

**3.0 510(k) Summary**Page 1 of 1

- Sponsor:** Synthes (USA)  
1302 Wrights Lane East  
West Chester, PA 19380  
(610) 719-5000
- Device Name:** Synthes LCP Proximal Tibia Plates Line Extension
- Classification:** 21 CFR 888.3030: Plate, Fixation, Bone, Non-spinal, metallic
- Predicate Devices:** Synthes LCP Proximal Tibia Plates
- Device Description:** The LCP Proximal Tibia Plates are contoured to match the anatomy of the proximal tibia with a limited contact low profile design. These are plates designed for either the right or left tibia in a variety of shaft lengths. The plates have overall lengths ranging from 298 mm to 370 mm and shaft holes ranging from 16 to 20 holes.
- Intended Use:** The Synthes LCP Proximal Tibia System is intended for treatment of nonunions, malunions, osteopenic bone, tibial osteotomies (4.5mm plate only), and fractures of the proximal tibia, including simple, comminuted, lateral wedge, depression, medial wedge, bicondylar combination of lateral wedge and depression, periprosthetic, and fractures with associated shaft fractures.
- Substantial Equivalence:** Information presented supports substantial equivalence.




Page 2 - Ms. Lisa M. Boyle

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,



Mark N. Melkerson

Acting Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

2.0 Indications for Use

510(k) Number (if known): K052390

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Prescription Use X AND/OR Over-The-Counter Use \_\_\_\_\_  
(Per 21 CFR 801.109) (21 CFR 807 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

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

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