# **SI-BONE** Complaint - Revision - Post Market - Feedback Reporting

Use this form to submit information about a complaint related to an SI-BONE product to Quality Affairs. Contact <u>QA@si-bone.com</u> if you have any questions.

Select the type of problem you are	Problem with individual device or individual patient
reporting	

# **General Feedback about SI-BONE Product**

# **Contact Info**

Your name	Morgan Ménard-Pailler
Your email	mmenard-pailler@si-bone.com
Your phone number	(063) 071-0203
Contact #1: How did you attempt to contact the surgeon?	In person
Was this attempt successful?	Yes
<b>Complaint Overview</b>	
Date you first heard of problem with SI-BONE product.	Thursday, July 7, 2022
If problem occurred during placement of an SI-BONE device, enter date placed (initial procedure), not date of revision surgery.	Friday, January 28, 2022
Which device(s) was/were affected?	iFuse
Part number(s), if available Ref: 7045-100	
<b>Lot number(s), if available</b> Lot: 494538	

## **Product Complaint or Adverse Event?**



Use this form to submit information about a complaint related to an SI-BONE product to Quality Affairs. Contact <u>QA@si-bone.com</u> if you have any questions.

# What is the nature of the problem you are reporting?

Product complaint that caused or may have caused an adverse event or revision procedure

# **Product Complaint Without Adverse Event**

Examples include:

- Damaged instrument
- Broken pin
- Bent pin
- Pin advancement but no patient injury
- Problem with packaging

If a damaged part injured a patient, go back and click on "Product complaint that caused or may have caused an adverse event."

# Select Adverse Event Type

Select from the choices below. Your choice guides which section to complete.

If the first 3 do not apply, select "Other".

If a product problem occurred that did NOT cause a patient problem, go back and complete the "Product Complaint Without Adverse Event" section.

#### What problem did patient have?

Implant malposition causing nerve irritation

## **Symptomatic Implant Malposition Form**

On which side(s) were SI-BONE implants placed during initial surgery?	Right	
Which operated side showed postoperative symptoms (i.e., symptoms related to implant malposition)?	Right	
Did any SI-BONE staff attend initial surgery?	Yes	

# Name of SI-BONE staff in attendance Morgan Ménard-Pailler at initial surgery

(Information should be from SI-BONE staff who attended initial surgery) The surgeon completed all stops in the IEU including:

The surgeon completed all steps in the IFU, including:

- Patient setup (table, spine neutral position, prone or supine position)
- Inspection of instruments and implants prior to use
- Proper views (lateral, inlet and outlet) obtained during use of instruments and placement of implants that clearly showed recommended anatomic landmarks
- Appropriate implant starting position
- (If performed) proper use of neuromonitoring guide pin and equipment Use of length gauge for implant length selection
- Were standard wound closure techniques used?



# See summary of IFU steps. Did surgeon complete all steps as shown above?

#### If one or more steps was inaccurately done, describe:

N/A

Were any SI-BONE implants removed or adjusted as a result of this problem?

# Did the patient have SI joint pain relief not right away, gradual degradation following the initial procedure? How long was the pain relief ?

For above question, be specific and include all steps of the revision surgery and any complications.

No

- Was the implant adjusted, removed or added?
- Were the explant holes filled with bone graft?
- Were osteotomes and the/or the removal adapter used?
- Was any non-iFuse hardware installed?

## Pain Did Not Improve or Recurred

(Information should be from SI-BONE staff who attended initial surgery) The surgeon completed all steps in the IFU, including:

- Patient setup (table, spine neutral position, prone or supine position)
- Inspection of instruments and implants prior to use
- Proper views (lateral, inlet and outlet) obtained during use of instruments and placement of implants that clearly showed recommended anatomic landmarks
- Appropriate implant starting position
- (If performed) proper use of neuromonitoring guide pin and equipment Use of length gauge for implant length selection
- Were standard wound closure techniques used?

# **Surgical Wound Problem**

# **Other Problem**

Use this section ONLY if the patient problem is NOT:

- Implant malposition causing nerve irritation
- Pain did not improve or recurred
- Surgical wound problem

## **Potential Warranty Case**

Did patient's situation meet all of the following?

Did patient undergo a revision procedure that met all of the following:

- 1. The initial procedure involved placement of 3 SI-BONE implants on the affected side
- 2. The revision procedure:
  - Was completed within 1 year of the initial procedure
  - Was completed at the same hospital or within the same hospital system as the initial procedure
  - Was completed during a separate hospitalization from the initial procedure
- 3. The patient followed all physician instructions after the initial procedure



#### **Comment on warranty**

No pain post operative immedialy, gradual degradation, too close of the ALA line maybe light migration near the L5 nerve

