



## 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** JOSEPH JIN

**Customer name** JEFF JACOBY

**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:**

TORQ SCREWS RESULTED IN A PSEUDOARTHROSIS AND WAS CAUSING PAIN. DR. JACOBY MADE THE DECISION TO REMOVE AND REVISE BY IMPLANTING 3D TRIANGLES. PT IS DOING WELL.

### 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.** Monday, November 6, 2023

**Date of original surgery (if revision is being reported) or alleged product failure** Monday, November 28, 2022

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

**Part number(s) (please list the number of each part involved)(required)**  
10050T (1), 10035T

**Lot number(s)**  
9054791, 9074081, 9035151

### 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?**

Other problem

## Implant Malposition Form

Use this form if patient an implant malposition was detected.

*(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?

## 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

### Describe problem in detail

PAIN FROM PSEUDOARTHROSIS OF IMPLANTED TORQ SCREWS

Did patient undergo revision surgery to address this problem?

Yes

## Revision Procedure

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

Please indicate date of revision procedure

Monday, November 27, 2023

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

PSEUDO

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:

NO ISSUES WITH REMOVAL OR REVISION/RESCUE

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

Yes

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