



January 17, 2020

Synapse Dental  
% Valerie Defiesta-Ng  
Vice President, Regulatory Affairs  
Experien Group, LLC  
224 Airport Parkway, Suite 250  
San Jose, California 95110

Re: K193570  
Trade/Device Name: Dental Pain Eraser  
Regulatory Class: Unclassified  
Product Code: LWM  
Dated: December 20, 2019  
Received: December 23, 2019

Dear Valerie Defiesta-Ng:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. 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 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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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 <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

for Srinivas "Nandu" Nandkumar, Ph.D.  
Director  
DHT1B: Division of Dental Devices  
OHT1: Office of Ophthalmic, Anesthesia,  
Respiratory, ENT and Dental Devices  
Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

**510(k) SUMMARY (CONT.)**

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**510(k) Notification K193570**

**GENERAL INFORMATION [807.92(a)(1)]**

**Applicant:**

Synapse Dental  
67 Phenix Avenue  
Cranston, RI 02920  
USA  
Phone: 401-932-9877  
Fax: 401-464-8903

**Contact Person:**

Valerie Defiesta-Ng  
Vice President, Regulatory Affairs  
Experien Group, LLC  
224 Airport Parkway, Suite 250  
San Jose, CA 95110  
USA

**Date Prepared:** December 20, 2019

**DEVICE INFORMATION [807.92(a)(2)]**

**Classification:**

Unclassified, Pre-Amendment

**Product Code:**

LWM

**Trade Name:**

Dental Pain Eraser DPE-C300

**Generic/Common Name:**

Device, Electrical Dental Anesthesia

**PREDICATE DEVICE(S) [807.92(a)(3)]**

Dental Pain Eraser DPE-C300 (K182947)

**DEVICE DESCRIPTION [807.92(a)(4)]**

The Dental Pain Eraser DPE-C300 is a non-invasive electrical stimulation device that is used to numb the nerve pain associated with orthodontic procedures and to dull the pain of canker sores often developed inside the mouths of patients wearing braces or retainers. This method of treatment is referred to as Transcutaneous Electrical Nerve Stimulation (TENS).

The Dental Pain Eraser DPE-C300 has a shape and size similar to a common toothbrush, except that in place of the bristles are two metal electrodes. In operation, the device is turned on for 30 seconds to 10 minutes, the two electrodes are rubbed gently up and down the gums above the

**510(k) SUMMARY (CONT.)**

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patient's aching tooth or on the intact skin around the canker sore. Current flowing between the electrodes through the gum anesthetizes the nearby nerves thus alleviating pain. The Dental Pain Eraser is intended for the alleviation of oral pain for pediatric (10 years through 22 years of age) and adult patients. The modified Dental Pain Eraser DPE-C300 is a multi-use device to be used in a dental/orthodontic facility.

**INDICATIONS FOR USE [807.92(a)(5)]**

The Dental Pain Eraser DPE-C300 is intended to provide temporary dental anesthesia (pain relief) and is indicated for use before, during, or after dental and orthodontic procedures, and other sources of oral pain. It is intended for use by dental/orthodontic professionals for the alleviation of oral pain.

**SUBSTANTIAL EQUIVALENCE**

The modified Dental Pain Eraser DPE-C300 is substantially equivalent to the predicate device with regard to function and physical characteristics. The difference as a multi-use device versus a single-use device does not raise any different issues of safety or effectiveness. Thus, the modified Dental Pain Eraser DPE-C300 is substantially equivalent to the predicate device.

**PERFORMANCE DATA [807.92(b)]**

Synapse performed a cleaning and disinfecting validation in accordance with the following standards:

- Guidance for Industry and Food and Drug Administration Staff, Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling, Document Issued on March 17, 2015, U.S. Department of Health and Human Services, Food and Drug Administration, Center for Devices and Radiological Health, Office of Device Evaluations.
- AAMI TIR12:2010, Designing, testing, and labeling reusable medical devices for reprocessing in health care facilities: A guide for medical device manufacturers.
- AAMI TIR12-30:2011/(R)2016, A compendium of processes, materials, test methods, and acceptance criteria for cleaning reusable medical devices, December 15, 2016.
- Guidance for Industry and FDA Reviewers, Content and Format of Premarket Notification [510(k)] Submissions for Liquid Chemical Sterilants/High Level Disinfectants." FDA CDRH, January 3, 2000.
- ASTM E1837-96 (2014), Standard Test Method to Determine Efficacy of Disinfection Processes for Reusable Medical Devices (Simulated Use Test).

The results of the collective testing demonstrate that differences between the modified Dental Pain Eraser DPE-C300 as a multi-use device and the predicate as a single-use device do not raise different questions of safety or effectiveness and that the modified Dental Pain Eraser DPE-C300 is substantially equivalent to the predicate Dental Pain Eraser DPE-C300 (K182947).

**510(k) SUMMARY (CONT.)**

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**Nonclinical Testing Summary [807.92(b)(1)]:**

The nonclinical, bench testing included:

- Cleaning Validation
- Disinfecting Validation/Residual Cytotoxicity Testing
- Cycle Testing
- Tip Assembly Pull Testing

The collective results of the nonclinical testing demonstrate that the cleaning and disinfection processes, in conjunction with the cycle and pull testing performed meet the established specifications necessary for consistent performance during its intended use. In addition, the collective bench testing demonstrates that the Dental Pain Eraser DPE-C300 does not raise new questions of safety or effectiveness when used as a multi-use device when compared to the predicate device.

**Clinical Testing Summary [807.92(b)(2)]:**

Clinical testing was not required to establish substantial equivalence

**CONCLUSIONS [807.92(b)(3)]**

Extensive nonclinical testing has been performed on the Dental Pain Eraser to evaluate the overall performance of the device. The collective results confirm that the Dental Pain Eraser meets its specifications and meets the requirements of a multi-use device. The Dental Pain Eraser is substantially equivalent to the predicate device.

## 510(k) SUMMARY (CONT.)

Table 1: Substantial Equivalence Table

Characteristic	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)	Rationale for Substantial Equivalence
510(k) Number	TBD	K182947	--
Indications for Use	The Dental Pain Eraser DPE-C300 is intended to provide temporary dental anesthesia (pain relief) and is indicated for use before, during, or after dental and orthodontic procedures, and other sources of oral pain. It is intended for use by dental/orthodontic professionals for the alleviation of oral pain.	The Dental Pain Eraser DPE-C300 is intended to provide temporary dental anesthesia (pain relief) and is indicated for use before, during, or after dental and orthodontic procedures, and other sources of oral pain. It is intended for use by dental/orthodontic professionals for the alleviation of oral pain.	N/A (same)
Intended User or Patient Population	The Dental Pain Eraser is intended for use by dental/orthodontic professionals for the alleviation of oral pain in their pediatric (10 years through 22 years of age) and adult patients.	The Dental Pain Eraser is intended for use by dental/orthodontic professionals for the alleviation of oral pain in their pediatric (10 years through 22 years of age) and adult patients.	N/A (same)
Use Environment	Professional Dental/Orthodontic Facility	Professional Dental/Orthodontic Facility	N/A (same)
Single-use or Multi-use	Multi-use	Single-use	The change in use does not raise different questions of safety and effectiveness as demonstrated by the cleaning, disinfection and performance testing.
Product Code	LWM	LWM	N/A (same)
Classification	Unclassified, Pre-amendment	Unclassified, Pre-amendment	N/A (same)
Manufacturer	Synapse Dental	Synapse Dental	N/A (same)
Power Source(s)	Three (3) 393/309 Silver Oxide Button Cell Batteries	Three (3) 393/309 Silver Oxide Button Cell Batteries	N/A (same)
• Method of Line Current Isolation	Not connected to the line	Not connected to the line	N/A (same)

## 510(k) SUMMARY (CONT.)

Table 1: Substantial Equivalence Table (Cont.)

Characteristic	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)	Rationale for Substantial Equivalence
<b>Patient Leakage Current</b>			
o Normal Condition ( $\mu\text{A}$ )	DC ~ 0 $\mu\text{A}$ AC < 10mA	DC ~ 0 $\mu\text{A}$ AC < 10mA	N/A (same)
o Single Fault Condition ( $\mu\text{A}$ )	DC ~ 0 $\mu\text{A}$ AC < 10mA	DC ~ 0 $\mu\text{A}$ AC < 10mA	
Average DC current through electrodes when device is on but no pulses are being applied ( $\mu\text{A}$ )	0 $\mu\text{A}$	0 $\mu\text{A}$	N/A (same)
Number of Output Modes	1 (As requested per Q180245, see Table 2 for the Output Specifications)	1 (As requested per Q180245, see Table 2 for the Output Specifications)	
Number of Output Channels	2	2	
• Synchronous or Alternating?	Alternating	Alternating	
• Method of Channel Isolation	Not isolated	Not isolated	
Regulated Current or Regulated Voltage?	Voltage	Voltage	
Software/Firmware/Microprocessor Control?	Firmware	Firmware	
Automatic Overload Trip?	No	No	
Automatic No-Load Trip?	No	No	
Automatic Shut Off?	Yes	Yes	
User Override Control?	Yes	Yes	

**Table 1: Substantial Equivalence Table (Cont.)**

Characteristic	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)	Rationale for Substantial Equivalence
<b>Indicator Display</b>			
• On/Off Status?	Yes	Yes	N/A (same)
• Low Battery?	No	No	N/A (same)
• Voltage/Current Level?	No	No	
Timer Range (minutes)	5 minutes Max	5 minutes Max	N/A (same)
Compliance with Voluntary Standards	Compliant with applicable requirements of: IEC 60601-1, IEC 60601-1-2, IEC 60601-2-10, IEC 62304 ANSI/AAMI NS4:2013, <i>Transcutaneous Electrical Nerve Stimulators</i> ISO 7405: Second edition 2008-12-15, <i>Dentistry - Evaluation of biocompatibility of medical devices used in dentistry</i> [Including: Amendment 1 (2013)]. ISO 10993-1:2009, <i>Biological evaluation of medical devices – Part 1: Evaluation and testing within a risk management process</i>	Compliant with applicable requirements of: IEC 60601-1, IEC 60601-1-2, IEC 60601-2-10, IEC 62304 ANSI/AAMI NS4:2013, <i>Transcutaneous Electrical Nerve Stimulators</i> ISO 7405: Second edition 2008-12-15, <i>Dentistry - Evaluation of biocompatibility of medical devices used in dentistry</i> [Including: Amendment 1 (2013)]. ISO 10993-1:2009, <i>Biological evaluation of medical devices – Part 1: Evaluation and testing within a risk management process</i>	N/A (same)



## 510(k) SUMMARY (CONT.)

Table 1: Substantial Equivalence Table (Cont.)

Characteristic	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)	Rationale for Substantial Equivalence
Compliance with Voluntary Standards (continued)	IEC 62366-1:2015, <i>Medical devices. Part 1: Application of usability engineering to medical devices</i> ISO 14971:2012, <i>Medical Devices. Application of Risk Management to Medical Devices</i>	IEC 62366-1:2015, <i>Medical devices. Part 1: Application of usability engineering to medical devices</i> ISO 14971:2012, <i>Medical Devices. Application of Risk Management to Medical Devices</i>	N/A (same)
Compliance with 21 CFR Part 898?	Not applicable	Not applicable	--
Weight (oz.)	0.423oz	0.423oz	N/A (same)
Unit Body Dimensions (in.)	Pen-shaped ~0.5" to ~1.04" Diameter, Length ~6.27"	Pen-shaped ~0.5" to ~1.04" Diameter, Length ~6.27"	
Two Electrode Probes: Dimensions (in.)	0.118" Diameter, 0.157", Center to center spacing	0.118" Diameter, 0.157", Center to center spacing	
<b>Materials and Construction</b>			
<ul style="list-style-type: none"> <li>Patient Contacting Materials Within the Mouth</li> </ul>	Tip Assembly with Electrodes: <ul style="list-style-type: none"> <li>Lustran 348 WT012002 (ABS)</li> <li>Clariant SB7M665060, GREY</li> <li>303 Stainless Steel</li> </ul>	Tip Assembly with Electrodes: <ul style="list-style-type: none"> <li>Lustran 348 WT012002 (ABS)</li> <li>Clariant SB7M665060, GREY</li> <li>303 Stainless Steel</li> </ul>	N/A (same)
<ul style="list-style-type: none"> <li>Biocompatible</li> </ul>	Biocompatibility testing was performed per ISO 10993-1 and FDA Guidance Document, "Use of 10993-1, 'Biological Evaluation of medical devices – Part 1: Evaluation and testing within a risk management process'," issued June 16, 2016.	Biocompatibility testing was performed per ISO 10993-1 and FDA Guidance Document, "Use of 10993-1, 'Biological Evaluation of medical devices – Part 1: Evaluation and testing within a risk management process'," issued June 16, 2016.	
Ingress Protection Rating	IP21	IP21	N/A (same)

510(k) SUMMARY (CONT.)

**Table 2: Comparison of Output Specifications**

Description	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)
Mode or Program Name	Only one Mode	Only one Mode
Indication for Use	Pulsing Light	Pulsing Light
Waveform (e.g., pulsed monophasic, biphasic)	Complex, Biphasic, Charge Neutral (See Detailed Description)	Complex, Biphasic, Charge Neutral (See Detailed Description)
Shape (e.g., rectangular, spike, rectified sinusoidal)	Rectangular	Rectangular
Pole Configuration (e.g., 2-pole, 4-pole) – For interferential current only	NA	NA
Maximum Output Voltage (V) (+/- 10%)	2.08@ 500Ω	2.08@ 500Ω
	2.74@ 1kΩ	2.74@ 1kΩ
	4.24@ 10kΩ	4.24@ 10kΩ
Maximum Output Current (mA) (+/-10%)	4.16@ 500Ω	4.16@ 500Ω
	2.74@ 1kΩ	2.74@ 1kΩ
	0.42@ 10kΩ	0.42@ 10kΩ
<b>Duration of primary (depolarizing) phase (ms)</b>		
High Frequency Pulse duration (μs)	50μs on, 50μs off	50μs on, 50μs off
High Frequency (Hz) [or Rate (pps)]	10kHz	10kHz
	1Hz	1Hz
For multiphasic waveforms only:	Symmetrical phases?	Yes
	Phase Duration (include units), (state range, if applicable), (both phases, if asymmetrical)	0.999s
Net Charge (microcoulombs (μC) per cycle) (If zero, state method of achieving zero net charge.)	0μC. Positive current through the load for 0.999s, then negative going current for 0.999s and repeat.	0μC. Positive current through the load for 0.999s, then negative going current for 0.999s and repeat.

510(k) SUMMARY (CONT.)

Table 2: Comparison of Output Specifications (Cont.)

Description	Dental Pain Eraser DPE-C300 (Proposed Device)	Dental Pain Eraser DPE-C300 (Predicate Device)
Maximum Phase Charge ( $\mu\text{C}$ )	2.77 $\mu\text{C}$ @ 1k $\Omega$	2.77 $\mu\text{C}$ @ 1k $\Omega$
Maximum Current Density ( $\text{mA}/\text{cm}^2$ , r.m.s.)	68.5 $\text{mA}/\text{cm}^2$ @ 1k $\Omega$ , assuming 4mm <sup>2</sup> electrode contact area	68.5 $\text{mA}/\text{cm}^2$ @ 1k $\Omega$ , assuming 4mm <sup>2</sup> electrode contact area
Maximum Average Current (average absolute value – mA)	0mA @ 1k $\Omega$	0mA @ 1k $\Omega$
Maximum Average Power Density ( $\text{W}/\text{cm}^2$ ), (using smallest electrode conductive surface area)	0.187W/cm <sup>2</sup> @ 1k $\Omega$	0.187W/cm <sup>2</sup> @ 1k $\Omega$
Burst Mode (i.e., pulse trains):	(a) Pulses per burst	15
	(b) Bursts per second	333
	(c) Burst duration (seconds)	3ms
	(d) Duty Cycle: Line (b) x Line (c)	0.999s
ON Time (seconds)	0.2498s	0.2498s
OFF Time (seconds)	0.7493s	0.7493s
Additional Features (specify, if applicable)	Device can be turned off by the user or it turns off automatically after 5 minutes, whichever time is shortest	Device can be turned off by the user or it turns off automatically after 5 minutes, whichever time is shortest