



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

Boston Medical Products, Inc.  
c/o Mr. Michael A. Warren  
117 Flanders Road  
Westborough, MA 01581

**JAN 10 2017**

Re: K091135

Trade/Device Name: Rutter Supra Stomal Stents

Regulation Number: 21 CFR 874.3620

Regulation Name: Ear, Nose, and Throat Synthetic Polymer Material.

Regulatory Class: Class II

Product Code: FWN

Dated: August 5, 2009

Received: August 5, 2009

Dear Mr. Warren:

This letter corrects our substantially equivalent letter of September 14, 2009.

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

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 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 contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. 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/MedicalDevices/Safety/ReportaProblem/default.htm> 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 Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

*Kesia Alexander*

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

Enclosure

K091135

**SECTION 4: STATEMENT OF INDICATIONS FOR USE**

**INDICATIONS FOR USE**

The Rutter Supra Stomal Stent is indicated for the prevention and treatment of laryngeal and tracheal stenosis.

Prescription Use:   X  

AND/OR

Over-the-Counter Use:           

(Part 21 CFR 807 Subpart C)

DO NOT WRITE BELOW THIS LINE

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Concurrence of CDRH, Office of Device Evaluation



(Division Sign-Off)

Division of Ophthalmic, Neurological and Ear,  
Nose and Throat Devices

510(k) Number   K091135