

# 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 QA@si-bone.com if you have any questions.

Select the type of problem you are reporting

Problem with individual device or individual patient

### General Feedback about SI-BONE Product

#### Contact Info

Your name Amanda Adams

Your email amanda.adams@si-bone.com

(904) 466-2392 Your phone number

Surgeon's name Marshall Moore

Contact #1: How did you attempt to

contact the surgeon?

In person

Was this attempt successful?

Yes

#### Comments about attempts to contact surgeon (optional)

Dr. Moore is no longer practicing in Jacksonville, FL and does not have a new practice at this time.

## **Complaint Overview**

Date you first heard of problem with SI-BONE product.

Tuesday, August 2, 2022

If problem occurred during placement Monday, June 6, 2022 of an SI-BONE device, enter date placed (initial procedure), not date of revision surgery.

Which device(s) was/were affected?

iFuse-TORO

Part number(s), if available

NA

# **Product Complaint or Adverse Event?**

Use this form to submit information about a complaint related to an SI-BONE product to Quality Affairs. Contact QA@si-bone.com 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?

Both

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 at initial surgery

Amanda Adams

(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?

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

Yes, all steps were completed accurately

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

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

Yes

Did the patient have SI joint pain relief Yes, SIJ pain relief since initial surgery following the initial procedure? How long was the pain relief?

**Date of revision surgery** 

Monday, August 8, 2022

#### Diagnosis / Reason for the iFuse revision surgery?

Patient developed right foot pain after surgery. Surgeon felt the superior implant on the right side was causing L5 nerve pain.

#### **Details of iFuse revision surgery (Treatment):**

Dr. Moore placed a blunt pin in the back of the superior right implant, then threaded the driver sleeve onto the back of the implant. He used the newest T-handle and was able to back out the implant and explant without difficulty. One hand used on the T-handle.

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

- 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?

Was the iFuse Removal System Instrument Set (P/N 400132) and chisels used to explant the iFuse Implant(s)?



#### Patient's outcome following the iFuse revision surgery: Were the patient's pain complaints resolved?

Unknown, Dr. Moore no longer at the practice in Jacksonville, FL

## 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

#### Did patient's situation meet warranty criteria shown above?

Yes, all of the above apply

#### **Comment on warranty**

One TORQ implant explanted. Did not replace it with another implant.