

September 22, 2022

Laser Engineering, Inc. Laurie Dobbs Quality Assurance 475 Metroplex Drive Suite 401 Nashville, Tennessee 37211

Re: K211605

Trade/Device Name: Dual Switch Regulation Number: 21 CFR 878.4810

Regulation Name: Laser Surgical Instrument For Use In General And Plastic Surgery And In

Dermatology

Regulatory Class: Class II Product Code: GEX

Dated: May 20, 2021 Received: May 25, 2021

Dear Laurie Dobbs:

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 <u>Federal Register</u>.

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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-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">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) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Jianting Wang
Acting Assistant Director
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical
and Infection Control Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

K211605					
Device Name					
Aurora MD-30 CO2 Laser					
Indications for Use (Describe)					
he intended use for the Aurora MD-30 CO2 Laser is for the vaporization, incision, excision, ablation, or					
hotocaogulation of soft tissue in the surgical specialties of ENT, Gynecology, Laparoscopic Surgery including GYN aparoscopy, Aesthetic Surgery, Dental and Oral Surgery, Neurosurgery, Orthopedics, General Surgery and Podiatry.					
Euparoscopy, resulted surgery, Demar and Oral Surgery, recursurgery, Orthopeares, General Surgery and Fodiadry.					
Type of Use (Select one or both, as applicable)					
Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter 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."

510(k) Summary

In accordance with 21 CFR 807.92 the 510(k) Summary for the Laser Engineering Aurora MD-30 CO₂ Laser is provided below.

Submitter: Laser Engineering

475 Metroplex Drive, Suite 401

Nashville, TN 37211 Tel: (615) 739-5418

Contact Person: Laurie Dobbs

Management Representative

Email: 1.dobbs@americansurg.com

Date Prepared: 8-22-2022

Device Proprietary Name: Aurora MD-30 CO₂ Laser

Device Common Name: Aurora MD-30 CO₂ Laser

Classification Name: Powered Laser Surgical Instrument

Classification Regulation: 21 CFR 878.4810

Product Code: GEX

Predicate Device Name(s): MD CO₂ Surgical Laser System

Dual Switch

Predicate Manufacturer: Laser Engineering

Predicate 510k(s): K905676, K951812

Device Description:

The Aurora MD-30 CO₂ Laser is a Carbon Dioxide (CO₂) surgical laser system that can deliver up to 30 watts of laser power in the 11.2-micron range in the infrared. The laser can be used in a variety of surgical specialties. The power can be selectively delivered either through an articulated arm or through infrared fibers using an integrated electromechanically controlled optical switch that directs the beam either vertically into the articulated arm or at an angle into the fiber. The laser can operate in either continuous wave, pulsed or super pulse modes. It can deliver laser power down to ½ a watt and can operate down to millisecond pulse widths. The system also has a visible aiming beam to indicate where the CO₂ laser beam will be delivered.

The laser system has a 12inch highly visible color touchscreen to control the laser. It consists of a small self-contained floor standing, easily moveable console which contains the laser and all associated electronics and delivery systems.

The Aurora MD-30 CO₂ Laser has an integrated dual switch adapter that is operated by an electrical linear motor and controlled by the console. The switch allows the user to redirect the laser beam from the articulated arm to the fiber as desired.

Indications for Use:

The intended use for the Aurora MD-30 CO2 Laser is for the vaporization, incision, excision, ablation, or photocoagulation of soft tissue in the surgical specialties of ENT, Gynecology, Laparoscopic Surgery including GYN Laparoscopy, Aesthetic Surgery, Dental and Oral Surgery, Neurosurgery, Orthopedics, General Surgery and Podiatry.

Technological Characteristics Compared to Predicate Device

Product	Ultrapulse Laser	MD CO ₂ Laser & Dual Switch	Aurora MD- 30 CO ₂ laser	
510(K) Number	K951812	K905676	K211605	
Manufacturer	Coherent /Lumenis	Laser Engineering, Inc	Laser Engineering, Inc	
Laser Type	CO ₂ Gas Laser	CO ₂ Gas Laser	CO ₂ Gas Laser	Same
Operating Wavelengths	11.1 Microns	10.6 Microns	11.2 Microns	Similar
Output Power	0.5 to 45 Watts	0.5 to 30 Watts	0.5 to 30 Watts	Similar
Laser Beam Mode	TEM00	TEM00	TEM00	Same

Operating	Continuous	Continuous	Continuous	Same
Modes	or Pulsed	or Pulsed	or Pulsed	
Pulse Widths	0.01 to 1.0	0.05 to 1.0	0.05 to 1.0	Same/Similar
	Sec	Sec	Sec	
Control	Computer	Computer	Computer	Same
method	and	and	and	
	Touchscreen	Touchscreen	Touchscreen	
Aiming Beam	5 Milliwatts	5 Milliwatts	5 Milliwatts	Same
Power				
Laser Power	Articulated	Articulated	Articulated	Same/Similar
Delivery	arm	arm or	arm or	
System		Hollow	Hollow	
		Waveguide	Waveguide	
Beam	n/a	Manual	Electro-	Different
Switching		Switch	mechanical	
Method			Linear Motor	
Output	LEDs	LEDs	LEDs	Same
Indicator				

The proposed device's output parameters are either the same or similar as output parameters from the predicate devices. The proposed device uses an electro-mechanical motor rather than a manual switch to divert the output beam. This modification does not raise new types of questions regarding the safety and efficacy of the device, and the proposed device's beam diverter has been tested to demonstrate that it can be used safely and effectively for the proposed indications for use.

Non-Clinical Testing Summary

Test Standard	Test Description	Test Report	Test Results
IEC 60601-1:2005	Medical Electrical Equipment – Part 1:	104954641BOX-	PASS
Ed.3+A1;C1:2014	General Requirements For Basic	002	
	Safety And Essential Performance		
IEC 60601-1-	Medical Electrical Equipment - Part 1- 104954641BOX- PASS		PASS
6:2010Ed.3+A1	6: General Requirements For Basic	003	
	Safety And Essential Performance -		
	Collateral Standard: Usability		
IEC 60601-2-	Medical Electrical Equipment - Part 2-	104954641BOX-	PASS
22:2019 Ed.4	22: Particular Requirements for Basic	004	
	Safety and Essential Performance of		
	Surgical, Cosmetic, Therapeutic and		
	Diagnostic Laser Equipment		
IEC 60601-1-	Medical Electrical Equipment - Part 1-	104954641BOX-	PASS
2:2014Ed.4	2: General Requirements For Safety -	017	
	Collateral Standard: Electromagnetic		
	Compatibility - Requirements And		
	Tests		

Clinical Testing:

NA - Clinical testing was not required to establish substantial equivalence

Conclusions:

The proposed device utilizes technological characteristics that are the same or are similar to the predicate devices. The proposed device's technological characteristics do not raise new types of questions regarding safety and effectiveness, and performance testing conducted supports that the device can be used safety and effectively for the proposed indications for use above. Based on the comparison and analysis of data within this 510(k) submission, the proposed device is considered to be Substantially Equivalent (SE) to the predicate devices.