K083783

SEP 11 2009

10.0 510(k) SUMMARY

10.1 510(k) Summary

Coapt Systems is providing a summary of the safety and effectiveness information available for the VF LiquiGel. This 510(k) summary of safety and effectiveness information is submitted in accordance with the requirements of 21 CFR §807.92 and pursuant to Section 12, Part (a)(i)(3A) of the Safe Medical Devices Act of 1990.

SPONSOR/APPLICANT NAME AND ADDRESS

Coapt Systems, Inc.
1820 Embarcadero Road
Palo Alto, CA
Telephone: (650) 461-7600
Facsimile: (650) 213-9336

CONTACT INFORMATION

Louis-Pierre Marcoux
Manager, Regulatory Affairs
Coapt Systems, Inc.
1820 Embarcadero Road
Palo Alto, CA
Telephone: (650) 461-7651
Facsimile: (650) 213-9336
Email: lmarcoux@coaptsystems.com

DATE OF PREPARATION OF 510(K) SUMMARY

December 11, 2008

DEVICE TRADE OR PROPRIETARY NAME

VF LiquiGel

DEVICE COMMON OR CLASSIFICATION NAME

Classification Name: Vocal Cord Medialization Implant
Regulation Number: 874.3620
Class: II
Product Code: MIX

IDENTIFICATION OF THE LEGALLY MARKETED DEVICES TO WHICH EQUIVALENCE IS BEING CLAIMED

Name of Predicate Device	Product Code	Name of Manufacturer	510(k) or PMA Number
VF Gel	MIX	Coapt Systems	K080956

DEVICE DESCRIPTION

Sterile, latex free, non-pyrogenic, highly thixotropic, high yield strength clear gel with a neutral pH. The durability of the gel is due to slow degradation of the synthetic gel carrier. The thixotropic character of the gel allows it to be a very thick and cohesive gel but able to be injected through very fine needles with minimal force.

INTENDED USE STATEMENT

The VF LiquiGel is indicated for vocal fold medialization in the treatment of vocal fold insufficiency, where insufficiency may be improved by injection of a soft tissue bulking agent. VF LiquiGel injection augments the size of the displaced or deformed vocal fold so that it may meet the opposing fold at the midline for improved glottal closure. Improved glottal closure may allow improved phonation, improvement of cough, and an improved ability to protect the airway during swallowing.

SUBSTANTIAL EQUIVALANCE COMPARISON

1. Indications Summary

The "Indication Statement" for the VF LiquiGel is substantiated by the results of the performance evaluations and comparison testing to the predicate device. The differences between the Subject and the Predicate do not affect the safety and effectiveness of the VF LiquiGel. VF LiquiGel is a temporary implant that degrades over time. The product is intended to be durable for a minimum of one month.

2. Technological Characteristics Summary

The VF LiquiGel is substantially equivalent in design, materials and fundamental scientific technology to the predicate devices. Any differences between the Subject and the Predicate device are minor and do not raise issues regarding safety or effectiveness.

3. Performance Summary

The VF LiquiGel performance data meet the applicable standards and fulfill the device requirements as defined in the user specifications.

Table 7: Substantial Equivalence Summary

Parameter	VF Gel (Predicate)	VF LiquiGel (Subject)	Comparison	Impact on Safety and Effectiveness
Indication for Use	The VF Gel is indicated for vocal fold medialization in the treatment of vocal fold insufficiency, where insufficiency may be improved by injection of a soft tissue bulking agent. VF Gel injection augments the size of the displaced or deformed vocal fold so that it may meet the opposing fold at the midline for improved glottal closure. Improved glottal closure may allow improved phonation, improvement of cough, and an improved ability to protect the airway during swallowing. VF Gel is a temporary implant that degrades over time. The product is intended to be durable for a minimum of one month.	The VF LiquiGel is indicated for vocal fold medialization in the treatment of vocal fold insufficiency, where insufficiency may be improved by injection of a soft tissue bulking agent. VF LiquiGel injection augments the size of the displaced or deformed vocal fold so that it may meet the opposing fold at the midline for improved glottal closure. Improved glottal closure may allow improved phonation, improvement of cough, and an improved ability to protect the airway during swallowing. VF LiquiGel is a temporary implant that degrades over time. The product is intended to be durable for a minimum of one month.	Equivalent	None
Target Population	Patients requiring temporary vocal fold medialization	Same	Equivalent	None
Surgical Approach	Percutaneous or transoral	Same	Equivalent	None
Design	Cohesive gel supplied in a syringe ready to use	Same	Equivalent	None
Materials	A gel of injection grade water, glycerin, mannitol, NaOH and Carbopol 974P NF	Same, with a slightly lower pH	Equivalent	None
Biocompatibility	Meets ISO 10993	Same	Equivalent	None
Materials Standards	NF/USP requirements	Same	Equivalent	None
Mechanism of Action	Gel providing temporary space filling	Same	Equivalent	None
Human Factors/How Supplied	Supplied Sterile in a syringe premixed and ready for injection	Same	Equivalent	None
Human Factors/ Quantity Supplied	Supplied pre-filled in a syringe filled to 0.5 and 1.3 cc for use in individual patients	Same	Equivalent	None
Sterility	Supplied sterile ready to use, Not to be resterilized	Same	Equivalent	None
Compatibility with other Devices	Syringe has Luer lock syringe that is compatible with needles with Luer fitting	Same	Equivalent	None

SUBSTANTIAL EQUIVALENCE CONCLUSION

Based on the design, materials, function, intended use, and performance evaluations discussed herein, Coapt Systems believes the VF LiquiGel is substantially equivalent to the predicate device currently marketed under the Federal Food, Drug and Cosmetic Act. No new issues of safety or effectiveness were raised for the VF LiquiGel Device. Therefore, safety and effectiveness are reasonably assured, justifying 510(k) clearance for commercial sale.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Document Mail Center - WO66-G609
Silver Spring, MD 20993-0002

SEP 11 2009

Coapt Systems, Inc.
c/o Mr. Louis-Pierre Marcoux
Regulatory Affairs Manager
1820 Embarcadero Road
Palo Alto, CA 94303

Re: K083783
Trade/Device Name: VF LiquiGel™
Regulation Number: 21 CFR 874.3620
Regulation Name: Ear, Nose, and Throat Synthetic Polymer Material
Regulatory Class: II
Product Code: MIX
Dated: August 21, 2009
Received: August 24, 2009

Dear Mr. Marcoux:

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 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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/cdrh/mdr/ for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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,

Malvina B. Eydelman, M.D.
Director
Division of Ophthalmic, Neurological,
and Ear, Nose and Throat Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

STATEMENT OF INDICATIONS FOR USE

510(k) Number (if known):	Not yet assigned
Device Name:	VF LiquiGel
Indications For Use:	The VF LiquiGel is indicated for vocal fold medialization in the treatment of vocal fold insufficiency, where insufficiency may be improved by injection of a soft tissue bulking agent. VF LiquiGel injection augments the size of the displaced or deformed vocal fold so that it may meet the opposing fold at the midline for improved glottal closure. Improved glottal closure may allow improved phonation, improvement of cough, and an improved ability to protect the airway during swallowing. VF LiquiGel is a temporary implant that degrades over time. The product is intended to be durable for a minimum of one month.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

Daniel C Clapper
(Division Sign-Off)
Division of Ophthalmic, Neurological and Ear,
Nose and Throat Devices

510(k) Number K083783