OCT 7 - 2005

K052390

3.0	510(k) Summary
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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.





OCT 7 - 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Lisa M. Boyle Regulatory Specialist Synthes (USA) 1302 Wrights Lane East West Chester, Pennsylvania 19380

Re: K052390

Trade/Device Name: Synthes (USA) Proximal Tibia Plate Line Extension

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation

appliances and accessories

Regulatory Class: II Product Code: HRS Dated: August 29, 2005 Received: August 30, 2005

Dear Ms. Boyle:

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 <u>Federal Register</u>.

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.

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" (21 CFR 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



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2 0

Indications for Use

2.0			
510(k) Number (if known):	1(05239	0	_
Device Name:	Synthes (USA) Proxi	mal Tibia Plate Line Extension	
Indications for Use:			
osteopenic bone, tibial osteoto	mies (4.5mm plate only . lateral wedge, depress	for treatment of nonunions, malunions, (r), and fractures of the proximal tibia, ion, medial wedge, bicondylar combination actures with associated shaft fractures.	on
Prescription Use X (Per 21 CFR 801.109)	AND/OR	Over-The-Counter Use(21 CFR 807 Subpart C)	
(PLEASE DO NOT WRITE I NEEDED)	BELOW THIS LINE - C	CONTINUE ON ANOTHER PAGE IF	
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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-U11)

Division of General, Restorative, and Neurological Devices

510(k) Number_ K05239_Q_