

OCT 1 - 2004

3.0 Premarket Notification 510 (k) Summary

Date Prepared: May 21, 2004

Sponsor Information:
Name and Address: SYNTHES® Spine.
1230 Wilson Drive
West Chester, PA 19380

Telephone: (484) 356-9616

Contact Person: Angela Mikroulis

Device Name:
Trade or Proprietary Name: SYNTHES® Contoured SynMesh® Spacer
Common Name: Implant, fixation, spinal intervertebral body
fixation orthosis device.

Classification Name/Class: Per 21 CFR 888.3060: Spinal intervertebral
body fixation orthosis, Class II.

Device Description: The SYNTHES® Contoured SynMesh® Spacer
is a titanium vertebral body replacement device
used in conjunction with supplemental internal
fixation to provide structural stability in
skeletal mature individuals following
corpectomy / vertebrectomy.

Predicate Device (s): SYNTHES® SynMesh® Spacer System
(K003275)

Intended Use: The SYNTHES® Contoured SynMesh® Spacer
is a vertebral body replacement device intended
for use in the thoracolumbar spine (T1-L5) to
replace a collapsed, damaged, or unstable
vertebral body due to tumor or trauma (i.e.,
fracture). The SYNTHES® Contoured
SynMesh® Spacer is designed to provide
anterior spinal column support even in the
absence of fusion for a prolonged period.

Material: Commercially pure titanium

Substantial Equivalence: Documentation is provided which demonstrates
that the SYNTHES® Contoured SynMesh®
Spacer for Spinal intervertebral body fixation
orthosis is Substantially Equivalent to other
legally marketed SYNTHES® devices.

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Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Angela Mikroulis
Regulatory Affairs Specialist
Synthes Spine
1230 Wilson Drive
West Chester, Pennsylvania 19380

Re: K041389

Trade/Device Name: SYNTHES® Contoured SynMesh® Spacer
Regulation Number: 21 CFR 888.3060
Regulation Name: Spinal intervertebral body fixation orthosis
Regulatory Class: II
Product Code: MQP
Dated: September 1, 2004
Received: September 3, 2004

Dear Ms. Mikroulis:

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.

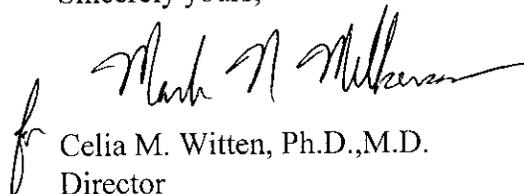
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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 – Ms. Angela Mikroulis

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 (240) 276-0120. 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,

A handwritten signature in black ink, appearing to read "Celia M. Witten". The signature is written in a cursive style with a long, sweeping underline.

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

2.0 Indications for Use Statement

510(k) Number (if known): K041389

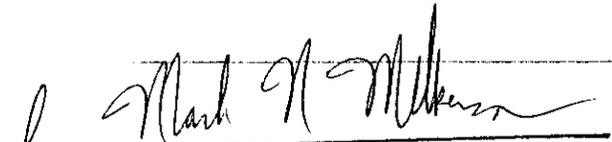
Device Name: SYNTHES® Contoured SynMesh® Spacer

Indications for Use: SYNTHES® Contoured SynMesh® Spacer is a vertebral body replacement device intended for use in the thoracolumbar spine (T1-L5) to replace a collapsed, damaged, or unstable vertebral body due to tumor or trauma (i.e. fracture). The SYNTHES® Contoured SynMesh® Spacer is intended to be used with SYNTHES® supplemental internal fixation systems, e.g., ATLP, Ventrofix, TSLP, and USS, Dual Opening USS, Small Stature USS, and Click'X. The interior of the spacer component of the SYNTHES® SynMesh® Spacer can be packed with bone.

SYNTHES® Contoured SynMesh® Spacer is designed to provide anterior spinal column support even in the absence of fusion for a prolonged period.

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 OF NEEDED)



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

510(k) Number K041389

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