



# 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** Taryll Calhoun

**Customer name** David Black

**How did you learn about this issue? (select all that apply)?**  I observed the issue

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

Patient was having pain. We removed and upsized TORQ implant on the right side, upsized to 13.5. Replaced 3D implant with a TNT screw with washer. Patient is doing great now.

## 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.** Thursday, October 17, 2024

**Indicate affected device(s) (choose all that apply)**  iFuse-3D  Lag

**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](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?

Continued, recurrent, or new pain

## 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

Best description of time course of pain recurrence:

Pain never got better

Were any additional causes of pain discovered during workup?

I don't know

**If CT was performed, please email scan to QA@si-bone.com. CT results show:**

No CT was done

**Was initial surgery attended by SI-BONE staff member?**

Yes

*(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?**

I don't know

**Please describe any steps inaccurately performed, or other details of the case**

None

**Did patient have revision surgery as a result of this problem?**

I don't know

## **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.

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