

### August 4, 2023

T.A.G. Medical Products Corporation, Ltd Shlomi Dines RA/QA Director T.A.G. Medical Products Corporation, Ltd Gaaton, 2513000 Israel

Re: K231400

Trade/Device Name: Bladeless Trocar - Artemis Lap Cannula

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope And Accessories

Regulatory Class: Class II

Product Code: GCJ Dated: July 3, 2023 Received: July 3, 2023

### Dear Shlomi Dines:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> identifies combination product submissions. 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 <u>Federal Register</u>.

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

K231400 - Shlomi Dines Page 2

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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). 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 (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Mark

Digitally signed by
Mark Trumbore -S

Date: 2023.08.04
09:28:04 -04'00'

Mark Trumbore, Ph.D.
Assistant Director
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical
and Infection Control Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

### **Indications for Use**

Form Approved: OMB No. 0910-0120 Expiration Date: 06/30/2023

See PRA Statement below.

510(k) Number (if known)
K231400
Device Name Bladeless Trocar – Artemis Lap Cannula
Indications for Use (Describe) The Artemis Lap Cannula has applications in abdominal, thoracic, and gynecologic minimally invasive procedures to establish a path of entry for minimally invasive instruments. Artemis Lap Cannula may be used for primary and secondary insertions.
Type of Use <i>(Select one or both, as applicable)</i>

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

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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

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K231400 Page **1** of **3** 

# 510(k) Summary

Prepared on: 2023-08-03

Pursuant to CFR 807.92, the following 510(k) Summary is provided:

**Contact Details** 

**Applicant Name:** T.A.G. Medical Products Corporation, Ltd.

**Applicant Address:** T.A.G. Medical Products Corporation, Ltd Gaaton 2513000

Israel

972-4-9858400

Gaaton 2513000, ISRAEL www.tag-med.com

**Applicant Contact** 

Telephone:

972-4-9858400

**Applicant Contact:** Shlomi Dines

Applicant Contact Email: <a href="mailto:sdines@tag-med.com">sdines@tag-med.com</a>

**Device Name** 

**Device Trade Name:** Bladeless Trocar – Artemis Lap Cannula

**Common Name:** Endoscope and accessories

Classification Name: Endoscope and accessories

**Regulation Number:** 876.1500

Product Code: GCJ

Legally Marketed Predicate Devices

Primary Predicate: K230058

**Predicate Trade Name:** Bladeless Trocar – Artemis Lap Cannula

Product Code: GCJ

Additional Predicate: K072674

**Predicate Trade Name:** KII TROCAR SYSTEM

Product Code: GCJ

K231400 Page **2** of **3** 

### **Device Description**

Artemis Lap Cannula system is a radiolucent, reusable, bladeless laparoscopic trocar, consisting of a cannula, an obturator, a depth limiter, and a disposable standalone seal pack. The trocar is available in two diameters: Ø5mm and Ø12mm, each consists of 4 different length variants. Depth limiter component is available in two diameters and fits either the Ø5mm or Ø12mm cannula regardless of the length. Depth limiter can be used to prevent over penetration during surgical procedures. Artemis Lap Cannula may be used in abdominal, thoracic, or gynecological procedures.

Comparison of Technological Characteristics The proposed device and the predicate device have the same basic design, intended use, and sterilization. In comparison to the predicate device, the proposed modifications include an additional length option for the trocar and cannula (60 mm). This length is within the range of the additional predicate. Differences between the proposed and predicate device do not raise new or questions of safety or effectiveness.

More details could be found in the comparison table below.

Nonclinical Testing Discussion Leak testing was conducted on the proposed devices and submitted in this Traditional 510(k). The leak test data demonstrates the proposed devices preform statically equivalent to the predicate device.

Nonclinical testing in accordance with ISO 80639-7 was completed. The test data demonstrates success and met the criteria of ISO 80369-7.

Conclusion

Subject and predicate devices have same intended use. Differences in design between the subject and predicate device do not raise new questions of safety or effectiveness. Based on comparison of the technological characteristics, and performance test data, the subject devices is substantially equivalent to the predicate device for requested intended use.

K231400 Page **3** of **3** 

Comparison to Predicates				
Device	Subject Device K231400	Primary Predicate Device K230058	Additional Predicate K072674	
Indications for Use:	thoracic, and gynecologic minimally invasive surgical procedures to establish a path of entry for minimally invasive instruments. Artemis Lap Cannula may be used for	applications in abdominal, thoracic, and gynecologic minimally invasive surgical procedures to establish a path of entry for minimally invasive instruments. Artemis Lap Cannula may be used for primary and secondary insertions.	The Applied Medical Modular Trocar System is a sterile, singleuse device consisting of a bladed, shielded obturator, a cannula and seal. The obturator and seal may also be used with reusable APPLIED cannulas that may be made of stainless steel or DuraGold® polymer. The obturator is intended for use in conjunction with APPLIED'S currently marketed trocar products to establish a path of entry for endoscopic instruments for use during general, abdominal, gynecological and thoracic minimally invasive procedures or to gain access through tissue planes and/or potential spaces	
	Characi		for endoscopic instruments.	
Outer Seal Design		teristics/Features: Multi-piece (Pacman),	n/a	
Outer Sear Design		overlapping,	117 a	
Inner Seal Design			n/a	
Obturator Tip Design		Bladeless	Shielded Blade	
Sleeve Design	Low-profile design	Low-profile design	Low-profile design	
Obturator Design	Low-profile design	Low-profile design	Low-profile design	
Cannula Design	Low-profile design	Low-profile design	Low-profile design	
Outer Seal Material	l ,	Polycarbonate and Polyisoprene	n/a	
Inner Seal Material			n/a	
Dimensions (Diameter)	5 mm & 12 mm	5 mm & 12 mm	5 mm & 12 mm	
Sterilization	i		n/a	
, , ,	60 mm, 75 mm, 100 mm, 150 mm	75 mm, 100 mm, 150 mm	55mm to 150mm	
Sleeve Material	Radel	Radel	n/a	
Obturator Material	Radel		n/a	
Packaging	521 <sup>®</sup> )	lidding film top stock (FMP- 521®)		
Sleeve Design	and locking of seal pack (includes inner and outer seals)	and locking of seal pack (includes inner and outer seals)	Release button for removal and locking of seal pack	
Depth Limiter	5 or 12 mm in diameter	5 or 12 mm in diameter	5 or 12 mm in diameter	