



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 if you have any questions.

Contact Info

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

Your name Sara Norwood

Customer name Christopher Boone

**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. Boone reached out to let me know he had a patient in his office that had original iFuse implants that needed to be revised as the implants were not fully across the joint.

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. Tuesday, February 13, 2024

Indicate affected device(s) (choose all that apply) iFuse (original)

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

N/A

Lot number(s)

N/A

Product Complaint or Adverse Event?

Decide what type of report you are submitting. Contact 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?

Right

Which side shows implant malposition?

Right

Did any SI-BONE staff attend initial surgery?

Yes

Imaging type used during initial surgery

Unknown

(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

Please describe procedure steps not done properly or other pertinent information

N/A

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

Thursday, April 4, 2024

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

Implants were completely crossing the joint, implants also loosening.

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:

3 iFuse original implants were removed. The patient was revised with 2 11.5 TORQ implants. One chisel was slightly bent during removal of one implant however this caused no issues to the patient or surgeon. Patient had no medical issues to my knowledge.

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.