# K032358

# DEC 1 7 2003

Disc-O-Tech Medical Technologies, Ltd. B-Twin BE System 510(k)

### 510(K) Summary

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# Disc-O-Tech Medical Technologies Ltd.

## **B-Twin Bone Expander System**

Company Name

Disc-O-Tech Medical Technologies, Ltd.

3 Hasadnaot St., Herzliya

Israel, 46728

#### Submitter's Name and Contact Person

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#### **Date Prepared**

July 2003

### Trade/Proprietary Name

B-Twin Bone Expander System (B-Twin BE System)

### Classification

Class II

#### **Predicate Devices**

- ✓ KyphX Inflatable Bone Tamp (K981251, K010246), by Kyphon Inc.
- ✓ Fixion Interlocking Proximal Fernoral Intramedullary Nailing System (K010988, K012967, K023437) by Disc-O-Tech Medical Technologies, Ltd.

#### Intended Use

The B-Twin BE System is intended for use as conventional bone tamp for the reduction of fractures and/or creation of a void in cancellous bone in the spine, hand, tibia, radius and calcaneus.

#### **System Description**

The B-Twin BE System consists of the following components:

- $\checkmark$  Expandable tube a tube-like component, mounted on a delivery system. Inserted into the bone in reduced 5-mm diameter configuration and expanded within the bone.
- $\checkmark$  Delivery system used for the insertion, expansion, and retrieval of the expandable tube.
- ✓ Instrumentation Set a set of accessories to assist in insertion and location of the device.

#### Substantial Equivalence

In general, the B-Twin BE System intended use, design, material, technological characteristics and principles of operation are substantially equivalent to those of Kyphon's KyphX Inflatable Bone Tamp (K981251, K010246). In addition, with respect to certain issues like sterilization, equivalence is claimed to the different Fixion Intramedullary Nailing Systems (e.g., the Fixion PF – K010988, K012967, K023437). Expandable Tube material equivalence is claimed to polymeric tubes for medical applications.

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DEPARTMENT OF HEALTH & HUMAN SERVICES



DEC 1 7 2003

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Disc-O-Tech Medical Technologies Ltd. c/o Mr. Jonathan S. Kahan, Esq. Hogan & Hartson L.L.P. 555 Thirteenth Street, NW Washington, D.C. 20004-1109

Re: K032358

Trade/Device Name: B-Twin Bone Expander System (B-Twin BE System) Regulation Number: 21 CFR 888.1100, 21 CFR 888.4540 Regulation Name: Arthroscope; Orthopedic manual surgical instrument Regulatory Class: II Product Code: HRX, HXG Dated: October 3, 2003 Received: October 3, 2003

Dear Mr. Kahan:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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); 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.

Page 2 - Mr. Jonathan S. Kahan, Esq.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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) 443-6597 or at its Internet address <u>http://www.fda.gov/cdrh/dsma/dsmamain.html</u>

Sincerely yours,

Miriam C. Provost

Celia M. Witten, Ph.D., M.D. Director Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

# **INDICATIONS FOR USE**

510(k) Number (if known): <u>K032358</u>

**Device Name:** 

B-Twin Bone Expander System (B-Twin BE System)

**Indications For Use:** 

The B-Twin Bone Expander System (B-Twin BE System) is intended for use as a conventional bone tamp for the reduction of fractures and/or creation of a void in cancellous bone in the spine, hand, tibia, radius, and calcaneus.

Prescription Use <u></u>(Part 21 CFR 801 Subpart D)

AND/OR

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

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Miriam C. Provost

(Division Sign-Off) Division of General, Restorative and Neurological Devices

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