

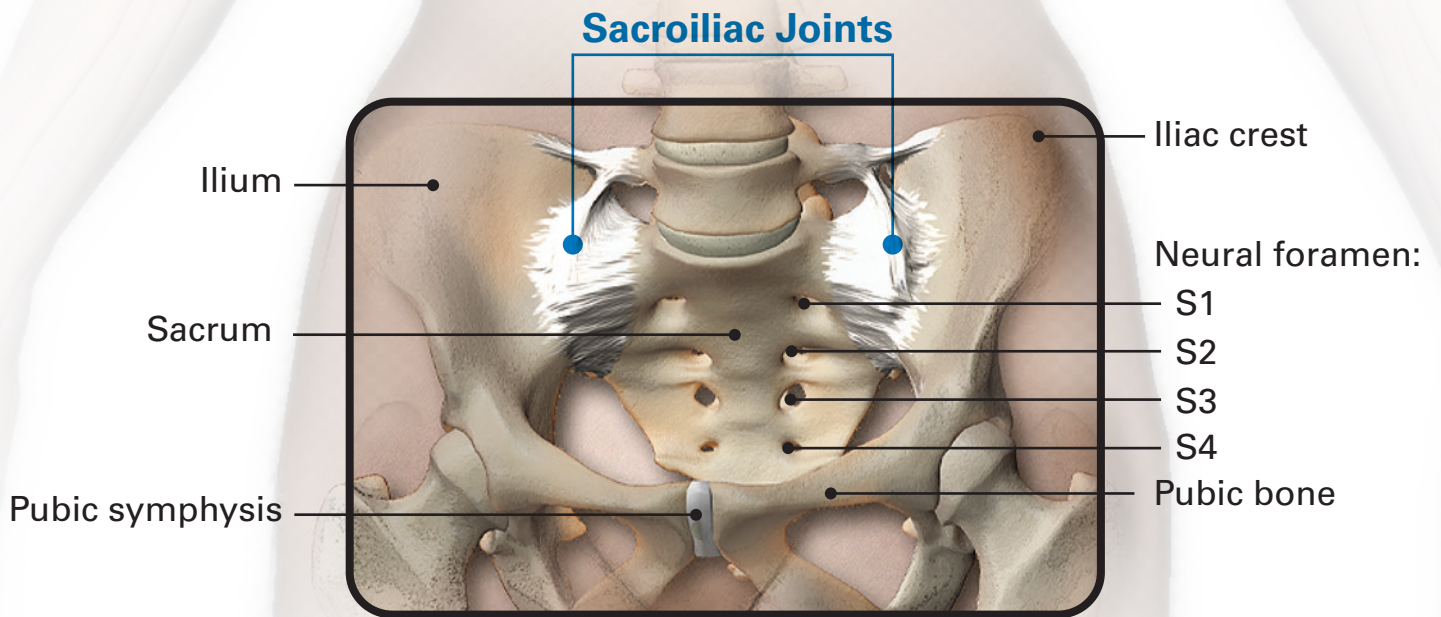
Patient Surgery Guide

Information for you and your family about your surgery



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Studies show that sacroiliac (SI) joint dysfunction is a challenging condition affecting up to 15-30% of patients with chronic lower back pain (LBP).¹⁻⁵ The prevalence is higher, up to 43%,⁶⁻⁹ for symptomatic patients that had a prior lumbar fusion.

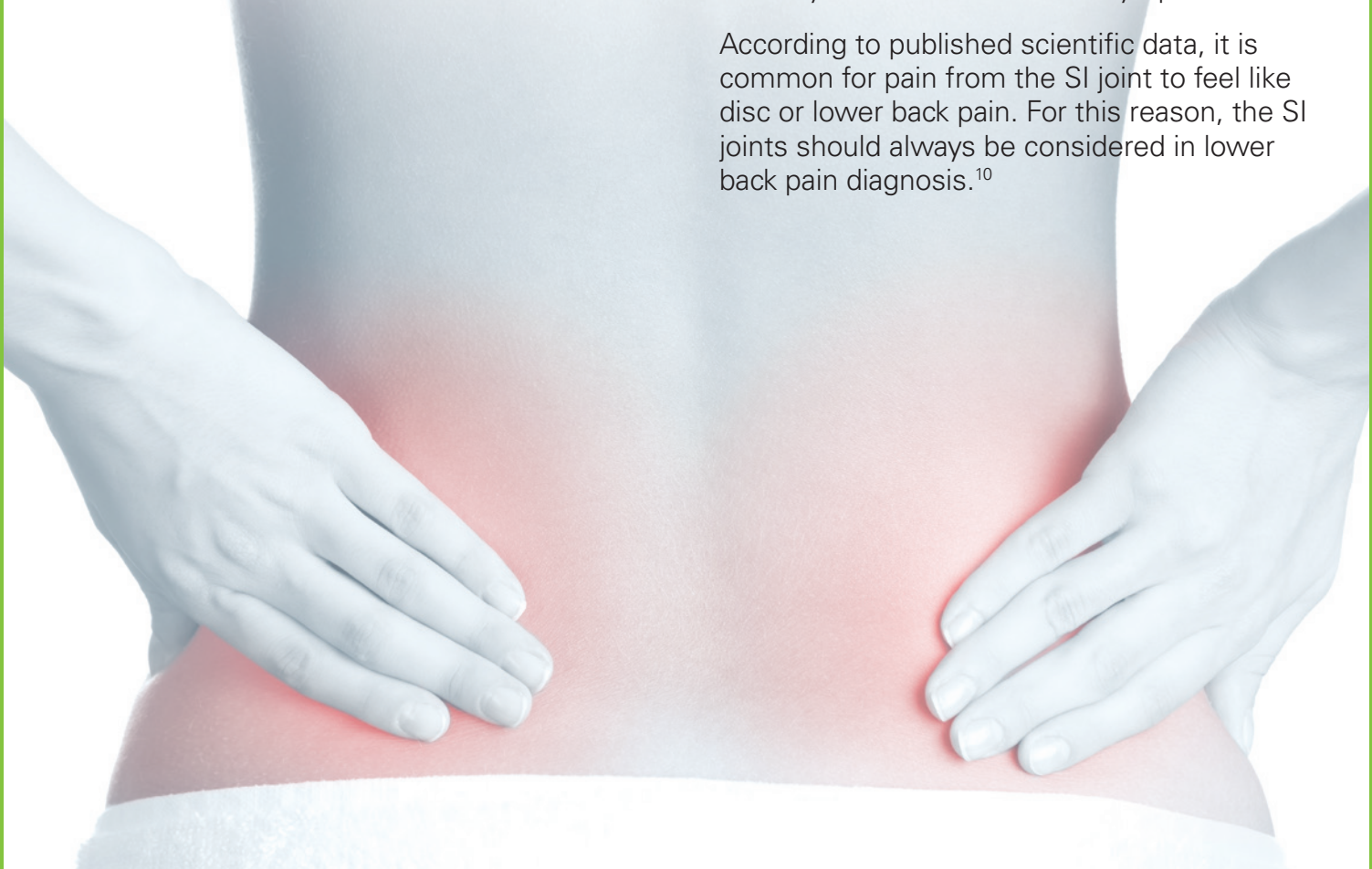
Patient education is a critical component of healthcare today. It is important that you are informed of your diagnostic and treatment options that your doctor will recommend. In this educational brochure, you will find information about lower back problems caused by SI joint dysfunction and various treatment options. We invite you to read on to learn about the diagnosis and treatment of SI joint dysfunction.

A History of the SI Joint

SI joint dysfunction and associated symptoms have been well known for over a century. In fact, in the early 1900s most symptoms which seemed to arise from the back were attributed to the SI joint, and many surgical treatments were directed at that joint.

In 1934, a paper was published that described the disc as a source of symptoms in the back. As a result, disc treatment became the most common surgery for lower back pain, and the SI joint was all but forgotten. Now, decades later, orthopedic and spine surgeons, as well as pain specialists, recognize that the disc is not the only source of lower back symptoms.

According to published scientific data, it is common for pain from the SI joint to feel like disc or lower back pain. For this reason, the SI joints should always be considered in lower back pain diagnosis.¹⁰



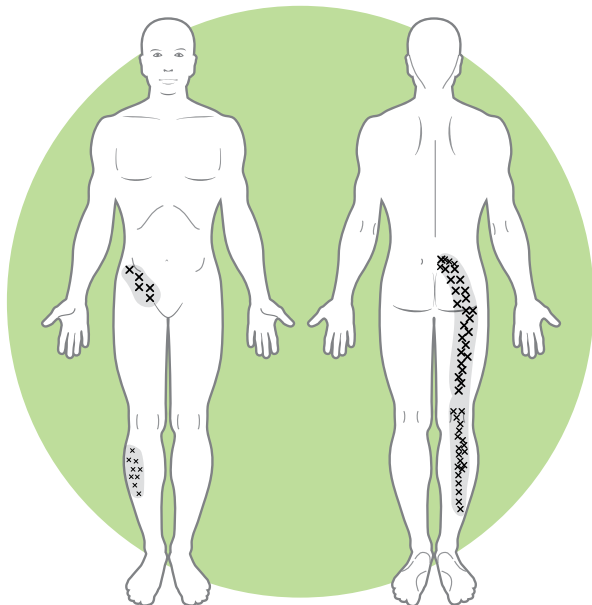
This document does not contain medical advice. If you have any questions about the information contained in this educational brochure, talk with your doctor.

Lower Back Pain and the SI Joint

The SI joint is located in the pelvis; it links the iliac bones (pelvis) to the sacrum (lowest part of the spine above the tailbone).

The SI joint is the largest joint in the body and like other joints can degenerate or its supporting ligaments may be injured. When this happens, people can feel pain in their buttocks, lower back, groin and even their legs. This is especially true with lifting, running, walking, or lying on the involved side.

It is important to note that on occasion, patients who have not had symptomatic relief from lumbar spine surgery may actually have had other issues to begin with. Pain in the lower back and buttocks may come from the SI joint, the hip, the spine or any combination of these three interrelated potential pain generators.



Possible areas of pain from SI joint dysfunction.¹⁷

Diagnosis of the SI Joint as a Source of Symptoms

Diagnosis begins with a complete patient history and comprehensive physical examination of the lumbar spine, SI joints, and hips. Your doctor may ask you to point to your pain, because patients with SI joint dysfunction often point to the area described by Fortin (see image below).¹¹

A variety of tests performed during physical examination may help determine whether the SI joint is a source of your symptoms.¹²⁻¹⁴ In addition, X-rays, CT-scans, and/or MRIs may be helpful to identify other potential sources of your pain. It is important to understand that more than one condition (like a disc problem) can coexist with SI joint dysfunction.

An often relied upon method to accurately determine whether the SI joint is the cause of your lower back symptoms is to inject the SI joint with a local anesthetic. The diagnostic injection will be delivered with either fluoroscopic or CT guidance to verify accurate placement of the needle in the SI joint. If your symptoms decrease by at least 50%, it is likely the SI joint is either the source of, or a major contributor to, your lower back pain.¹⁵ If your symptoms do not improve after a diagnostic SI joint injection, it is less likely your SI joint is the cause of your lower back symptoms.



The Fortin Finger Test: An indication of SI joint pain.¹¹

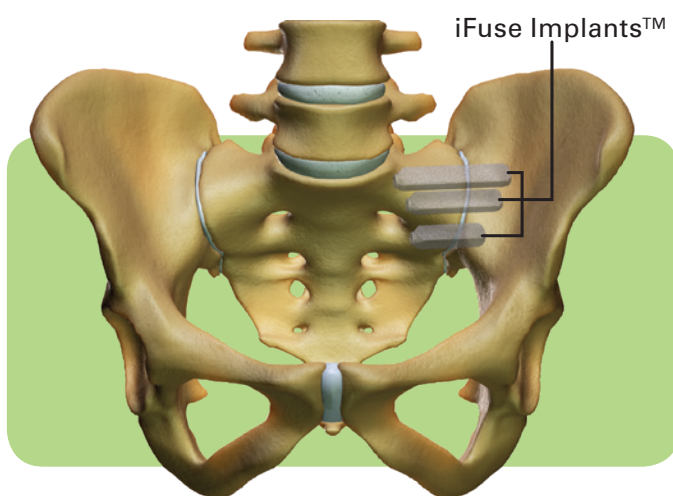
Non-Surgical Options

Once the SI joint is confirmed as a source of your symptoms, treatment can begin. Some patients respond to physical therapy, use of oral medications, as well as injection therapy. The anti-inflammatory effect of therapeutic SI joint injections is not permanent and does not stabilize the SI joint.^{17,18} Intermittent use of a pelvic belt may provide symptom relief as well.

Treatments such as medications, injections, or a pelvic belt are often used repeatedly and symptom improvement may be temporary. If non-surgical treatment options have been tried and do not provide lasting relief, your surgeon may consider other options, including surgery.

SI Joint Fusion with the iFuse Implant System[®]

SI joint fusion is a surgical procedure intended to immediately stabilize the joint and permanently eliminate motion by fusing the bones together. This system uses small *triangular* implants (typically 3) placed across the SI joint to stabilize and fuse it.



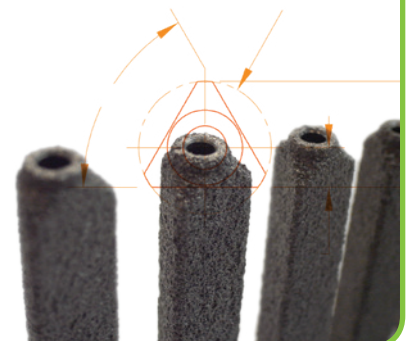
The iFuse Implant System[®] ("iFuse") is intended for sacroiliac joint fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months.

There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit: www.si-bone.com/risks

iFuse Benefits

SI joint fusion using the iFuse Implant System with its patented triangular design (commercially available since 2009), has produced unparalleled clinical results. More than 50 published, peer-reviewed articles demonstrate the safety, effectiveness, durability, and economic benefit of this iFuse Implant. This iFuse Implant is the only SI joint fusion device with multiple prospective clinical studies, including two randomized controlled trials (highest level of clinical evidence), demonstrating that treatment improved pain, patient function, and quality of life.¹⁹⁻²³

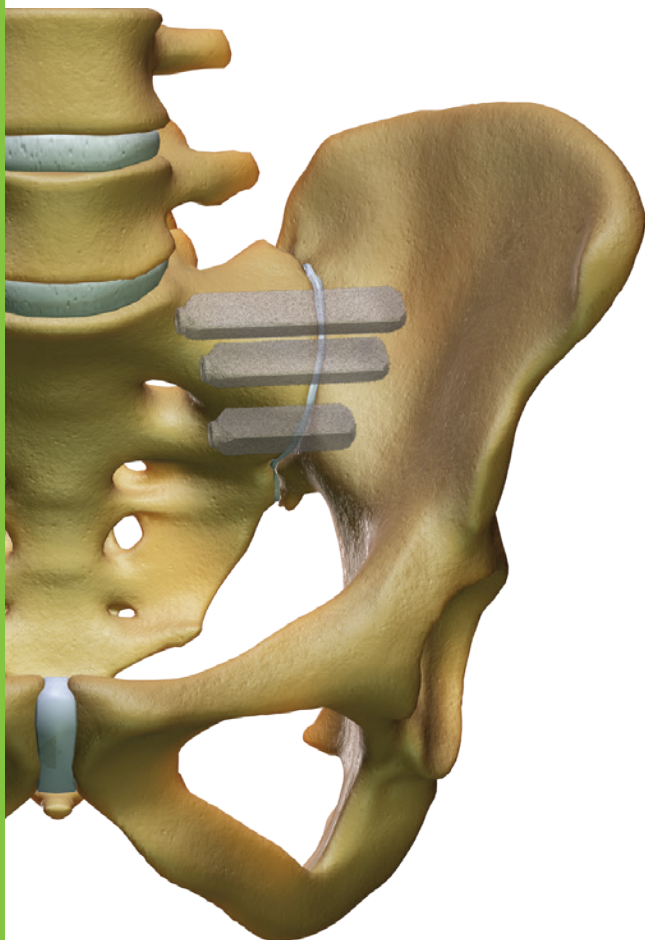
- Minimally invasive surgical (MIS) approach
- Triangular implant profile minimizes rotation and an interference fit minimizes micromotion
- Porous titanium surface allows for bony on-growth and ingrowth²⁴
- Implants designed specifically to stabilize and fuse the heavily loaded SI joint
- Rigid titanium construction and implant geometry provide immediate stabilization



The information provided below is intended only as a guide and should not be mistaken for medical advice or treatment.

Before Surgery

You may need to obtain crutches or a walker for use after surgery. Your doctor will help you decide which type is best for you and tell you where to get them. You will be told when to stop eating and drinking before surgery. If you take a daily medication, ask if you should still take it the morning of the surgery. It is critical to inform your doctor if you are taking any blood thinning medication. At the hospital, your temperature, pulse, breathing and blood pressure will be checked. An IV (intravenous) line may be started to provide fluids and medications needed during surgery.



During Surgery

SI joint fusion is performed in an operating room with either general or spinal anesthesia. Typically, you will be positioned lying face down. Your surgeon will use a specially designed system to guide the instruments that prepare the bone and insert the implants. Both the surgical technique and the iFuse Implant System are designed to offer maximum protection to the surrounding tissues.

The entire procedure is performed through a small incision (approximately 3 cm long), along the side of your buttock. During the procedure, fluoroscopy provides your surgeon with live imaging to enable proper placement of the implants. Typically, three implants are used, but the number and length of implants may vary depending on your size and anatomy.

The procedure takes approximately one hour. You may feel comfortable enough to return home the same day of surgery or perhaps the morning after. Your surgeon will make this decision based on your post-surgical status.

After Surgery

At discharge, your surgeon will arrange follow-up visits to assess your incision, and how you are progressing. You may experience some post-operative buttock swelling, which can be helped by icing the region after surgery, as directed by your surgeon. You may be temporarily partial-weight bearing after surgery using crutches or a walker. Your progress will be assessed by your doctor and he/she will decide when you can return to full weight bearing. Your surgeon will make decisions about your post-surgical care based on your medical health.

1. What are some causes for pain in the lower back, buttocks or pelvic region?

Lower back pain is a common symptom that affects many people during their lifetime. For some, lower back pain can be an acute, short-term problem. Others experience chronic, long-term symptoms. There are many structures in the lower back and pelvic area that can cause pain. Most commonly, people think of a “slipped disc” as a cause of lower back pain. Occasionally, hip problems can be confused with lower back conditions. In fact, there are many causes of back pain, including arthritis of the back, and degeneration secondary to scoliosis. The sacroiliac (SI) joint can also be a significant contributor to pain in the lower back, pelvic region, buttocks, or legs.

2. Where is my SI joint?

The SI joint is located in the posterior pelvis, linking the iliac bones (pelvis) to the sacrum (lowest part of the spine above the tailbone).

3. What is SI joint dysfunction?

SI joint dysfunction is a term used to describe the pain and the physical impairment associated with a disrupted/degenerated SI joint. Pain from SI joint dysfunction can be felt anywhere in the lower back, buttocks, or in the legs. Chronic SI joint pain or dysfunction can make it difficult to perform common daily tasks and can affect many aspects of a patient’s life.

4. How does my SI joint work?

The function of the SI joint is to transfer body weight and forces from your upper body through the pelvis to your legs and vice versa. The SI joint is an essential component for shock absorption to prevent impact forces during activity from reaching the spine. The primary role of the SI joint is to provide stability for the pelvis and to bear the load of the upper body.

5. Why does the SI joint start having problems?

As with other joints in the body, the SI joint can become damaged, can suffer from wear and tear, or the ligaments supporting the joint may be stretched or injured. This may result in altered function of the SI joint (SI joint dysfunction) which may result in pain in the buttocks, lower back, groin and even leg pain. SI joint dysfunction and associated pain can be caused by a specific traumatic event (disruption) or can develop over time (degeneration). Common traumatic events may include motor vehicle accident, fall on buttock, lifting and/or twisting, and natural childbirth. SI joint degeneration may be due to previous lumbar surgery, stresses to the joint due to leg length differences or scoliosis, pregnancy (chronic lower back pain during pregnancy or after giving birth, post-partum pelvic girdle pain), osteoarthritis, previous iliac crest bone graft (ICBG), and prior infection of the SI joint.

6. How does the SI joint cause pain?

The SI joint is a synovial joint. This type of joint has free nerve endings that can cause pain if the joint degenerates, does not move properly, or does not properly accommodate the forces that cross the joint. The SI joint has been long known to cause pain in the lower back and buttocks. Like any other joint in the body, the SI joint can become arthritic or its supporting ligaments may be injured. When this happens, people can feel pain in their back, especially when sitting, lifting, running or even walking. In these cases, the pain is sometimes similar to the pain caused by a “disc” or spinal arthritis.

7. How common are SI joint problems?

It is commonly reported in clinical literature that 15-30% of chronic lower back pain is caused by the SI joint¹⁻⁵, and up to 43% of patients with new onset or persistent lower back pain after lumbar fusion⁶⁻⁹. Risk factors associated with lower back pain may include: smoking, poor physical condition, positive family history, and occupational exposure to repetitive trauma to the SI joint.^{2,5,7}

8. How does lower back pain due to the SI joint manifest?

Many people have pain that worsens over time. However, over half the time SI joint pain can be related to a specific event, often an injury. It is difficult to directly relate any single specific functional difficulty (including walking, sitting, standing, climbing stairs, sleeping on the affected side, job activity, bowel movements, coughing, sneezing, etc.) to the SI joint as a source of pain.

9. Who is at risk for SI joint problems?

Both men and women can have SI joint problems with women making up about two-thirds. Women are at increased risk because of their broader pelvises, greater curvature of lumbar spine, which result in different SI joint biomechanics. Women also have more elastin in the collagen that makes up their ligaments. Elastin is a protein¹⁰ that allows increased flexibility of ligaments. In addition, pregnancy often results in stretching of the SI ligaments. Some women have permanent changes to the SI joint ligaments as a result of pregnancy.

10. How would I know that my SI joint is not functioning properly?

If you have trouble sleeping comfortably, or frequently experience your leg giving way, pain in certain lying or bending positions, or tenderness in your buttocks, you may have an SI joint disorder. Painful activities might also include inability to sit on the affected side or to sit for long periods of time. Pain going from sitting to standing, and difficulty going up stairs are also common complaints.

11. Will my doctor check for SI Joint problems?

Doctors do not always look for the SI joint as a source of lower back pain, although many articles have been written about it. Sometimes your lower back pain may have been previously diagnosed as originating from the lumbar spine. However, if your symptoms don't match what your doctor can see on an image (X-ray, CT-scan, and/or MRI), this may indicate that your pain is coming from a place other than the lumbar spinal region. Your doctor may determine if your SI joint is the source of your pain by ruling out other sources of pain as well as running specific tests that stress the SI joint.

12. What should I tell my doctor about my back or buttock pain?

Important information you should share with your doctor is the exact location of your pain. Try to notice when the pain occurs and how intensely you feel it in various locations, including your lower back, buttocks, and legs. Also, be sure to tell your doctor about any previous injury that may have either directly affected your pelvis, or caused you to walk asymmetrically.

13. How will my doctor determine whether I have SI joint problems?

Your doctor will consider all the information you provide, including any history of injury, location of your pain, and problems standing or sleeping. Your doctor will also perform a physical examination. You may be asked to stand or move in different directions and point to where you feel pain. Your doctor may feel for tenderness over your SI joint.

There is not an imaging test that is specific to SI joint dysfunction. However, X-rays, CT-scans, and/or MRIs may help identify other potential sources of your pain. It is important to remember that more than one condition (like a disc or hip problem) can co-exist with SI joint problems and your doctor will need to check for other factors that may be causing your pain.

The most widely used method to determine the cause of SI joint pain is to have a properly performed diagnostic SI joint injection with a local anesthetic. The injection will be delivered with either X-ray guidance or CT guidance to ensure that the needle is accurately placed in the SI joint. If, following the injection, your pain is decreased by more than 50%, then it is likely that the SI joint is either the source, or a major contributor to your lower back pain. If the level of pain does not change after the injection, it is unlikely that the SI joint is the cause of your lower back pain.

14. How easy is it to diagnose SI joint problems?

It is not always easy to diagnose SI joint dysfunction, but your history, physical exam, provocative tests, and injections are helpful for confirming the SI joint as the pain source. Sometimes your physical findings indicate an SI joint condition, but there may also be issues with your lumbar spine or hip. Your doctor may discuss the difficulty of making a correct diagnosis in the presence of multiple problems.

15. What are some options for treatment of SI problems?

There are several options to address SI joint problems. Some people respond to physical therapy, exercise, and activity modification. Others require more interventional treatments including therapeutic injections. These procedures are often performed repeatedly and symptom improvement using these therapies may be temporary.

If non-surgical options have been tried and do not provide lasting relief, your surgeon may consider other options, including surgery.

16. How will my doctor determine whether I am a candidate for the iFuse Implant System?

If you have been diagnosed with SI joint dysfunction and have failed appropriate non-surgical treatment, your surgeon may determine that you are a candidate for minimally invasive SI joint fusion using the iFuse Implant System.

To confirm your diagnosis, your doctor may administer a fluoroscopic or CT-guided injection of local anesthetic to your SI joint and verify that you experience significant pain relief from it. Some doctors repeat the injection to be sure.

17. What makes the iFuse Implant different from other fusion devices?

The iFuse implants have a unique patented triangular design to prevent rotation and maintain their position in bone and across the SI joint. Long-term, stabilization of the SI joint with iFuse implant allows for fusion. The iFuse implants have a large surface area made of porous titanium to allow for bony ongrowth/ingrowth.²⁴

18. What are the iFuse Implants made of?

The iFuse Implants are small titanium rods about the size of your little finger. Titanium is a very strong but lightweight material, commonly used for medical device implants.

19. How do the iFuse Implants work?

The iFuse Implants have triangular cross-sections to keep them from rotating once they have been implanted. They have a rough, porous surface to allow fixation to the surrounding bone. The Implants are strong and provide immediate stabilization of the joint.

20. What is the procedure for iFuse?

The iFuse Implant System is used in a surgical procedure that is performed in an operating room with either general or spinal anesthesia. You will typically be positioned lying face down while your surgeon prepares the bone and inserts the implants. The surgical technique and supporting instrumentation are designed to minimize damage to the surrounding soft tissues during the surgical procedure.

The entire procedure is performed through a small incision (approximately 3 cm long), along the side of your buttock. During the procedure, fluoroscopic guidance provides your surgeon with live imaging to facilitate proper placement of the implants. Typically three implants are placed, depending on your size.

21. What happens after my iFuse Procedure?

Your doctor will typically recommend partial weight bearing using crutches, a cane, or a walker for a period of time after surgery. Your surgeon will schedule a post-operative visit to evaluate the surgical incision and to assess your progress after surgery.

22. What are the important considerations prior to choosing to have the iFuse procedure?

You will need to undergo a careful diagnosis and evaluation by your doctor before undergoing the iFuse Procedure. Lower back pain is complex and may be challenging to diagnose. Some patients may have multiple problems causing their lower back pain, and the iFuse Procedure alone will not resolve all of their pain. Results may vary and not all patients benefit from treatment.

It is important to develop and follow an appropriate post-operative rehabilitation plan with your surgeon and other healthcare providers, such as your physical therapist.

Women who may in the future want to undergo childbirth should consult with their surgeon prior to undergoing the procedure and prior to delivery if they have had an SI joint fusion procedure.

Patients who are allergic to certain metals, have tumors or active infections in or around the sacroiliac joint, or who have unstable pelvic fractures, should not be treated with iFuse.

Patients should notify their healthcare provider that they have had the iFuse Procedure prior to undergoing magnetic resonance imaging (MRI).



23. What are some of the risks associated with the iFuse procedure?

As with all surgeries, the risks associated with the iFuse Procedure include, but are not limited to:

1. Adverse reactions to anesthesia;
2. Hemorrhaging or bleeding which is difficult to control and may become dangerous;
3. Muscle and/or nerve damage;
4. Localized bruising or swelling;
5. Dangerous blood clots;
6. Wound site infections, wound re-opening and damage to the tissues surrounding the surgical site;
7. Excessive radiation exposure;
8. Lung damage; and
9. Death.

Potential risks specific to the iFuse Procedure include, but are not limited to:

1. Local injury to the pelvis;
2. Increased pain in the SI joint or surrounding tissues and joints;
3. Allergic reaction to or rejection of the implants;
4. Migration, loosening, breakage or failure of the implant;
5. Muscle pain due to the change in function of the SI joint;
6. Stress to and fracture of the bones in the pelvis surrounding the implants; and
7. Need for additional surgery to remove or adjust the positioning of one or more implants.

24. What can I do to avoid problems healing after iFuse surgery?

Your doctor may provide you with post-operative instructions. In general, you should avoid strenuous activities in the first six weeks and follow your surgeon's post-operative weight bearing and activity instructions. Avoid smoking, which is thought to impair bone fusion.

Discuss your current medications with your surgeon; some medications may impair bone growth (for example: steroids). If you have osteoporosis, ask your doctor what osteoporosis medications might be best for your bone health.

25. How soon can I resume my daily activities?

Your doctor will advise you on resuming your daily living activities and return to work as your healing and symptoms allow.

26. If I have already had one or more spinal surgeries, does this affect my ability to have minimally invasive SI joint surgery?

iFuse Implants are not anticipated to affect the ability to have other surgeries of the spine, hip, or pelvis. Your doctor will determine whether your health, including any impact from previous surgeries, influences your being a candidate for minimally invasive SI joint fusion.

27. Can I have an MRI after receiving iFuse Implants?

A patient with this device can be scanned safely, immediately after placement, with some conditions. Please ask your doctor for additional information or visit www.si-bone.com/label

28. Can the iFuse Implant be removed or revised?

Although infrequent, there may be a reason (*e.g.*, malpositioning, loosening, trauma, etc.) an iFuse Implant may need to be repositioned or removed. The determination to remove an implant will be based on the treating doctor's best judgement.

INDICATIONS

The iFuse Implant System® is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months.

CONTRAINDICATIONS

1. Deformities or anatomic variations that prevent or interfere with iFuse placement.
2. Tumor of sacral or ilial bone.
3. Active infection at treatment site.
4. Unstable fracture of sacrum and/or ilium involving the sacroiliac joint.
5. Allergy to metal components.
12. Pulmonary or systemic embolism (clot in lungs or blood vessel system)
13. Thrombosis, thrombophlebitis (blood clot and swelling of blood vessels)
14. Death
15. Bruising
16. Local swelling
17. Radiation exposure

WARNINGS

Women of childbearing potential should be cautioned that vaginal delivery of a fetus may not be advisable following SI joint fusion. If pregnancy occurs, the woman should review delivery options with her obstetrician.

PRECAUTIONS

Patient adherence to post-operative physical activity instructions is important to support long-term service life of the implant.

RISKS

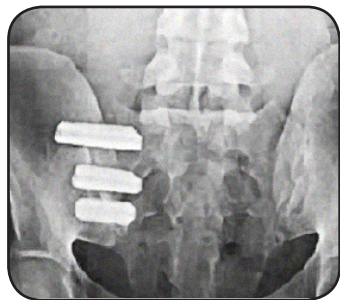
As with other surgical procedures used to treat SI joint conditions, the risks associated with the iFuse Implant System surgical procedure include, but are not limited to the following:

1. Adverse reactions to anesthesia
2. Hemorrhage (internal bleeding)
3. Muscle damage
4. Hematoma (blood pooled under the skin) or seroma (clear fluid under the skin) at the implant site
5. Neurological deficit, nerve root or peripheral nerve injury, irritation or damage (damage to nerves, permanent or temporary)
6. Vascular injury (damage to a blood vessel) or damage that may result in catastrophic or fatal bleeding
7. Neurovascular (blood vessel and nerve) injury
8. Damage to lymphatic vessels and/or lymphatic fluid exudation (leakage)
9. Injury to intra-pelvic structures
10. Infection of the wound, deep infection, peritonitis (infection in the abdomen)
11. Wound dehiscence (the surgery incision opens up)
12. Potential risks specifically associated with the iFuse Implant System include, but are not limited to the following:
 1. Infection
 2. Pain, discomfort, or abnormal sensations due to presence of the implant
 3. Instrument failure resulting in a complication
 4. Migration (moving), loosening or fracture of the implant
 5. Pain in muscle(s) due to altered biomechanics (the positioning of your hip, leg and foot during normal daily activities)
 6. Nerve root or peripheral nerve root irritation due to local swelling or altered biomechanics (changes in position of your hip, leg and foot during normal daily activities)
 7. Loss of fixation / stabilization (implant becomes loose from the bones)
 8. Metal sensitivity or allergic reaction
 9. Failure of device to improve symptoms and/or function
 10. Increased pain at treated or adjacent levels (lumbar spine above and hips below)
 11. Need for re-operation or removal of the implant(s)
 12. Implant rejection
 13. Response to wear debris (small metal particles that come loose from the device causing a tissue response)
 14. Decrease in bone density due to stress shielding (loss of bone mass due to the implant assuming some of the normal daily load of the SI joint)
 15. Failure to achieve SI joint fusion
 16. Potential difficulty in delivering fetus vaginally due to device-related restriction of SI joint motion

The following patients have graciously given permission to present their personal experiences regarding SI joint problems and subsequent surgery with the iFuse Implant.

Case 1: SI joint pain limited my life.

This 36-year old experienced chronic lower back symptoms for 13 years after childbirth



due to SI joint laxity. For many women after pregnancy, the SI joints normally revert to a tightened and locked position. But for 1-in-5 women, full tightening does not occur and

these women develop varying intensities of chronic lower back pain.²⁵ It has been reported that about 25% of women after pregnancy experience persistent pregnancy-related lower back pain and pelvic girdle pain (also known as postpartum pelvic girdle pain, or PPGP).²⁶

As her symptoms increased, simple house work became challenging and her performance as an X-ray technician diminished.

After trying multiple therapies to relieve her symptoms, her surgeon recommended the iFuse Implant System. This minimally invasive procedure is designed to provide stabilization and fusion of the SI joint.

There was an equivalent reduction in symptoms 8 weeks post-op compared to the period immediately following her diagnostic injection. The patient returned to full-time work at 12 weeks post-op. At 5 months there has been no recurrence of symptoms following surgery.

Case 2: I suffered with back pain for 30 years before I got help.

"I went to my doctor with persistent lower back problems several years after undergoing hip replacement surgery. I was spending many hours in physical therapy without experiencing any relief."

"Due to the severity of the symptoms, my physician recommended SI joint fusion after he diagnosed it using CT-guided injection, which provided significant temporary relief. Within three months following the surgery, I experienced significant relief and was able to resume my normal daily activities. In the subsequent months, I continued to improve, and at one year, the iFuse has returned me to a normal lifestyle."

Case 3: I had been suffering from lower back pain for years.

"It was absolutely depressing because if you hurt all the time, it's a cycle. You hurt; you sit; you don't do things; you don't get out. I was limited in my ability to stand. I was limited in my ability to walk. I was limited in my ability to lift. It was difficult to do my job. It was difficult to play with my grandchildren. Stair climbing was almost impossible."

"I met with my doctor following my [diagnostic] injection, which showed that the source of my pain was the SI joint, and he explained the procedure, which would be an implanting of these implants across my SI joint. The procedure went very well. I was up and out of bed that same day, into physical therapy. I have no awareness of having the implants in my back at all. I gardened all summer, and it was no problem for me."

These patients were successfully treated with the iFuse Implant System®. The patients are not medical professionals and his/her statements should not be interpreted as medical advice.

The iFuse Implant System® is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months. There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit: www.si-bone.com/risks

Hear from people just like you



Visit www.si-bone.com for patient stories, to see an animation of the procedure, and to find answers to common questions.



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Indications

The iFuse Implant System® is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months.

There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit: www.si-bone.com/risks

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