



April 26, 2018

Aesculap Implant Systems, LLC  
Ms. Melanie Burkert  
Regulatory Affairs Specialist  
3773 Corporate Parkway  
Center Valley, Pennsylvania 18034

Re: K180433  
Trade/Device Name: ENNOVATE®  
Regulation Number: 21 CFR 888.3070  
Regulation Name: Thoracolumbosacral pedicle screw system  
Regulatory Class: Class II  
Product Code: NKB, KWQ  
Dated: April 10, 2018  
Received: April 11, 2018

Dear Ms. Burkert:

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.

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.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/>) and CDRH Learn (<http://www.fda.gov/Training/CDRHLearn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<http://www.fda.gov/DICE>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

  
Ronald P. Jean -S

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)

K180433

Device Name

ENNOVATE®

Indications for Use (Describe)

The ENNOVATE Spinal System is intended for anterior/anterolateral and posterior, non-cervical pedicle and non-pedicle fixation. Fixation is limited to skeletally mature patients and is intended to be used as an adjunct to fusion using autograft or allograft. The ENNOVATE System can be used in both an Open and Minimally Invasive Surgery (MIS). The device is indicated for treatment of the following acute and chronic instabilities or deformities.

1. Degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies),
2. Spondylolisthesis,
3. Trauma (i.e., fracture or dislocation)
4. Spinal Stenosis,
5. Deformities or Curvatures (i.e., scoliosis, kyphosis, and/or lordosis),
6. Tumor,
7. Pseudoarthrosis, and
8. Failed previous fusion

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)

### CONTINUE ON A SEPARATE PAGE IF NEEDED.

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.\***

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
[PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

*"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."*

*Aesculap Implant Systems ENNOVATE Spinal System*  
April 6, 2018

**COMPANY:** Aesculap Implant Systems, LLC  
3773 Corporate Parkway  
Center Valley, PA 18034  
Establishment Registration Number: 3005673311

**PRIMARY CONTACT:** Melanie Burkert  
610-984-9249 (phone)  
[melanie.burkert@aesculap.de](mailto:melanie.burkert@aesculap.de)

**SECONDARY CONTACT:** Lisa Boyle  
610-984-9274 (phone)  
[lisa.boyle@aesculap.com](mailto:lisa.boyle@aesculap.com)

**TRADE NAME:** ENNOVATE®

**COMMON NAME:** ENNOVATE Spinal System

**REGULATION NUMBER:** 888.3070 – Pedicle screw spinal system

**PRODUCT CODE:** NKB, KWQ

**REVIEW PANEL:** Orthopedics

**SUBSTANTIAL EQUIVALENCE**

Aesculap Implant Systems, LLC believes that the ENNOVATE Spinal System is substantially equivalent to the Primary Predicate K162134 – Aesculap ENNOVATE Spinal System and the Reference Predicates K130291, K062085 and K071945 – Aesculap S4 Spinal System.

**DEVICE DESCRIPTION**

The ENNOVATE Spinal System is an implant system used to correct spinal deformity and facilitate the biological process of spinal fusion. This system is intended for posterior use in the thoracic, lumbar and sacral areas of the spine. This submission includes modified polyaxial screws, additional multiaxial-cross-connectors, offset connectors and additional components in sterile version. All implant components are top loading and top tightening. The implants in this system are manufactured from titanium alloy (Ti-6Al-4V), conforming to ISO 5832-3.

The ENNOVATE Spinal System is a spinal rod and screw system. This system's polyaxial screws can be locked into a wide range of configurations, therefore allowing each construct to be formed to the needs of an individual patient. Rods of this system are shaped intraoperatively to correct or maintain proper spinal curvature.

## **INDICATIONS FOR USE**

The ENNOVATE Spinal System is intended for anterior/anterolateral and posterior, non-cervical pedicle and non-pedicle fixation. Fixation is limited to skeletally mature patients and is intended to be used as an adjunct to fusion using autograft or allograft. The ENNOVATE System can be used in both an Open and Minimally Invasive Surgery (MIS). The device is indicated for treatment of the following acute and chronic instabilities or deformities.

1. Degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies),
2. Spondylolisthesis,
3. Trauma (i.e., fracture or dislocation)
4. Spinal Stenosis,
5. Deformities or Curvatures (i.e., scoliosis, kyphosis, and/or lordosis),
6. Tumor,
7. Pseudoarthrosis, and
8. Failed previous fusion

## **TECHNOLOGICAL CHARACTERISTICS (compared to Predicate(s))**

The components of the ENNOVATE Spinal System are offered in similar configuration as the predicate and reference devices. All of the implants are made from a Titanium Alloy (Ti-6Al-4V). The instruments are made of medical grade silicone, stainless steel, titanium alloy and PEEK which are the same materials as the primary and reference predicate devices. The modification of the system do not change the intended use / technical characteristics of the ENNOVATE system.

## **PERFORMANCE DATA**

All required testing per “Draft Guidance for the Preparation of Premarket Notifications (510(k)s Applications for Orthopedic Devices-The Basic Elements” were done where applicable. In addition, testing per the guidance “Spinal System 510(k)s May 3, 2004” was completed where applicable.

- Dynamic/Static compression tests and static torsion tests per ASTM F1717-15.
- Dynamic compression/tension test per ASTM F2193-14.
- Dynamic/Static flexion bending tests, Static rod grip and Static rod/cross rod torsion tests per ASTM F1798-13.
- Axial compression, pull out strength, driving torque test per ASTM F543-13/17.

## **CONCLUSION:**

Aesculap believes that based on the completed testing, the Ennovate Spinal System presented in this submission is substantially equivalent in design, materials, intended use, and performs as safely and effectively as the primary predicate currently on the market.