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JUN 17 2005

510(k) Summary  
AMS Collagen Dermal Matrix

510(k) Number \_\_\_\_\_

**Date of Summary Preparation:**

February 18, 2005

**Submitter/Contact Person:**

Elsa A. Linke  
Regulatory Affairs Specialist  
American Medical Systems  
10700 Bren Rd. W  
Minnetonka, MN 55343

Phone: (952) 930-6000

Fax: (952) 930-6496

**Device Name and Classification:**

Trade Name(s): AMS Collagen Dermal Matrix  
AMS Apogee System with Pre-Connected Collagen Dermal Matrix  
AMS Perigee System with Pre-Connected Collagen Dermal Matrix  
AMS Bioarc SP and Bioarc TO with Pre-Connected Collagen Dermal Matrix

Common/Usual Name: Surgical Mesh

Classification Name: Surgical Mesh

Product Code: OTP, PAI, PAJ, OTN, PAG

Classification: Class II

**Manufacturing Location:**

American Medical Systems, Inc.  
10700 Bren Rd. West  
Minnetonka, MN 55343

**Predicate Devices:**

For AMS Collagen Dermal Matrix :  
DermMatrix/InteXen – K021160  
Surgisis Sling – K992159

For AMS Bioarc SP & Bioarc TO with Pre-Connected Collagen Dermal Matrix :  
AMS Bioarc SP – K040538  
AMS Bioarc TO – K041948

For AMS Perigee System with Pre-Connected Collagen Dermal Matrix :  
AMS Perigee System – K040623

For AMS Apogee System with Pre-Connected Collagen Dermal Matrix :  
AMS Apogee System – K040537

**Indications for Use:**

The AMS collagen dermal matrix is intended for use in the treatment of hernias where the connective tissue has ruptured or for implantation to reinforce soft tissues where weakness exists in the urological, gynecological and gastroenterological anatomy. This includes but is

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not limited to the following procedures: pubourethral support including urethral slings, urethral and vaginal prolapse repair, colon and rectal prolapse repair, reconstruction of the pelvic floor, bladder support, tissue repair, sacral colposuspension and reinforcement in the repair of Peyronie's disease. By providing pubourethral support, the AMS collagen dermal matrix may be used for the treatment of urinary incontinence resulting from urethral hypermobility or intrinsic sphincter deficiency.

The Bioarc SP Sling Kit with Pre-connected Collagen Dermal Matrix and Bioarc TO Subfascial Hammock with Pre-connected Collagen Dermal Matrix are intended for the placement of a pubourethral sling for the treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

The AMS Perigee System with Pre-Connected Collagen Dermal Matrix is intended for the placement of graft material in the anterior vaginal wall via the obturator foramen for the treatment of anterior wall prolapse.

The AMS Apogee System with Pre-Connected Collagen Dermal Matrix is intended for use in vaginal vault suspension to treat pelvic organ prolapse.

**Device Description:**

The AMS collagen dermal matrix is decellularized porcine dermis that is lyophilized and terminally sterilized. The product is available in a range of sizes.

The Bioarc SP Sling Kit with Pre-connected Collagen Dermal Matrix and Bioarc TO Subfascial Hammock with Pre-connected Collagen Dermal Matrix consist of needles and connectors used to pass a polypropylene mesh preconnected to porcine dermis for use as a urethral sling.

The Perigee System with Pre-Connected Collagen Dermal Matrix consists of needles and connectors used to pass a polypropylene mesh preconnected to porcine dermis in support of the anterior vaginal wall.

The AMS Apogee System with Pre-Connected Collagen Dermal Matrix consists of needles and connectors used to pass a polypropylene mesh preconnected to porcine dermis in support of the vaginal vault.

**Summary of Testing**

The AMS collagen dermal matrix and all of the pre-connected devices have been tested in accordance with the requirements of FDA's Guidance for the Preparation of a Premarket Notification Application for a Surgical Mesh and has been shown to be equivalent to the listed predicate devices. ✓



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

Ms. Elsa A. Linke  
Regulatory Affairs Specialist  
American Medical Systems Incorporated  
10700 Bern Road West  
MINNETONKA MN 55343

SEP 28 2012

Re: K050445  
Trade/Device Name: AMS Collagen Dermal Matrix, AMS Apogee System with Pre-Connected AMS Collagen Dermal Matrix, AMS Perigee System with Pre-Connected AMS Collagena Dermal Matrix, AMS BioArc™ SP Sling Kit and BioArc To Subfascial Hammock with Pre-connected AMS Collagen Dermal Matrix  
Regulation Number: 21 CFR 878.3300  
Regulation Name: Surgical mesh  
Regulatory Class: II  
Product Code: OTP, PAI, PAJ, OTN, PAG  
Dated: May 24, 2005  
Received: May 25, 2005

Dear Ms. Linke:

This letter corrects our substantially equivalent letter of June 17, 2005.

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.

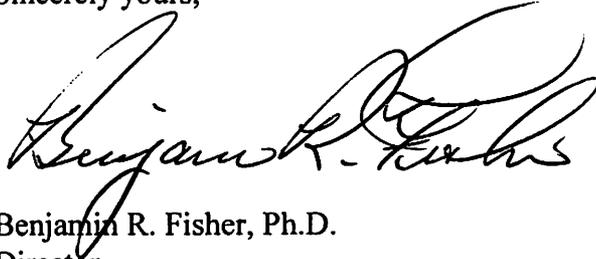
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

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,

A handwritten signature in black ink, appearing to read "Benjamin R. Fisher". The signature is fluid and cursive, with a large initial "B" and "F".

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

KOS0445

INDICATIONS FOR USE

510(k) Number (if known):

Device Name: AMS Collagen Dermal Matrix

Indications For Use:

The AMS collagen dermal matrix is intended for use in the treatment of hernias where the connective tissue has ruptured or for implantation to reinforce soft tissues where weakness exists in the urological, gynecological and gastroenterological anatomy. This includes but is not limited to the following procedures: pubourethral support including urethral slings, urethral and vaginal prolapse repair, colon and rectal prolapse repair, reconstruction of the pelvic floor, bladder support, tissue repair, sacral colposuspension and reinforcement in the repair of Peyronie's disease. By providing pubourethral support, the AMS collagen dermal matrix may be used for the treatment of urinary incontinence resulting from urethral hypermobility or intrinsic sphincter deficiency.

Prescription Use  X   
Use \_\_\_\_\_  
(Per 21 CFR 801 Subpart D)

AND/OR

Over-The Counter  
(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)

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

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