received: November 4, 2016

Dear Francesco Dell'antonio:

This letter corrects our substantially equivalent letter of December 1, 2016.

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 Industry and Consumer Education 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" (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 Industry and Consumer Education 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,

Jennifer R. Stevenson -S3

For Binita S. Ashar, M.D., M.B.A., F.A.C.S.
Director
Division of Surgical Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known)
K163009

Device Name
Litho

Indications for Use (Describe)

The Litho laser system and its fiber optic delivery system are intended for use in surgical procedures using open, laparoscopic and endoscopic incision, excision, resection, ablation, vaporization, coagulation and haemostasis of soft tissue in use in medical specialties including: Urology, Urinary Lithotripsy, Gastroenterology, Arthroscopy, Discectomy, Gynaecology, ENT and General Surgery.

Urology

Open and endoscopic surgery (incision, excision, resection, ablation, vaporization, coagulation and haemostasis) including:

- Urethral Strictures
- Bladder Neck Incisions (BNI)
- Ablation and resection of Bladder Tumors, Urethral Tumors and Ureteral • Tumors,
- Ablation of Benign Prostatic Hypertrophy (BHP),
- Transurethral incision of the prostate (TUIP)
- Holmium Laser Resection of the Prostate (HoLRP)
- Holmium Laser Enucleation of the Prostate (HoLEP)
- Holmium laser Ablation of the Prostate (HoLAP)
- Condylomas
- Lesions of external genitalia

Lithotripsy and Percutaneous Urinary Lithotripsy

- Endoscopic fragmentation of urethral, ureteral, bladder and renal calculi including cystine, calcium oxalate, monohydrate and calcium oxalate
- dehydrate stones.
- Endoscopic fragmentation of kidney calculi
- Treatment of distal impacted fragments of steinstrasse when guide wire cannot be passed.

Gastroenterology

Open and endoscopic Gastroenterology surgery (incision, excision, resection, ablation, vaporization, coagulation and haemostasis) including:

- Appendectomy
- Polyps
- Biopsy
- Gall Bladder calculi
- Biliary/Bile duct calculi
- Ulcers
- Gastric ulcers
- Duodenal ulcers

-
- Non Bleeding Ulcers
 - Pancreatitis
 - Haemorrhoids
 - Cholecystectomy
 - Benign and Malignant Neoplasm
 - Angiodysplasia
 - Colorectal cancer
 - Telangiectasias
 - Telangiectasias of the Osler-Weber-Renu disease
 - Vascular Malformation
 - Gastritis
 - Esophagitis
 - Esophageal ulcers
 - Varices
 - Colitis
 - Mallory-Weiss tear
 - Gastric Erosions

Arthroscopy

Arthroscopy/Orthopaedic surgery (excision, ablation and coagulation of soft and cartilaginous tissue) in small and large joints of the body, excluding the spine but including:

- Ligament and tendon Release
- Contouring and sculpting of articular surfaces
- Capsulectomy in the Knee
- Chondroplasty in the Knee
- Debridement of inflamed synovial tissue
- Chondromalacia Ablation
- Chondromalacia and tears
- Plica Removal
- Meniscectomy
- Loose Body Debridement
- Lateral retinacular release

Ablation of soft, cartilaginous and bony tissue in Minimal Invasive Spinal Surgery including

- Percutaneous Laser Disc Decompression/Discectomy of the L4-5 and L5-S1 lumbar discs, including Foraminoplasty
- Percutaneous Cervical Disc Decompression/Discectomy
- Percutaneous Thoracic Disc Decompression/Discectomy

Gynaecology

Open and laparoscopic gynaecological surgery (incision, excision, resection, ablation, vaporization, coagulation and haemostasis) of soft tissue

ENT

Endoscopic endonasal surgery (incision, excision, resection, ablation, vaporization, coagulation and haemostasis of soft tissue and cartilage) including:

- Endonasal/sinus Surgery
- Partial turbinectomy
- Polypectomy
- Dacryocystorhinostomy

-
- Frontal Sinusotomy
 - Ethmoidectomy
 - Maxillary antrostomy
 - Functional endoscopic sinus surgery

General Surgery

Open, laparoscopic and endoscopic surgery (incision, excision, resection, ablation, vaporization, coagulation and haemostasis) including:

- Appendectomy
- Skin incision
- Excision of external and internal lesions
- Complete or partial resection of internal organs, tumors and lesions
- Biopsy

Type of Use (*Select one or both, as applicable*)

☒ Prescription Use (Part 21 CFR 801 Subpart D)

☐ Over-The-Counter Use (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) (*Signature*)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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5. Special 510(K) SUMMARY – Device Modifications

Introduction:

This document contains the 510(k) Summary for the device Litho.
The basis of this submission is Modifications to a Device already cleared.
The content of this summary is based on the requirements of 21 CFR 807.92(c).

**Applicant /
Manufacturer
Name and Address:**

Quanta System SPA
Via Acquedotto, 109
Samarate (VA)
Italy, 21017

510(k) Contact Person:

Francesco Dell'Antonio
Vice President Regulatory Affairs and QA
Quanta System SPA

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Phone: +39-0331-376797
Fax: +39-0331-367815

Date Prepared:

October 26th 2016

Device Name:

Litho

Classification:

Class II

Classification Name:

Laser surgical instrument for use in general and plastic surgery and in dermatology.

Regulation Number:

21 CFR 878.4810

Product Code:

GEX

Basis for Submission:

Device modifications

Legally Marketed Device

Litho (K141101) – Quanta System SPA
Lumenis Pulse 120h (K140388) – Lumenis LTD

Performance Standards:

There are no mandatory performance standards for this device.

Description of the modifications:

This Special 510(k) of the modified device Litho is submitted due to Device Modifications of the already cleared device (K141101) due to the broadening of the range of some laser emission parameters such as power, energy and frequency.

The modified device has the same intended use of the unmodified device. Moreover the the intended use of the modified device, as described in its labeling, has not changed as a result of the modifications.

The modified and unmodified devices are exactly the same except for the available range of emission parameters. A change to the software determined the differences between the modified and unmodified versions.

There are not incremental changes from the original clearance K141101 to be taken into account other than the differences between modified and unmodified devices.

Based on the nature of the changes implemented, the device underwent and successfully passed electrical safety and performance testing according to IEC 60601-1 and its collateral standards.

Intended Use/Indications for Use

The modified device Litho has the same intended use of the unmodified device, as follows:

The LITHO laser system and its fiber optic delivery system are intended for use in surgical procedures using open, laparoscopic and endoscopic incision, excision, resection, ablation, vaporization, coagulation and haemostasis of soft tissue in use in medical specialties including: Urology, Urinary Lithotripsy, Gastroenterology, Arthroscopy, Discectomy, Gynaecology, ENT and General Surgery.

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- Skin incision
- Excision of external and internal lesions
- Complete or partial resection of internal organs, tumors and lesions
- Biopsy

Substantial Equivalence:

The modified and unmodified devices have the same components, the same laser sources and the same controlling principles, but some differences in the range of emission parameters.

Another predicate device, Lumenis Pulse 120h (K140388), has been considered in order to demonstrate the safety and effectiveness of the parameters combinations not included in the unmodified device.

The modified and unmodified devices have the same intended use.

Thus the modified device Litho is substantially equivalent to the previously legally marketed device, cleared under K141101.

Performance testing

The modified device Litho was subjected to performance testing in accordance with the following recognized consensus standards related to electromagnetic compatibility, electrical safety and performances:

- IEC 60601-1:2012, Medical Electrical Equipment - Part 1: General Requirements For Basic Safety And Essential Performance
- IEC 60601-1-2 Edition 3: 2007-03, Medical Electrical Equipment - Part 1-2: General Requirements For Basic Safety And Essential Performance - Collateral Standard: Electromagnetic Compatibility - Requirements And Tests.
- IEC 60601-2-22 Third Edition 2007-05, Medical Electrical Equipment - Part 2-22: Particular Requirements For Basic Safety And Essential Performance Of Surgical, Cosmetic, Therapeutic And Diagnostic Laser Equipment
- IEC 60825-1 Edition 2.0 2007-03, Safety Of Laser Products - Part 1: Equipment Classification, And Requirements

The modified device Litho passed all the required testing and is in compliance with all applicable sections of the above mentioned performance standards.