§ 884.3200 Cervical drain.

(a) Identification. A cervical drain is a device designed to provide an exit channel for draining discharge from the cervix after pelvic surgery.

(b) Classification. Class II (performance standards).

§ 884.3575 Vaginal pessary.

(a) Identification. A vaginal pessary is a removable structure placed in the vagina to support the pelvic organs and is used to treat conditions such as uterine prolapse (falling down of uterus), uterine retroposition (backward displacement), or gynecologic hernia.

(b) Classification. Class II (performance standards).

§ 884.3650 Fallopian tube prosthesis.

(a) Identification. A fallopian tube prosthesis is a device designed to maintain the patency (openness) of the fallopian tube and is used after reconstructive surgery.

(b) Classification. Class II (performance standards).

§ 884.3900 Vaginal stent.

(a) Identification. A vaginal stent is a device used to enlarge the vagina by stretching, or to support the vagina and to hold a skin graft after reconstructive surgery.

(b) Classification. Class II (performance standards).

Subpart E—Obstetrical and Gynecological Surgical Devices

§ 884.4100 Endoscopic electrocautery and accessories.

(a) Identification. An endoscopic electrocautery is a device used to perform female sterilization under endoscopic observation. It is designed to coagulate fallopian tube tissue with a probe heated by low-voltage energy. This generic type of device may include the following accessories: electrical generators, probes, and electrical cables.

(b) Classification. Class II. The special controls for this device are:

(1) FDA:
   (ii) “510(k) Sterility Review Guidance 2/12/90 (K–90),”
   (iii) “Guidance (‘Guidelines’) for Evaluation of Laproscopic Bipolar and Thermal Coagulators (and Accessories),”


(3) American National Standards Institute/American Association for Medical Instrumentation’s HF–18, 1993, “Electrosurgical Devices,”

(4) Labeling:
   (i) Indication: For female tubal sterilization, and
   (ii) Instructions for use:
       (A) Destroy at least 2 centimeters of the fallopian tubes,
       (B) Use a cut or undampened sinusoidal waveform,
       (C) Use a minimum power of 25 watts, and
       (D) For devices with ammeters: continue electrode activation for 5 seconds after the visual endpoint (tissue blanching) is reached or current flow ceases indicating adequate tissue destruction.