

K002770 (P3 1/2)

Summary of Safety and Effectiveness

DEC 11 2008

Sponsor: Zimmer, Inc.
P.O. Box 708
Warsaw, IN 46581-0708

Contact Person: Daniel J. Williman
Specialist, Warsaw Regulatory Affairs
Telephone: (574) 371-8065
Fax: (574) 372-4605

Date: September 18, 2008

Trade Name: *Zimmer® Natural Nail™* System Tibial Nail

Common Name: Intramedullary Fixation Rod

Classification Name and Reference: Intramedullary fixation rod, product code HSB
21 CFR § 888.3020

Predicate Devices: Intramedullary Nail System, manufactured by
Zimmer, Inc. (K965098, cleared February 28, 1997)

Sirus® Intramedullary Nail, manufactured by
Zimmer, GmbH (K043270, cleared January 31,
2005)

DePuy Ace Versa Nail Tibial Nail, manufactured by
DePuy Orthopaedics (K032097, cleared August 8,
2003)

Device Description: The *Zimmer Natural Nail* System Tibial Nail is a temporary fixation intramedullary nail designed for fracture fixation and stabilization of the tibia. The intramedullary nails are available in a variety of lengths and diameters 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 of each nail. Nail caps are available to prevent tissue ingrowth into nail threads and extend the length of the nail. All components are made of TI-6AL-4V alloy material.

Intended Use:

The *Zimmer Natural Nail* System is intended for temporary fracture fixation and stabilization of the bone.

Indications for the Tibial nails include the following in the tibia:

- Compound and simple shaft fractures
- Proximal, metaphyseal and distal shaft fractures
- Segmental fractures
- Comminuted fractures
- Fractures involving osteopenic and osteoporotic bone
- Pathological fractures
- Fractures with bone loss
- Pseudoarthrosis, non-union, mal-union and delayed union
- Periprosthetic fractures
- Surgically created defects such as osteotomies

Comparison to Predicate Device:

The *Zimmer Natural Nail* system is similar or identical in intended use, materials, sterility, and performance characteristics to the predicate devices.

Performance Data (Nonclinical and/or Clinical):

Non-Clinical Performance and Conclusions:

The results of non-clinical (lab) performance testing demonstrate that the devices are safe and effective.

Clinical Performance and Conclusions:

Clinical data and conclusions were not needed for this device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Zimmer, Inc.
% Mr. Daniel J. Williman
Specialist, Warsaw Regulatory Affairs
P.O. Box 708
Warsaw, IN 45681

DEC 11 2008

Re: K082770
Trade/Device Name: Zimmer® Natural Nail™ System Tibial Nail
Regulation Number: 21 CFR 888.3020
Regulation Name: Intramedullary Fixation Rod
Regulatory Class: II
Product Code: HSB
Dated: September 18, 2008
Received: September 22, 2008

Dear Mr. Williman:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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); 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.

Page 2 – Mr. Daniel J Williman

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

K082770 (Pg 1/1)

510(k) Number (if known):

Device Name:

Zimmer® Natural Nail™ System Tibial Nail

Indications for Use:

The *Zimmer Natural Nail System* is intended for temporary fracture fixation and stabilization of the bone.

Indications for the Tibial nails include the following in the tibia:

- Compound and simple shaft fractures
- Proximal, metaphyseal and distal shaft fractures
- Segmental fractures
- Comminuted fractures
- Fractures involving osteopenic and osteoporotic bone
- Pathological fractures
- Fractures with bone loss
- Pseudoarthrosis, non-union, mal-union and delayed union
- Periprosthetic fractures
- Surgically created defects such as osteotomies

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(Please do not write below this line - Continue on another page if needed)

~~Division Sign-Off~~
Concurrence of CDRH, Office of Device Evaluation (ODE)

**Division of General, Restorative,
and Neurological Devices**

Page 1 of 1

510(k) Number K082770