

September 14, 2023

Karl Storz Endoscopy America, Inc. Jordan Lydia Verla Senior Regulatory Affairs Specialist 2151 E. Grand Avenue El Segundo, CA 90245

Re: K223885

Trade/Device Name: HOPKINS Telescopes Regulation Number: 21 CFR§ 884.1690

Regulation Name: Hysteroscope and Accessories

Regulatory Class: II Product Code: HIH Dated: August 28, 2023 Received: August 29, 2023

Dear Jordan Lydia Verla:

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>.

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,

Jason Roberts -S

Jason R. Roberts, Ph.D.
Assistant Director
DHT3B: Division of Reproductive,
Gynecology and Urology Devices
OHT3: Office of GastroRenal, ObGyn,
General Hospital and Urology 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.

K223885
Device Name HOPKINS Telescopes
Indications for Use (Describe) The HOPKINS Telescopes when used with sheaths are intended to be used to permit viewing of the cervical and uterine cavity for the purpose of performing diagnostic and surgical procedures.
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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7. 510(k) Summary

This 510(k) Summary is being submitted in accordance with the requirements of the Safe Medical Devices Act (SMDA) of 1990 and 21 CFR 807.92. All data included in this document is accurate and complete to the best of KSEA's knowledge.

Submitter:	KARL STORZ Endoscopy-America, Inc. 2151 E. Grand Avenue El Segundo, CA 90245
Contact:	Jordan Lydia Verla Senior Regulatory Affairs Specialist Tel: (424) 218-8100 ext. 8382 Email: Jordan.Verla@karlstorz.com
Date of Preparation:	September 11, 2023
Type of 510(k) Submission:	Traditional
Device Identification:	Trade Name: HOPKINS Telescopes Classification Name: Hysteroscope and accessories (21 CFR 884.1690)
Regulatory Class:	
Product Code:	HIH
Classification Panel:	Obstetrics/Gynecology
Predicate Device(s):	KARL STORZ Magnifying Hysteroscopes (K935716) The predicate device has not been subject to a design-related recall.
Device Description:	The HOPKINS Telescopes are rigid telescopes that utilize the rod lens technology. At the distal end of the telescope's shaft is the lens and the other end of the shaft is attached to the eyepiece. Throughout the central lumen of the HOPKINS Telescopes, optical glass rods are used to transmit and magnify the image received from the lens. The HOPKINS Telescopes are available with 0°, 12° and 30° direction of view, 2mm, 2.9mm, 4mm diameter and 26cm, 30cm, 36cm working lengths.
Intended Use and Indications for Use:	Intended Use: The HOPKINS Telescopes in conjunction with the sheath are intended to be used to permit viewing of the cervical canal and uterine cavity for the purpose of performing diagnostic and surgical procedures.





Indications	for	IIse.
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The HOPKINS Telescopes when used with sheaths are intended to be used to permit viewing of the cervical and uterine cavity for the purpose of performing diagnostic and surgical procedures.

Technological Characteristics:

The subject and predicate devices have similar indications for use, operating principle, and similar technological characteristics.

	HOPKINS Telescopes Subject Device	Magnifying Hysteroscopes Predicate Device K935716
Indications	The HOPKINS Telescopes when	I. Diagnostic Hysteroscopy
Indications for Use	The HOPKINS Telescopes when used with sheaths are intended to be used to permit viewing of the cervical and uterine cavity for the purpose of performing diagnostic and surgical procedures.	I. Diagnostic Hysteroscopy A. Indications for Use





performance of diagnostic
hysteroscopy.
E. Precautions
Vaginal ultrasonography
prior to hysteroscopy may
identify clinical conditions
that will alter patient
management.
F. Operative Hysteroscopy
A.Indications for Use
Directed biopsy
Removal of submucuous
fibroids and large polyps
Submucosous
myomectomy
Transection of
intrauterine adhesions
Transection of
intrauterine septa
Endometrial ablation
B. Absolute
Contraindications for Use
Acute PID
C. Relative Contraindications
for Use
Inability to distend uterus
Cervical/vaginal infection
Uterine bleeding or
menses
Known pregnancy
Invasive carcinoma of the
cervix
Recent uterine
perforation
Medical contraindication
Intolerance to anesthesia
D.Relative Contraindications
to Endometrial Ablation
Hysteroscopic
endometrial ablation,
whether by laser or
electrosurgery, should not
be undertaken before





adequate training, preceptorship and clinical experience. Additionally, tissue sampling is required prior to destruction of the endometrium. The following are clinical conditions that can significantly complicate hysteroscopic endometrial ablation: Adenomatous endometrial hyperplasia Severe adenomyosis • Pelvic pain (subtle PID) • Uterine anomalies E. Relative Contraindications to Hysteroscopic Myomectomy Hysteroscopic myomectomy, whether by laser or electrosurgery, should not be undertaken before adequate training, preceptorship and clinical experience. The following are clinical conditions that can significantly complicate hysteroscopic myomectomy: Severe anemia Inability to circumnavigate the myoma F. Warnings





			If a liquid distention
			medium is used
			(continuous flow
			hysteroscopy), strict
			fluid intake and
			output surveillance
			should be maintained.
			Intrauterine
			instillation exceeding
			2 liters should be
			followed with great
			care to avoid the
			possibility of fluid
			overload.
			G. Complications
			Hyponatremia
			Hypothermia
			 Uterine perforation,
			resulting in possible
			injury to bowel,
			bladder, major blood
			vessels and ureter
			Pulmonary edema
			Cerebral edema
Dra dive			
Product Code(s)	HIH		HIH
Target	Adults		Adults
Populat			, to dite
Anatom		, uterine cavity	Cervical canal, uterine cavity
site			
Where u			Hospital
Endosco	ope Rigid, rod lens	S	Rigid, rod lens
Type Distal Ti	in .		Scono: 2.7mm 2.0mm 4mm
Distal Ti Diamete	Jeope: Ziiiii,	2.9mm, 4mm	Scope: 2.7mm, 2.9mm, 4mm
Diamete	Sheaths: 2.3m	nm-8mm	
Working	Scope: 26cm,	30cm, 36cm	Scope: 18cm, 30cm
Length	f 00 100 000		200
Directio View	n of 0°, 12°, 30°		30°
Field of	View 79°, 59°, 88°,	82° 86° 62°	82°, 60°, 68°, 68°, 51°, 81°
Tield Of	(laboratory	02,00,02	02,00,00,00,01
	measurement	t)	
Depth o			5mm-302mm
Light So	urce External		External



Patient- Contacting Material	Scopes: Surgical Stainless Steel Sheaths: Surgical Stainless Steel Bridges: Surgical Stainless Steel	Chromium Plated Monel 400
Cleaning	Manual, Automatic	Manual
Sterilization	Scopes:	EO Sterilization
	Steam (pre-vacuum), STERRAD 100NX, STERRAD NX, STERRAD 100S, STERIS V-PRO	
	Trophyscope:	
	Steam (pre-vacuum), STERRAD 100NX, STERIS V- PRO	
	Bridges:	
	Steam (pre-vacuum)	
	Sheaths: Steam (pre-vacuum)	

Non-Clinical Performance Data: There are no performance standards or special controls developed under Section 514 of the FD&C Act for endoscopes. However, the HOPKINS Telescopes follows the FDA recognized consensus standards and is tested according to the following standards and FDA Guidance:

FDA Guidance

 Hysteroscopes and Gynecology Laparoscopes - Submission Guidance for a 510(k)

ISO Endoscopic Standards

- ISO 8600-1
- ISO 8600-3
- ISO 8600-5
- ISO 8600-6

Biocompatibility Summary

- Cytotoxicity (ISO 10993-5)
- Acute Systemic Toxicity (ISO 10993-11)
- Intracutaneous Irritation (ISO 10993-10)
- Maximization Sensitization (ISO 10993-10)

Electrical Safety and EMC



	• IEC 60601-2-18 (3 RD Edition)
	Reprocessing (Cleaning and Sterilization)
	• AAMI TIR12: 2010
	• AAMI TIR30: 2011
	ANSI/AAMI ST8: 2013
	• ANSI/AAMI ST77:2013
	ANSI/AAMI ST79:2017
	 ANSI/AAMI ST81:2004/(R)2010
	• AAMI/ISO 14937:2009
	 ANSI/AAMI/ISO 17655-1:2006/2013
	 Reprocessing Medical Device in Health Care Settings: Validation Methods and Labeling
	Comparative bench testing between the subject and predicate device demonstrated that the HOPKINS Telescopes has met all its design specification and is substantially equivalent to its predicate device.
Clinical Performance Data:	Clinical studies were not required to demonstrate substantial equivalence to the predicate device.
Conclusion:	The conclusions drawn from the nonclinical test demonstrate that the subject device is as safe and effective as the predicate device to support a substantial equivalence determination.