Summary of Safety and Effectiveness

NOV - 8 2006

Submitter:	Zimmer, Inc. P.O. Box 708 Warsaw, IN 46581-0708
Contact Person:	Patricia Jenks Specialist, Corporate Regulatory Affairs Telephone: (574) 371-8354 Fax: (574) 372-4605
Date:	July 31, 2006
Trade Name:	Zimmer® Computer Assisted Solutions - Electromagnetic and Imageless Hip Instrumentation
Common Name:	Image Guided Instrument
Classification Name and Reference:	Stereotaxic Instrument 21 CFR § 882.4560
Predicate Devices:	Zimmer Ortho Guidance Systems - Hip Instruments, K033223, cleared February 18, 2004.
Device Description:	This submission is for: • Zimmer orthopedic manual hip instruments that each have a slot which accommodates a Medtronic electromagnetic tracking sensor, and • The addition of digitized landmark (imageless) referencing to the indications for use for both optical and electromagnetic tracking sensors.
Intended Use:	Zimmer Hip Computer Assisted Solutions Instruments are intended as accessories to Image Guided Surgery systems and are indicated for any hip orthopedic medical condition in which the use of stereotaxic surgery may be appropriate, and where reference to a rigid anatomical structure, such as a long bone, can be identified relative to a CT or MR based model, fluoroscopy images, or digitized landmarks of the anatomy. Example orthopedic

procedures for these instruments include, but are not limited to:

- Total or Hemi-Hip Arthroplasty (Primary and Revision)
- Minimally Invasive Hip Orthopedic Procedures
- Tumor Resection and Bone/Joint Reconstruction
- Stabilization of Repair of Pelvic/Femoral Fractures

Comparison to Predicate Device:

Both the predicate and proposed devices are indicated for use with image guidance surgery systems. Both are accessory instruments.

Performance Data (Nonclinical and/or Clinical):

Non-Clinical Performance and Conclusions:

No testing was needed for these devices. QSR validation and verification testing will be conducted for instruments used in conjunction with Medtronic StealthStation Image Guidance Systems.

Clinical Performance and Conclusions:

Clinical data and conclusions were not needed for this device.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

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Zimmer, Inc.
% Ms. Patricia Jenks
Specialist, Corporate Regulatory
Affairs
P.O. Box 708
Warsaw, Indiana 46581-0708

Re: K062228
Trade/Device Name: *Zimmer Ortho Guidance*™ Systems – Hip Instruments
Regulation Number: 21 CFR 882.4560
Regulation Name: Stereotaxic instrument
Regulatory Class: II
Product Code: HAW
Dated: November 28, 2006
Received: December 12, 2006

Dear Ms. Jenks:

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. 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) 276-0115. 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 (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson
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): K062228

Device Name:

Zimmer® Hip Computer Assisted Solutions - Electromagnetic and Imageless Instrumentation

Indications for Use:

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Total or Hemi-Hip Arthroplasty (Primary and Revision)
Minimally Invasive Hip Orthopedic Procedures
Tumor Resection and Bone/Joint Reconstruction
Stabilization of Repair of Pelvic/Femoral Fractures

Prescription Use _X_ AND/OR Over-The-Counter Use ____
(Part 21 CFR 801 Subpart D) (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, Restora...
and Neurological Devices

510(k) Number K062228