K070885 1/2

MAY 16 2007

510(k) Summary of Safety and Effectiveness for the
Universal Taper Delta Femoral Head

Proprietary Name:	Universal Taper Delta Femoral Head
Common Name:	Hip Prosthesis
Classification Name and Reference	Hip Joint, Metal/Ceramic/Polymer, Semi-Constrained, Cemented or Nonporous Uncemented Prosthesis 21 CFR §888.3353
Regulatory Class:	Class II
Device Product Code:	87 LZO - Prosthesis, Hip, Semi-Constrained, Metal/Ceramic/Polymer, Cemented or Non-Porous, Uncemented 87 LPH - Prosthesis Hip, Semi-Constrained, Porous Coated, Uncemented 87 MEH - Prosthesis, hip, semi-constrained, uncemented, metal/polymer, non-porous, calicum-phosphate 87 JDI - Prosthesis, hip, semi-constrained, metal/polymer, cemented
For Information contact:	Tiffani Rogers Regulatory Affairs Specialist Stryker Orthopaedics 325 Corporate Drive Mahwah, New Jersey 07432 Phone: (201) 831-5612 Fax: (201) 831-6038 E-Mail: Tiffani.Rogers@stryker.com
Date Summary Prepared:	May 11, 2007

Device Description
The Howmedica Osteonics Biolox delta ceramic femoral heads will now be available in a universal taper with available metal sleeves which accommodate C-taper® and V40® taper femoral stems. The modified ceramic femoral heads will be available in diameters from 28mm to 44mm. The metal sleeves will be available in a variety of offsets.

Intended Use:

The subject devices are sterile, single use devices. The Universal Taper Biolox delta femoral heads and metal adaptor sleeves can be used with all Howmedica Osteonics C-Taper® and V-40® hip stems made from Titanium or Cobalt Chrome alloys. The stainless steel metal adaptors are can be used with all Howmedica Osteonics stainless steel stems. When used as a total hip replacement, they are intended for use only with Howmedica Osteonics polyethylene inserts.

Indications for Use
The femoral heads are intended for mechanical fixation to their mating hip stems, and can be used in cemented or cementless hip arthroplasty procedures.

Indications for Use as a Bipolar
- Femoral head/neck fractures or non-unions,
- Aseptic necrosis of the femoral head,
- Osteo-, rheumatoid, and post traumatic arthritis of the hip with minimal acetabular involvement or distortion,
- Pathological conditions or age considerations that indicate a more conservative acetabular procedure and an avoidance of the use of bone cement in the acetabulum,
- Salvage of failed total hip arthroplasty.

Indications for Use as a Total Hip:
- Painful disabling joint disease of the hip resulting from: degenerative arthritis, rheumatoid arthritis, post-traumatic arthritis or late stage avascular necrosis,
- Revision of previous unsuccessful femoral head replacement, cup arthroplasty or other procedure,
- Clinical management problems where arthrodesis or alternative reconstructive techniques are less likely to achieve satisfactory results,
- Where bone stock is of poor quality or is inadequate for other reconstructive techniques as indicated by deficiencies in the acetabulum.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Howmedica Osteonics Corporation
% Ms. Tiffiani D. Rogers
Regulatory Affairs Specialist
325 Corporate Drive
Mahwah, New Jersey 07432

MAY 16 2007

Re: K070885
Trade/Device Name: Universal Taper Delta Femoral Head
Regulation Number: 21 CFR 888. 3353
Regulation Name: Hip joint metal/ceramic/polymer semi-constrained cemented or nonporous uncemented prosthesis
Regulatory Class: II
Product Code: LZO
Dated: March 29, 2007
Received: March 30, 2007

Dear Ms. Rogers:

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.

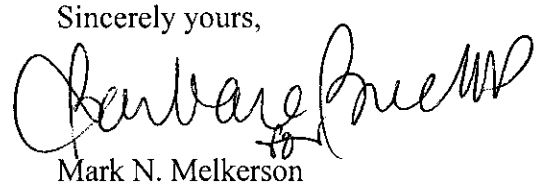
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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) 276-0120. 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 (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

510(k) Number (if known): K070885

Device Name: Universal Taper Delta Femoral Head

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- Where bone stock is of poor quality or is inadequate for other reconstructive techniques as indicated by deficiencies in the acetabulum.

Prescription Use ___X___ OR Over-the-Counter Use_____
(Per 21 CFR 801.109)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)

Barbara Buch MD

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

510(k) Number K070885