

August 6, 2020

Ethicon, Inc. Valerie Beyer Associate Director, Regulatory Affairs Route 22 West, P.O. Box 151 Somerville, New Jersey 08876-0151

Re: K201143

Trade/Device Name: VICRYL Mesh Regulation Number: 21 CFR 878.3300 Regulation Name: Surgical Mesh

Regulatory Class: Class II

Product Code: FTL Dated: April 28, 2020 Received: April 29, 2020

Dear Valerie Beyer:

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

Sincerely,

Cindy Chowdhury, Ph.D., M.B.A.
Acting Assistant Director
DHT4B: Division of Infection Control
and Plastic 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.

K201143
Device Name VICRYL™ (Polyglactin 910) Mesh
ndications for Use (Describe) The absorbable VICRYL TM Mesh may be used wherever temporary wound support is required. VICRYL TM Mesh may be cut to the shape or size desired for each specific application.
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.

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510(k) Summary

Submitter: Ethicon, Inc. a Johnson & Johnson company

P.O. Box 151 Route 22 West

Somerville, NJ 08876-0151

Contact Person: Valerie Smith Beyer

Associate Director, Regulatory Affairs

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Email: vsmith28@its.jnj.com

Date Prepared: August 4, 2020

Device Trade Name: VICRYLTM Mesh

Device Common Name: VICRYLTM Mesh

Class II

Classification: 21 CFR 878.3300 – Surgical Mesh

Product Code: FTL

Predicate Device:

Device	Company	Product	510(k)	Predicate for
		Code	Number	
VICRYL TM	Ethicon,	FTL	K191373	Fundamental Scientific
(Polyglactin	Inc.			Technology, Design,
910) Mesh				Intended Use, Materials,
				Construction,
				Performance
				Characteristics

Confidential Page 1 of 3

Device Description:

VICRYLTM (polyglactin 910) Mesh is a synthetic absorbable sterile copolymer made from glycolide and L-lactide. The copolymer is identical in composition to that used in VICRYLTM (polyglactin 910) synthetic absorbable suture.

Two weave configurations are available, knitted and woven. VICRYLTM Knitted Mesh is more porous than VICRYLTM Woven Mesh and may be used in instances in which compliant and stretchable support material is desired.

Indications for Use:

The absorbable VICRYLTM Mesh may be used wherever temporary wound support is required. VICRYLTM Mesh may be cut to the shape or size desired for each specific application.

Summary of Technological Characteristics:

VICRYLTM Mesh is substantially equivalent to the VICRYLTM Mesh (K191373) predicate device with respect to technological characteristics. Both the subject and predicate device are synthetic absorbable sterile copolymer. The devices function in the same manner and are designed to be used wherever temporary wound support is required. The subject mesh is manufactured within the existing manufacturing processes for the predicate device. There are no changes to the manufacturing, packaging, sterilization processes, or shelf life of the subject device.

The subject VICRYLTM Mesh, for which this 510(k) Premarket Notification is being submitted, differs from the predicate device, K191373, only in the labeling (Instructions for Use). The Instructions for Use for the subject VICRYLTM Mesh has been revised to provide additional clarity to the Indications statement.

Substantial Equivalence:

The subject VICRYLTM Mesh is substantially equivalent to the VICRYLTM Mesh (K191373) predicate device with respect to technological characteristics. Both the subject and predicate device are synthetic absorbable sterile copolymer. The devices function in the same manner and are designed to be used wherever temporary wound support is required. The subject mesh is manufactured within the existing manufacturing processes for the predicate device. There are no changes to

Confidential Page 2 of 3

the manufacturing, packaging, sterilization processes, or shelf life of the predicate device.

The subject VICRYLTM Mesh, for which this 510(k) Premarket Notification is being submitted, differs from the predicate device, K191373, only in the labeling (Instructions for Use). The Instructions for Use for the subject VICRYLTM Mesh has been revised to further clarify the Indications statement.

Non-Clinical Testing:

No additional clinical or non-clinical testing has been relied upon because the subject device remains unchanged from the legally marketed device except for the updated Instructions for Use.

Conclusion:

Based on the intended use, fundamental scientific technology and, technological characteristics, the subject device VICRYLTM Mesh is substantially equivalent to the predicate device, K191373.

Confidential Page 3 of 3