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510(K) SUMMARY
OF SAFETY AND EFFECTIVENESS

In accordance with the Food and Drug Administration Rule to implement provisions of the Safe Medical Devices Act of 1990 and in conformance with 21 CRF 807, this information serves as a Summary of Safety and Effectiveness for the use of the ADVANCE® Double High Insert.

Submitted By:	Wright Medical Technology, Inc.
Date:	December 15, 2003
Contact Person:	Katie Logerot Regulatory Affairs Associate
Proprietary Name:	ADVANCE® Double High Insert
Common Name:	Tibial Insert
Classification Name and Reference:	21 CFR 888.3560 Knee, Patellofemorotibial, Semi-constrained, cemented, Polymer/ metal/polymer
Device Product Code and Panel Code:	Orthopedics/87/ JWH

DEVICE INFORMATION

A. INTENDED USE

The ADVANCE® Double High Insert is indicated for use in knee arthroplasty for reduction or relief of pain and/or improved knee function in skeletally mature patients with the following conditions:

1) noninflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, or avascular necrosis;
2) inflammatory degenerative joint disease including rheumatoid arthritis;
3) correction of functional deformity;
4) revision procedures where other treatments or devices have failed; and
4) treatment of fractures that are unmanageable using other techniques.

B. DEVICE DESCRIPTION

The design features of the ADVANCE® Double High Insert are summarized below:

- Manufactured from UHMWPE
- Offered in left and right designs, sizes 0-6, thicknesses of 10mm-25mm
- Allows for medial-pivot rotation

headquarters
Wright Medical Technology, Inc. 5677 Airline Road Arlington, TN 38002 **901.867.9971** phone **www.wmt.com**

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011.39.0250.678.227 Italy **011.81.3.3538.0474** Japan **011.44.1483.721.404** UK

- Allows for the retention of the cruciate retaining ligament
- Allows for higher flexion

C. SUBSTANTIAL EQUIVALENCE INFORMATION

The indications for use and materials of the ADVANCE® Double High Insert are identical to the ADVANCE® Medial Pivot Insert and AXIOM® Standard Tibial Insert. The articulating surface of the ADVANCE® Double High Insert is substantially equivalent to the ADVANCE® Medial Pivot Insert and AXIOM® Standard Tibial Insert. The safety and effectiveness of the ADVANCE® Double High Insert are adequately supported by the substantial equivalence information, materials information, and analysis data provided within this Premarket Notification.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JAN 1 5 2004

Ms. Katie Logerot
Regulatory Affairs Associate
Wright Medical Technology, Inc.
5677 Airline Road
Arlington, Tennessee 38002

Re: K033890
Trade/Device Name: ADVANCE® Double High Insert
Regulation Number: 21 CFR 888.3560
Regulation Name: Knee joint patellofemorotibial polymer/metal/polymer semi-constrained cemented prosthesis
Regulatory Class: II
Product Code: JWH
Dated: December 15, 2003
Received: December 16, 2003

Dear Ms. Legerot:

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.

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 http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

for Mark N Melkerson

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): K033890

Device Name: ADVANCE® Double High Insert

Indications For Use:

The ADVANCE® Double High Insert is indicated for use in knee arthroplasty for reduction or relief of pain and/or improved knee function in skeletally mature patients with the following conditions:

1) noninflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, or avascular necrosis;
2) inflammatory degenerative joint disease including rheumatoid arthritis;
3) correction of functional deformity;
4) revision procedures where other treatments or devices have failed; and
5) treatment of fractures that are unmanageable using other techniques.

The ADVANCE® Double High Insert is for single cemented use.

Prescription Use X AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

for Mark N Melkerson

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

510(k) Number K033890