

510(k) Summary

This 510(k) Summary for the EBI® Periarticular Plating System is provided as required per Section 513(3) of the Food, Drug and Cosmetic Act.

1. **Submitter:** EBI, L.P.
100 Interpace Parkway
Parsippany, NJ 07054
- Contact Person:** Peter Allan
Phone: (973) 299-9300, ext. 3329

Date prepared: August 17, 2004

2. **Proprietary Name:** EBI® Periarticular Plating System
- Common Name:** Internal Fixation Device
- Classification Names:** Smooth or Threaded Metallic Bone Fixation Fastener, 21 CFR 888.3040
Single/Multiple Component Metallic Bone Fixation Appliances and Accessories, 21 CFR 888.3030

3. **Predicate or legally marketed devices that are substantially equivalent:**

- Synthes Locking Condylar Plate (LCP) System (K000066)
- Synthes Large Fragment LCP System – T Plate (K010766)
- Synthes LCP Proximal Tibia Plate System (K011978)
- Synthes LCP Distal Tibia Plates (K013248)

4. **Description of the device:** The EBI Periarticular Plating System is an internal fixation device used to provide surgeons with bone plates that are capable of using locking screws for better rigidity and non-locking screws for compression. Compression slots are also available for non-locking screws to compress two bone fragments. The shapes of the plates are pre-contoured to the shape of the bone and the holes on the plate are threaded in such a way as to permit surgeons a

choice of locking or non-locking screws. Instruments allow minimum incision during surgery.

5. **Intended Use:** The EBI® Periarticular Plating System is intended for fixation of fractures and osteotomies. The System consists of the following plate configurations:

Distal Femoral Plate

The Distal Femoral Plate is intended for buttressing multifragment distal femur fractures including: supracondylar, intra-articular and extra-articular condylar fractures, fractures in normal or osteopenic bone and nonunions and malunions.

Proximal Lateral Tibial Plate

The Proximal Lateral Tibial Plate is intended for the treatment of non-unions, malunions and fractures of the proximal tibia, including simple, comminuted lateral wedge, depression, medial wedge, bicondylar, combinations of lateral wedge and depression and fractures with associated shaft fractures.

Proximal Medial Tibial Plate

The Proximal Medial Tibial Plate is intended to buttress Metaphyseal fractures of the medial tibial plateau, split-type fractures of the medial tibial plateau, medial split fractures with associated depressions and split of depression fractures of the medial tibia plateau. Also, for use in the fixation of osteopenic bone and fixation of nonunions and malunions of the medial proximal tibia and tibial shaft.

Distal Tibia Plate

The Distal Tibial Plate is indicated for the fixation of fractures of the distal tibia including, but not limited to, ankle fractures, periarticular, intraarticular and distal tibia fractures with a shaft extension, malleolar and distal fibular fractures.

6. Materials: The EBI[®] Periarticular Plating System is manufactured from titanium alloy as per ASTM F136-02.

7. Comparison of the technological characteristics of the device to predicate devices: There are no significant differences between the EBI[®] Periarticular Plating System and other currently marketed internal fixation systems. It is substantially equivalent* to the predicate devices in regard to intended use, materials, and function.

*Any statement made in conjunction with this submission regarding a determination of substantial equivalence to any other product is intended only to relate to whether the product can be lawfully marketed without pre-market approval or reclassification and is not intended to be interpreted as an admission or any other type of evidence in patent infringement litigation. [Establishment Registration and Premarket Notification Procedures, Final Regulation, Preamble, August 23, 1977, FR 42520 (Docket No. 76N-0355.)]



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

SEP 16 2004

Peter Allen
Regulatory Affairs Associate
EBI, L.P.
100 Interpace Parkway
Parsippany, New Jersey 07054

Re: K042237

Trade/Device Name: EBI® Periarticular Plating System

Regulation Numbers: 21 CFR 888.3030

Regulation Names: Single/multiple component metallic bone fixation appliances and accessories

Regulatory Class: II

Product Codes: HRS

Dated: August 17, 2004

Received: August 18, 2004

Dear Mr. Allen:

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. Peter Allen

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,

Miriam C. Provost

for 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

STATEMENT OF INDICATIONS FOR USE

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510(k) Number (if known): _____

Device Name: EBI® Periarticular Plating System

Indications For Use:

The EBI® Periarticular Plating System is indicated for fixation of fractures and osteotomies involving the femur or tibia. The System consists of the following plate configurations:

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The Distal Femoral Plate is intended for buttressing multifragment distal femur fractures including: supracondylar, intra-articular and extra-articular condylar fractures, fractures in normal or osteopenic bone and nonunions and malunions.

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Prescription Use X
(Per 21 CFR 801.109)

OR

Over-The-Counter Use

(Optional Format 1-2-96)

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

Miriam C. Provost
(Division Sign-Off) Office of Device Evaluation (ODE)

**Division of General, Restorative,
and Neurological Devices**

510(k) Number K042237