



# 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** Quintyn Menegazzi

**Customer name** Ryan Johnson

**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:**

Had an issue putting the set screw on the tulip head of granite. We were finally able to make it work and final tightened but it clearly was an issue with the threads of the tulip.

## 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 24, 2024

**Date of original surgery (if revision is being reported) or alleged product failure** Thursday, October 24, 2024

**Indicate affected device(s) (choose all that apply)**  iFuse Bedrock Granite

**Part number(s) (please list the number of each part involved)(required)**  
095090BG

**Lot number(s)**  
29961562405-092

## 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?**

NO (Ex: damaged instrument)

## 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.

**When was problem detected?**

Failed during use (part broke, dislodged, etc.)

**Date of surgery or use**

Thursday, October 24, 2024

**Was the physician able to finish the procedure?**

Yes, using the problem part

**Was any part of product left in patient? Example: broken pin, metal shavings**

Yes, definitely

*(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 any step(s) not accurately performed or any notes about the case:**

N/A

**Please describe the details of the event as fully as possible**

The set screw had a very hard time screwing into the tulip, no issues using same set screw on other implant

**Select Adverse Event Type**

## 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

## 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.**