510(k) SUMMARY

This summary of 510(k) safety and effectiveness information is submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

510(k) Number: <u>TBD K021407</u>

Applicant Information:

Date Prepared: April 2, 2002

Name:	Coalescent Surgical, Inc.
Address:	559 E. Weddell Drive
	Sunnyvale, CA 94089
	408-743-9794

Contact Person:	Michael A. Daniel
Phone Number:	(415) 407-0223
Facsimile Number:	(925) 932-5706

Device Information:

Classification:	Class II Implantable Clips
Trade Name:	Coalescent Surgical U-CLIP [™] and Accessories
Common Name:	Implantable Clip, Vascular Clip
Classification Name:	Surgical Devices: Implantable Clip, 79FZP, 21 CFR 878.4300

Predicate Devices:

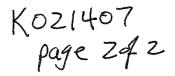
The modified Coalescent Surgical U-CLIP[™] and accessories is substantially equivalent in intended use, fabrication, design and method of operation to the following predicate device:

• Coalescent Surgical U-CLIP[™] - 510(k) K013664

Device Description:

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The modified Coalescent Surgical U-CLIP[™] is a single self-closing clip for vascular anastomosis and tissue approximation/attachment applications. The U-CLIP consists of a specially designed vascular clip connected to needles via flexible members. This design allows precise placement of clips prior to closure and facilitation of an interrupted "suture" technique. The device is fabricated from standard medical and implantable grade materials. Accessories include Clip removal devices and vessel retention tools.



510(k) SUMMARY

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Intended Use:

The modified Coalescent Surgical U-CLIP[™] is intended for endoscopic and non-endoscopic tissue and prosthetic material approximation/attachment and the creation of anastomoses in blood vessels, grafts and other tubular structures; including use in cardiovascular and coronary artery bypass grafting procedures.

Comparison to Predicate Device(s):

The modified Coalescent Surgical U-CLIP[™] and accessories is substantially equivalent to the Coalescent Surgical U-CLIP (K013664).

Test Data:

In vitro data confirm that functional characteristics are substantially equivalent to the predicate device cited. All data fell well within, both, internal specification requirements, as well as external standard requirements and device performance expectations.

Summary:

Based upon the product technical information, intended use and clinical performance information provided in this pre-market notification, the modified Coalescent Surgical U-CLIPTM and accessories has been shown to be substantially equivalent to a currently marketed predicate device.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUL 3 2002

Coalescent Surgical Michael A. Daniel Regulatory and Clinical Affairs 559 East Weddell Drive Sunnyvale, California 94089

Re: K021407

Trade Name: Coalescent Surgical U-Clip[™] Regulation Number: 878.4300 Regulation Name: Implantable Clip, Vascular Clip Regulatory Class: II Product Code: FZP Dated: May 1, 2002 Received: May 3, 2002

Dear Mr. Daniel:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to 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 <u>Federal Register</u>.

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. Michael Daniel

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 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained 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,

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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

510(k) Number (if known): <u>TBD K02</u>(407

Device Name: Coalescent Surgical U-CLIPTM

Indications For Use:

The Coalescent Surgical U-CLIP[™] is intended for endoscopic and non-endoscopic tissue and prosthetic material approximation/attachment and the creation of anastomoses in blood vessels, grafts and other tubular structures; including use in cardiovascular and coronary artery bypass grafting procedures.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off) Division of General, Restorative and Neurological Devices OR Over-The-Counter Use ______ 510(k) Number _______

(Optional Format 1-2-96)

Prescription Use (Per 21 CFR 801.109)

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