



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 Jennifer Faust

Customer name Camilo Molina

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:

Needed to upsize an existing Granite and add one on the other side to replace a sacral plate from Smaio

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, October 15, 2024

Date of original surgery (if revision is being reported) or alleged product failure Thursday, January 11, 2024

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

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

105080BG
115100BG

Lot number(s)

29962272302-049

29961992203

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?

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?

Imaging at a follow up visit

(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?

Please describe the details of the event as fully as possible

First implant loosened and surgeon chose to upsize. Only one granite was used on one side during the initial case in January. A second granite was used on the opposite side in the second surgery.

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.