



# Complaint Reporting

Use this form to submit information about a complaint related to an SI-BONE product to Quality Affairs. Contact [QA@si-bone.com](mailto:QA@si-bone.com) if you have any questions.

## Contact Info

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

**Your name** Brian Majka

**Customer name** Michael Thambuswamy

**How did you learn about this issue? (select all that apply)?** From the HCP or associated staff

**Please provide any relevant details about your communication. Full complaint description will be captured on the following page:**

Dr. Thambuswamy thought a Torq implant was placed too posteriorly.

## 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.** Wednesday, December 13, 2023

**Indicate affected device(s) (choose all that apply)** iFuse-TORQ

**Part number(s) (please list the number of each part involved)(required)**

11.5 x 35 mm Fully threaded Torq screw

**Lot number(s)**

Na

## Product Complaint or Adverse Event?

Decide what type of report you are submitting. Contact [QA@si-bone.com](mailto:QA@si-bone.com) if you have any questions.

**Did the product complaint result in a patient problem?** YES, potential or actual (Ex: required revision, patient adverse event)

# Product Complaint Without Patient Problem

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

Examples include:

- Damaged instrument/implant
- Broken/ bent/ cut pin
- Pin advancement but no patient injury
- Packaging issue

If patient injury occurred, go back and click YES to report patient problem.

*(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?

## Select Adverse Event Type

What problem did patient have?

Implant malposition (e.g. causing nerve irritation)

## Implant Malposition Form

Use this form if patient an implant malposition was detected.

On which side(s) were SI-BONE implants placed during initial surgery?

Left

Which side shows implant malposition?

Left

Did any SI-BONE staff attend initial surgery?

Yes

Name of SI-BONE staff in attendance at initial surgery

Brian Majka

Imaging type used during initial surgery

C-arm/fluoro only

*(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 (regardless of post-op symptoms)?**

Yes, all steps were completed accurately

**Did patient have revision surgery?**

Yes

## Continued, recurrent, or new pain

Use this form if pain did not improve, pain improved but then returned, or new onset pain

*(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

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

## Revision Procedure

Complete this form as thoroughly as possible for a complaint involving a revision surgery.

**Please indicate date of revision procedure**

Wednesday, December 13, 2023

**Reason for revision (e.g. nerve impingement, loosening, etc.). Please be as specific as possible:**

Screw was placed too posterior

**Which step(s) were performed during the revision? Choose all that apply:**

iFuse implant was removed

Additional iFuse implant was placed

**Please further describe the revision procedure (any issues with instrumentation or medical issues?). Be as specific as possible. Failure to provide details will result in continued follow up with you:**

He removed the posterior screw and placed a new screw in a new spot.

To your knowledge, was the patient's issue resolved after surgery?

Unknown

**You may be contacted for further information if your submission is lacking critical details. We appreciate your thoroughness.**