510(k) Summary of Safety and Effectiveness:
AxSOS® Stryker Locked Plating System Line Extension of Cable Plugs

NOV 20 2009

Submission Information

Name and Address of the Sponsor of the 510(k) Submission	Howmedica Osteonics Corp 325 Corporate Drive Mahwah, NJ 07430
For Information contact:	Melissa A. Matarese, Regulatory Affairs Associate Howmedica Osteonics Corp. 325 Corporate Drive Mahwah, NJ 07430 Phone: (201) 831-5116 Fax: (201) 831-4116
Date Summary Prepared:	July 15, 2009

Device Identification

Proprietary Name:	AxSOS® Stryker Locked Plating System Line Extension of Cable Plugs
Common Name:	Bone plates and screws
Classification Name and Reference:	Single/multiple component metallic bone fixation appliances and accessories, 21 CFR §888.3030
Device Product Code:	87 HRS: Plate, Fixation, Bone 87 HWC: Screw, Fixation, Bone

Description:

This Special 510(k) submission is intended to address modifications to the Stryker Locked Plating System. This line extension is to add additional styles of Cable Plugs. The AxSOS® Cable Plug is being modified as part of a line extension of the Stryker Locked Plating System. The AxSOS® Locked Plating System currently contains 4mm and 5mm Cable Plugs.

Intended Use:

The AxSOS® Stryker Locked Plating System Line Extension of Cable Plugs modifications do not alter the intended use of the predicate systems as cleared in their respective premarket notifications. The indications for use for the subject plates are provided below.

Indications for Use:

The AxSOS® SPS Monoaxial Locking Plates in the Stryker Locked Plating system are intended for use in long bone fracture fixation. The AxSOS® SPS Monoaxial Locking

Plates are indicated for fixation of long bone fractures including the distal radius, the proximal humerus, the distal tibia, proximal tibia and the distal femur.

Statement of Technological Comparison:

The subject and predicate devices are made from Stainless Steel. Functional and mechanical testing demonstrates the comparable mechanical & functional properties of the subject AxSOS® Stryker Locked Plating System to the predicate device K050512, K060514, K061012, and K060798.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Document Mail Center – WO66-0609
Silver Spring, MD 20993-0002

Howmedica Osteonics Corporation
c/o Ms. Melissa Matarese
Regulatory Affairs Associate
325 Corporate Drive
Mahwah, New Jersey 07430

NOV 20 2009

Re: K092178
Trade/Device Name: AxSOS® Locked Plating System Line Extension of Cable Plugs
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: Class II
Product Code: HRS, HWC
Dated: October 30, 2009
Received: November 5, 2009

Dear Ms. Matarese:

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.

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/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 Small Manufacturers, International and Consumer Assistance 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,

Mark N. Melkerson
Director Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K092178

Device Name: AxSOS® Locked Plating System Line Extension of Cable Plugs

Indications For Use:

The AxSOS® SPS Monoaxial Locking Plates in the Stryker Locked Plating system are intended for use in long bone fracture fixation. The AxSOS® SPS Monoaxial Locking Plates are indicated for fixation of long bone fractures including fractures of the distal radius, the proximal humerus, the distal tibia, proximal tibia, and the distal femur.

Prescription Use		Over-The-Counter Use
X	AND/OR	
(Part 21 CFR 801 Subpart D)		(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)

(Division Sign-Off)
Division of Surgical, Orthopedic, and Restorative Devices

510(k) Number K092178