510(k) SUMMARY OF SAFETY & EFFECTIVENESS

SUBMITTER	Mpathy Medical Devices, Ltd. 6.05 Kelvin Campus West of Scotland Science Park Glasgow G20 0SP U.K.
CONTACT PERSON	Louis J. Mazzarese (U.S. Agent for Mpathy Medical Devices Ltd.)
DATE PREPARED	14 June 2004
CLASSIFICATION	Polymeric Surgical Mesh (Product Code OTO OTP) is a Class II device per 21 CFR 878.3300
COMMON NAME	Polymeric Surgical Mesh
PROPRIETARY NAME	Minimesh® polypropylene mesh
PREDICATE DEVICES	K001122 – Prolene® (Ethicon, Inc.) K905655 – Non-Absorbable Polypropylene Surgical Mesh (United States Surgical Corp) K020110 – Surgical Mesh (Boston Scientific Corporation) K013718 – Gynecare Gynemesh PS® (Ethicon Inc)
DEVICE DESCRIPTION	Minimesh® is a non-absorbable polypropylene mesh constructed from knitted monofilaments of extruded polypropylene. Minimesh® polypropylene mesh is constructed using a warp-knit process to a unique design that permits the mesh to be cut into any desired shape or size without unraveling. It maintains excellent isotropic properties arising from its knitted construction. Minimesh® polypropylene mesh has the necessary strength, flexibility, durability and surgical adaptability. These properties permit the correct adaptation to the various stresses encountered in the body. The device is supplied sterile.

INTENDED USE

Minimesh® polypropylene mesh may be used for the repair of abdominal wall hernia, including inguinal, femoral, and incisional uterovaginal prolapse and other fascial deficiencies that require support material. It may be used in open or laparoscopic abdominal procedures or for repair by the vaginal route.

Minimesh® polypropylene mesh is a prescriptive device and should only be used by a licensed physician.

Minimesh® polypropylene mesh has the same indications as a combination of the predicate devices.

TESTING

The patient contact materials used in this device are the same materials as the predicates detailed. Polypropylene has a long history of biocompatibility.

Minimesh® polypropylene mesh complies with the requirements of ISO 10993 Biological Evaluation of Medical Devices. In addition appropriate tests have been conducted in accordance with the FDA Guidance Document "Guidance for the Preparation of a Premarket Notification Application for a Surgical Mesh"

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

SEP 28 2012

Mypathy Medical Devices, Ltd.
% Mr. Louis J. Mazzarese
150 Aran Hill Road
FAIRFIELD CT 06824

Re: K041632
Trade/Device Name: Mpathy Medical Devices Ltd Minimesh® polypropylene mesh
Regulation Number: 21 CFR 878.3300
Regulation Name: Surgical mesh
Regulatory Class: II
Product Code: OTO, OTP
Dated: October 13, 2004
Received: October 14, 2004

Dear Mr. Mazzarese:

This letter corrects our substantially equivalent letter of November 17, 2004.

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 (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 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. 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.

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) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number : K041632

Device Name: Mpathy Medical Devices Ltd Minimesh® polypropylene mesh

Indications for Use:

MINIMESH® polypropylene mesh may be used for the repair of abdominal wall hernia, including inguinal, femoral, and incisional uterovaginal prolapse and other fascial deficiencies that require support material. It may be used in open or laparoscopic abdominal procedures or for repair by the vaginal route.

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

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Miriam C. Provost

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

510(k) Number K041632