



MAR 31 2006

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Robert M. Kelly  
Official Correspondent  
OptiVia Medical, LLC  
101 N. Chestnut Street, Suite 305  
WINSTON-SALEM NC 27101

Re: K053583  
Trade/Device Name: Optivia Hysteroscopic Introducer  
and Optivia Steerable Working Channel  
Regulation Number: 21 CFR 884.1690  
Regulation Name: Hysteroscope and accessories  
Regulatory Class: II  
Product Code: H1H  
Dated: February 27, 2006  
Received: February 28, 2006

Dear Mr. Kelly:

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 (Premarket Approval), 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.

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 one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 892.xxxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 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/industry/support/index.html>.

Sincerely yours,



Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal, and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure



## Indications for Use

510(k) Number (if known): K053583

Device Name: Optivia OM 200 Steerable Working Channel

**Indications for Use:**

The Optivia Steerable Working Channel is used **only** in conjunction with the Optivia Hysteroscopic Introducer to establish and maintain distention in the uterus and provide access to the uterine cavity for hysteroscopic instruments during diagnostic and operative hysteroscopic procedures, such as:

Diagnostic Hysteroscopy	Operative Hysteroscopy
Infertility and Pregnancy Wastage	Removal of Submucous Fibroids and Large Polyps
Abnormal Uterine Bleeding	Direct Biopsy
Evaluation of Abnormal Hysterosalpingogram	Transection of Intrauterine Adhesions
Intrauterine Foreign Body	Submucous Myomectomy
Amenorrhea	Transection of Intrauterine Septa
Pelvic Pain	Endometrial Ablation

The Optivia Steerable Working Channel aids in visualization and gives the health care professional the ability to more precisely control the position of the diagnostic or therapeutic device than is achievable without the Steerable Working Channel.

Prescription Use    
 (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use    
 (21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

*David G. Ingram*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K053583