

JAN 15 2004

ACUMED[®]LLC

K033639

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510(k) Summary

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This summary regarding 510(k) safety and effectiveness information is being submitted in accordance with the requirements of 21 CFR 807.92.

Submitter Information: Acumed LLC
5885 N.W. Cornelius Pass Road
Hillsboro, OR 97124-9432
USA
Phone: (503) 627-9957
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Contact: Ed Boehmer, Regulatory & Documentation Supervisor

Classification Name: Single/multiple Component Metallic Bone Fixation Appliances and Accessories
Common Name: Plate, Fixation, Bone
Proprietary Name: Acumed Lower Extremity Congruent Plate System
Proposed Regulatory Class: Class II, 21 CFR 888.3030
Device Product Code: HRS
Legally Marketed Equivalent Device(s): Acumed LLC Congruent Bone Plate System K012655
Synthes USA Modular Foot System K001941
Synthes USA Cannulated Angle Blade Plate System K974537
Depuy Ace Medical Co. Timax Pilon System K982347
Synthes USA Calcaneal Plate K020401
Depuy Ace Medical Co. Timax Calcaneal Peri-Articular Plate K981775

Device Description: The Acumed Lower Extremity Congruent Plate System consists of bone plates and screws for fractures, fusions, and osteotomies. The bone plates are pre-bent to minimize bending which is done intraoperatively. Instruments are supplied with the implants to aid in the insertion of the plates and screws. All plates and screws are manufactured from titanium in conformance with ASTM F136. Plates and screws are provided non-sterile.

Intended Use: The Acumed Lower Extremity Congruent Plate System is indicated for use in providing fixation during fractures, fusions, and osteotomies. The Acumed Lower Extremity Congruent Plate System includes plates and screws designed specifically for the phalanges, metatarsals, tarsals, tibia and fibula.

These are similar to intended use of predicate devices and do not raise new issues of safety and effectiveness.

Technological Characteristics: The Acumed Lower Extremity Congruent Plate System are made out of Titanium as per ASTM F136. The predicate devices listed use either 316L stainless steel or Titanium as per ASTM F136.

*An assessment of performance data is not applicable.
A discussion of clinical and non-clinical tests is not applicable.*

Based upon the similarities of the Acumed Lower Extremity Congruent Plate System and the predicate devices studied, the safety and effectiveness of the Acumed Lower Extremity Congruent Plate System is substantially equivalent to the predicate devices referenced.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

JAN 15 2004

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Ed Boehmer
Regulatory and Documentation Supervisor
Acumed LLC
5885 N.W. Cornelius Pass Road
Hillsboro, Oregon 97124-9432

Re: K033639

Trade/Device Name: Acumed Lower Extremity Congruent Plate System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories

Regulatory Class: II

Product Code: HWC

Dated: November 14, 2003

Received: November 24, 2003

Dear Mr. Boehmer:

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.

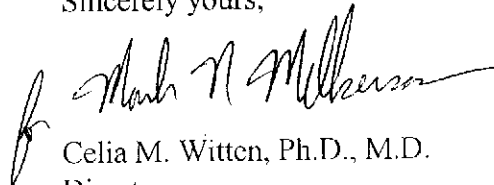
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's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

Page 2 – Mr. Ed Boehmer

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 (301) 594-4659. 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 (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten", with a stylized flourish at the end.

Celia M. Witten, Ph.D., M.D.
Director

Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications For Use

510(k) Number (if known): K033639

Device Name: Acumed Lower Extremity Congruent Plate System

Indications For Use:

The Acumed Lower Extremity Congruent Plate System provides fixation during fractures, fusions, and osteotomies for the phalanges, metatarsals, tarsals, tibia and fibula.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use
(Part 21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

[Handwritten Signature]
Division of Neurological
K033639