Thursday, November 2, 2023

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

This is only for non complaint information. Examples: surgeon suggestions, meeting discussions, etc. For complaints, go back and select "Problem..."

Contact Info

Use this to record your attempts to contact and gather information from the surgeon.

Your name

SAM POWELL

Your email

spowell@si-bone.com

Your phone number

(720) 394-6451

Surgeon's name

CHRISTOPHER KLECK

Contact #1: How did you attempt to contact the surgeon?

In person

Was this attempt successful?

Yes

Comments about attempts to contact surgeon (optional)

I AM THE DEVICE REP AND I WAS PRESENT FOR THE REVISION

Complaint Overview

Enter information about surgery that resulted in a problem with any SI-BONE implant, instrument or accessory (e.g., drill bit, pin).

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

Friday, October 27, 2023

Which device(s) was/were affected?

iFuse-TORQ

Part number(s), if available

NA

Lot number(s), if available

NA

Product Complaint or Adverse Event?

Decide what type of report you are submitting.

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

Use this form to report an SI-BONE product problem that was NOT associated with a patient 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?

Pain did not improve or recurred

Symptomatic Implant Malposition Form

Use this form if patient experienced symptomatic implant malposition resulting in nerve irritation.

(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?

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?

Pain Did Not Improve or Recurred

Use this form if pain did not improve OR pain improved but then recurred

Best description of time course of pain recurrence: Pain never got better

Compared to preoperative level, pain now is Same

CT imaging to evaluate pain recurrence shows: CT was done and doctor has shared findings with me

CT findings (check all that apply) Dark areas around implant without a rind of bone

Additional CT results / details

ALL THREE HALOD ON SACRUM... GOOD ILIUM FUSION

Is doctor willing to share CT images with SI-BONE? CT done, doctor IS WILLING to share. Representative will get and submit any imaging to QA@si-bone.com

Imaging type used during initial surgery Navigation (e.g., O-arm)

Was initial surgery attended by SI-BONE staff member? I don't know

(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

Were any additional causes of low back / pelvic pain evident or discovered during workup? I don't know

Were any SI-BONE implants removed or adjusted as a result of this problem? I don't know

Describe revision procedure.

SURGEON USED OUR NAVIGATED OTRQ DRIVER AND REMOVED ALL THREE IMPLANTS. LOUD POPPING NOISE HEARD WHEN IMPLANT WAS FINALLY FREE OF ILIUM AND COULD ROTATE OUT.

SURGEON PLACED UDG INSIDE VOID AND DID NEGATIVE PROJECTION TO DECIDE THE SIZE OF THE REVISION IMPLANT. THE MOST SUPIOER AND INFERIOR IMPLANT WERE 13.5 DIAMETERS AND THE SURGEON PLACED bmp ALONG WITH ALLOGRAFT IN IMPLANTS. THE MIDDLE IMPLANT WAS A 11..5 DIAMETER AND SURGEON PLACED BMP AND BONE GRAFT IN UDG AND NAVIGATED INTO VOID TO

PLACE GRAFT/BMP MIXTURE. USED OUR FUNEL AND PLUNGER FROM OUR NAV SET. THEN PLACED THE MIDDLE IMPANT

Surgical Wound Problem

Use this form if patient developed postoperative surgical wound problem (infection, dehiscence).

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

Please help evaluate whether this case could qualify for SI-BONE's warranty policy.

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?

No, not all of the above apply

Comment on warranty

NO IDEA