Complaint Reporting

Monday, June 10, 2024

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 John Hinken

Customer name Brad Curt

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:

In a prior case, Dr. Curt told me about the upcoming 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, May 17, 2024

Date of original surgery (if revision is being reported) or alleged product failure Monday, January 1, 2024

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

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

IDK

Lot number(s)

IDK

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 occured, 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?

Surgical wound problem (e.g. hematoma, infection)

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).

What is the best description of problem?

Deep wound infection (e.g., infection below skin)

Please describe event

Original surgery was months ago.
Patient also had an Alif.
Patient developed an infection with the Alif.

Any other treatment received for problem?

IDK

Additional comments on treatment received

I don't know what steps were taken ahead of time.

Was patient admitted to hospital because of problem?

I don't know

Effect on hospitalization time course

Hospitalization was NOT prolonged because of event

Add any further details

IDK

Did patient undergo revision surgery to address this problem?

Yes

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

Monday, May 27, 2024

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

Infection.

Which step(s) were performed during the revision? Choose all that apply: iFuse implant was removed

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:

Removed 1 TORQ due to injection.
Added 4 Granite implants also.

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.