

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

Changzhou Waston Medical Appliance Company, Limited % Ms. Diana Hong
General Manager
Mid-Link Consulting Company, Limited
P.O. Box 120-119
Shanghai, 200120
CHINA

December 17, 2015

Re: K151062

Trade/Device Name: WASTON Metallic Intramedullary Nail System

Regulation Number: 21 CFR 888.3020

Regulation Name: Intramedullary fixation rod

Regulatory Class: Class II

Product Code: HSB Dated: October 30, 2015 Received: November 3, 2015

Dear Ms. Hong:

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 <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 Parts 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

 $\underline{http://www.fda.gov/MedicalDevices/Resources for You/Industry/default.htm}.$

Sincerely yours,

Mark N. Melkerson -S

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

Enclosure

DEPARIMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Form Approved: OMB No. 0910-0120

	Tood and Drug Administration		Expiration Date: January 31, 2011
	Indications for Use		See PRA Statement below.
510(k) Number (if known)	K151062		
D : N			
Device Name WASTON Metallic Intramed	dullary Nail System		
Indications for Use (Describe Simple, compound first-Pseudarthrosis and delayed)	and second-degree tibial shaft fractu	res	
Type of Use (Select one or b	oth, as applicable)		
⊠ Prescriptio	on Use (Part 21 CFR 801 Subpart D)	Over-The-Counte	er Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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> Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov.

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Tab #7 510(k) Summary

This 510(k) Summary is being submitted in accordance with requirements of SMDA 1990 and Title 21, CFR Section 807.92.

The assigned 510(k) Number: ________K151062

- 1. Date of Preparation: 01/13/2015
- 2. Sponsor Identification

CHANGZHOU WASTON MEDICAL APPLIANCE CO., LTD.

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Establishment Registration Number: Not yet registered

Contact Person: Mr. Jack Lu

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3. Designated Submission Correspondent

Ms. Diana Hong (Primary Contact Person)
Mr. Jing Cheng (Alternative Contact Person)

Mid-Link Consulting Co., Ltd

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Tel: +86-21-22815850, Fax: 240-238-7587

Email: info@mid-link.net

4. Identification of Proposed Device

Trade Name: WASTON Metallic Intramedullary Nail System

Common Name: Intramedullary nail

Regulatory Information

Classification Name: rod, fixation, intramedullary and accessories;

Classification: II Product Code: HSB

Regulation Number: 21 CFR 888.3020

Review Panel: Orthopedic

Intended Use Statement:

· Simple, compound first- and second-degree tibial shaft fractures

· Pseudarthrosis and delayed union

Device Description

The WASTON Metallic Intramedullary Nail System is a temporary fixation intramedullary nail designed for fracture fixation and stabilization of the tibia. The system consists of intramedullary nail, locking screw, end cap and instruments.

The intramedullary nail is available in a variety of lengths to meet assorted anatomical needs. Each of the nails is secured by a series of screws that pass through holes manufactured into the proximal and distal sections.

All implants of Metallic Intramedullary Nail System are manufactured from Ti-6Al-4V alloy that meets the requirements of ASTM F-136.

The proposed devices are provided un-sterilized, but shall be sterilized via autoclave method to achieve Sterility Assurance Level of 10⁻⁶ by hospital prior to use.

Identification of Predicate Device

510(k) Number: K132078

Product Name: Metallic Intramedullary Nail System

6. Non-Clinical Test Conclusion

Non clinical tests were conducted to verify that the proposed device met all design specifications as was Substantially Equivalent (SE) to the predicate device. The test results demonstrated that the proposed device complies with the following standards:

- ➤ ASTM F1264-03 (Reapproved 2012): Standard specification and test methods for intramedullary fixation devices.
- ASTM F543-13: Standard specification and test method for metallic medical bone screws.
- ASTM F136-13: Standard Specification for Wrought Titanium-6Aluminum-4Vanadium ELI (Extra Low Interstitial) Alloy for Surgical Implant Applications (UNSR56401).
- ASTM F138-13, Standard Specification for Wrought 18Chromium-14Nickel-2.5Molybdenum Stainless Steel Bar and Wire for Surgical Implants (UNS S31673).
- ➤ ISO 17665-1:2006, Sterilization of health care products Moist heat Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices.

7. Clinical Test Conclusion

No clinical study is included in this submission.

8. Substantially Equivalent (SE) Comparison

Table 1 Comparison of Technology Characteristics

Item		Proposed Device(s)	Predicate Device
			K132078
Product Code		HSB	Same
Regulation Number		21 CFR 888.3020	Same
Intended Use		·Simple, compound first- and second-degree	Same
		tibial shaft fractures	
		·Pseudarthrosis and delayed union	
Configuration		Nail, Screw and End Cap	Same
Sterile		The devices are supplied non-sterile, it should	Same
		be sterilized prior to use by professional and	
		the sterilization should achieve SAL 1×10 ⁻⁶	
Single Use		Yes	Same
Material		Titanium Alloy (TI -6A1-4 V ELI)	Same
Physical	Nail	Proximal/Distal diameter: φ10/φ8 mm, φ10/φ9	Same
Specification		mm, φ10/φ10 mm;	
		Length: 240~340 mm	
	Screw	Diameter: φ6mm	Similar
		Length: 20~95 mm	
Mechanical	Nail	Static bending, Dynamic bending and Static	Same
Specification		Torsional performance were tested per ASTM	
		F1264	
	Screw	Dynamic bending performance was tested per	Same
		ASTM F1264;	
		Driving torque and pull-out performance were	
		tested per ASTM F543	

9. Substantially Equivalent (SE) Conclusion

Based on the comparison and analysis above, the proposed devices are determined to be Substantially Equivalent (SE) to the predicate device.