

SEP 29 2005



K043099

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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 CFR 807, this information serves as a Summary of Safety and Effectiveness for the use of the LINEAGE® HA Acetabular Shell.

Submitted By: Wright Medical Technology, Inc.  
Date: November 06, 2004  
Contact Person: Jeanine H. Redden  
Regulatory Affairs Specialist II  
Proprietary Name: LINEAGE® HA Acetabular Shells  
Common Name: Acetabular Shells  
Classification Name and Reference: Prosthesis, hip, semi-constrained, uncemented, metal/polymer, non-porous, calcium-phosphate- Class II  
21 CFR 888.3358 Prosthesis, hip, semi-constrained, metal/polymer, porous uncemented- Class II  
21 CFR 888.3330 Hip joint metal/ metal semi-constrained, with an uncemented acetabular component prosthesis – Class III  
Device Product Code and Panel Code: Orthopedics/87/MEH/LPH/KWA

### DEVICE INFORMATION

#### A. INTENDED USE

The LINEAGE® HA Acetabular Shells are indicated for use in total hip arthroplasty for reduction or relief of pain and/or improved hip function in skeletally mature patients with the following conditions:

1. non-inflammatory degenerative joint disease such as osteoarthritis, avascular necrosis, ankylosis, protrusio acetabuli, and painful hip dysplasia;
2. inflammatory degenerative joint disease such as rheumatoid arthritis;
3. correction of functional deformity; and,
4. revision procedures where other treatments or devices have failed
5. treatment of nonunion, femoral neck and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques.

#### headquarters

Wright Medical Technology, Inc. 5677 Airline Road Arlington, TN 38002 901.867.9971 phone

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011.44.1483.721.404 UK

011.49.4161.745130 Germany

The LINEAGE® HA Acetabular Shells are single use components, intended for use as part of an uncemented total hip arthroplasty system; in conjunction with WMT's poly or metal liners; and ceramic or metal femoral heads.

**B. DEVICE DESCRIPTION**

A Hydroxylapatite (HA) coating is being added to the LINEAGE® Acetabular Shells previously cleared for market in the US.

**C. SUBSTANTIAL EQUIVALENCE INFORMATION**

The LINEAGE® HA Acetabular Shells are substantially equivalent to the predicate devices previously cleared for market. The safety and effectiveness of the LINEAGE® HA Acetabular Shells is adequately supported by the substantial equivalent information, materials data, and testing results provided within this Premarket Notification.



SEP 29 2005

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Jeanine H. Redden  
Senior Regulatory Affairs Specialist  
Wright Medical Technology, Inc.  
5677 Airline Road  
Arlington, Tennessee 38002

Re: K043099

Trade/Device Name: LINEAGE<sup>®</sup> HA Acetabular Shells

Regulation Numbers: 21 CFR 888.3330

Regulation Names: Hip joint metal/metal semi-constrained, with an uncemented acetabular component, prosthesis

Regulatory Class: III

Product Codes: KWA, LPH, MEH

Dated: August 15, 2005

Received: August 26, 2005

Dear Ms. Redden:

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. Jeanine H. Redden

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 "Mark Melkerson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mark Melkerson  
Acting 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): K043099

Device Name: LINEAGE® HA Acetabular Shells

**Indications For Use:**

The LINEAGE® HA Acetabular Shells are indicated for use in total hip arthroplasty for reduction or relief of pain and/or improved hip function in skeletally mature patients with the following conditions:

1. non-inflammatory degenerative joint disease such as osteoarthritis, avascular necrosis, ankylosis, protrusio acetabuli, and painful hip dysplasia;
2. inflammatory degenerative joint disease such as rheumatoid arthritis;
3. correction of functional deformity; and,
4. revision procedures where other treatments or devices have failed
5. treatment of nonunion, femoral neck and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques.

The LINEAGE® HA Acetabular Shells are intended for single patient use only.

(Division Sign-Off)

Division of General, Restorative,  
and Neurological Devices

510(k) Number K043099

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use No  
(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)

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**headquarters**

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