

NOV - 3 2009

**510(k) Summary**  
**R3 Multi-Hole Shells and 36mm XLPE Acetabular Liners**

<b>Submitter's Name:</b>	Smith & Nephew, Inc., Orthopaedic Division
<b>Submitter's Address:</b>	1450 Brooks Road, Memphis, TN 38116
<b>Submitter's Telephone Number:</b>	901-399-5340
<b>Contact Person:</b>	Megan Bevill
<b>Date Summary Prepared:</b>	July 29, 2009
<b>Trade or Proprietary Device Name:</b>	R3 Multi-Hole Shells and 36mm XLPE Acetabular Liners
<b>Common or Usual Name:</b>	Acetabular System
<b>Classification Name:</b>	21 CFR 888.3358 Hip joint metal/polymer/metal semi-constrained porous coated uncemented prosthesis
<b>Device Class:</b>	Class II
<b>Panel Code:</b>	Orthopaedics/87/MBL

**Device Description**

Subject of this Abbreviated Premarket Notification are line additions to the R3 Acetabular System. The line additions consist of R3 Multi-Hole Shells and 36mm XLPE Acetabular Liners.

**Intended Use and Indications**

Hip components are indicated for individuals undergoing primary and revision surgery where other treatments or devices have failed in rehabilitating hips damaged as a result of trauma or noninflammatory degenerative joint disease (NIDJD) or any of its composite diagnoses of osteoarthritis, avascular necrosis, traumatic arthritis, slipped capital epiphysis, fused hip, fracture of the pelvis, and diastrophic variant.

Hip components are also indicated for inflammatory degenerative joint disease including rheumatoid arthritis, arthritis secondary to a variety of diseases and anomalies, and congenital dysplasia; old, remote osteomyelitis with an extended drainage-free period, in which case, the patient should be warned of an above normal danger of infection postoperatively; treatments of nonunion, femoral neck fracture and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques; endoprosthesis, femoral osteotomy, or Girdlestone resection; fracture-dislocation of the hip; and correction of deformity.

The Reflection 3 Acetabular System is for single use only and is intended for cementless use.

**Substantial Equivalence**

The R3 Multi-Hole Acetabular Shells and 36mm XLPE Acetabular Liners are substantially equivalent to the predicate devices listed in the table below.

<b>Manufacturer</b>	<b>Description</b>	<b>Submission Number</b>	<b>Clearance Date</b>
Smith & Nephew, Inc.	Reflection 3 Acetabular System	K061253	5/31/06
Smith & Nephew, Inc.	Reflection 3 Acetabular System	K070756	6/6/07



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room W-066-0609  
Silver Spring, MD 20993-0002

Smith & Nephew Inc.  
% Ms. Megan Bevill  
Regulatory Affairs Specialist  
1450 Brooks Road  
Memphis, Tennessee 38116

NOV - 3 2009

Re: K092386

Trade/Device Name: R3 Multi-Hole Shells and 36mm XLPE Acetabular Liners  
Regulation Number: 21 CFR 888.3358  
Regulation Name: Hip joint metal/polymer/metal semi-constrained porous-coated uncemented  
Regulatory Class: Class II  
Product Code: MBL  
Dated: August 4, 2009  
Received: August 5, 2009

Dear Ms. Bevill:

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.

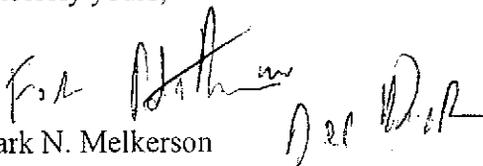
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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" (21 CFR 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 (240) 276-3150 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

## Indications for Use

510(k) Number (if known): \_\_\_\_\_

Device Name: R3 Multi-Hole Shells and 36mm XLPE Acetabular Liners

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Prescription Use   
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

*[Signature]*  
 (Division Sign-Off)  
 Division of Surgical, Orthopedic,  
 and Restorative Devices

510(k) Number K092386