PATIENT GUIDE TO SACROILIAC (SI) JOINT FUSION

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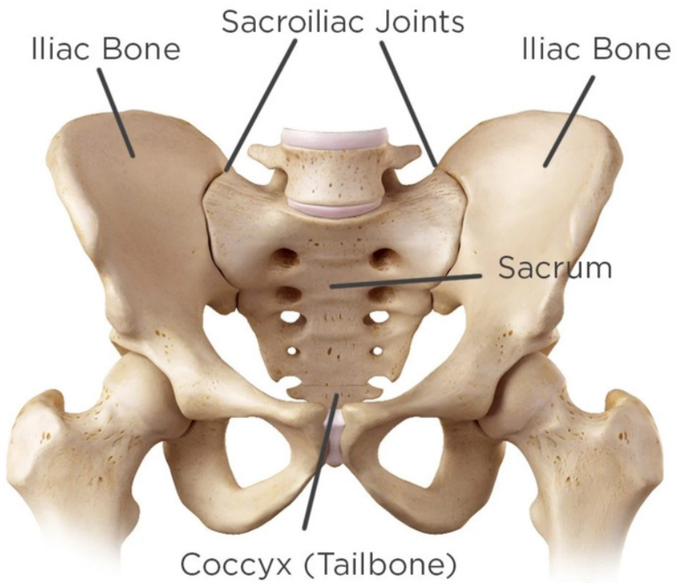
ANATOMY OF THE PELVIS



ABOUT YOUR SI JOINT

The sacroiliac joints are joints that connect to the sacrum (lowest part of the spine above the tailbone) via a complex strong network of ligaments. The SI joint is an integral part of energy transfer between the legs and the torso. However, unlike many of the other joints in your body and spine, the SI joints are not designed to be overly mobile, which can lead to problems and pain when they deviate from the normal range of motion, become injured or degenerative. Pain from the SI joint is commonly felt in the lower back and may also be associated with numbness, tingling, or weakness in the lower extremity; pain in the hip, groin, pelvis, or buttocks; feelings of leg instability such as buckling; and disturbed sitting and sleeping patterns.

DO YOU HAVE SI JOINT PAIN?

Although the SI joint is one of the smaller joints in the body, it can still be injured and/or become degenerative like any other joint. An injury often triggers acute pain, which occurs suddenly and is sharp in nature to serve as a warning mechanism for the body. In most situations, acute pain will be relieved, but if it is left untreated, it may lead to chronic pain and permanent injury.

Patients suffering from SI joint pain typically have chronic pain. The pain may start out low, but it will become increasingly more painful as time goes by. This is why it is important to consult your doctor if you experience chronic pain in your lower back, pelvis, buttock, hip or groin area.

Should your doctor suspect you are suffering from SI joint pain, he or she may perform a variety of tests. Your doctor should ask you to point to where it hurts (Fortin Finger Test). In addition, joint manipulation, CT-scans, MRIs, or diagnostic injections under x-ray guidance may be performed to get a better understanding of the source and intensity of your pain. It is also important to remember that more than one condition can co-exist with SI join disorders.

WHAT ARE MY TREATMENT OPTIONS?

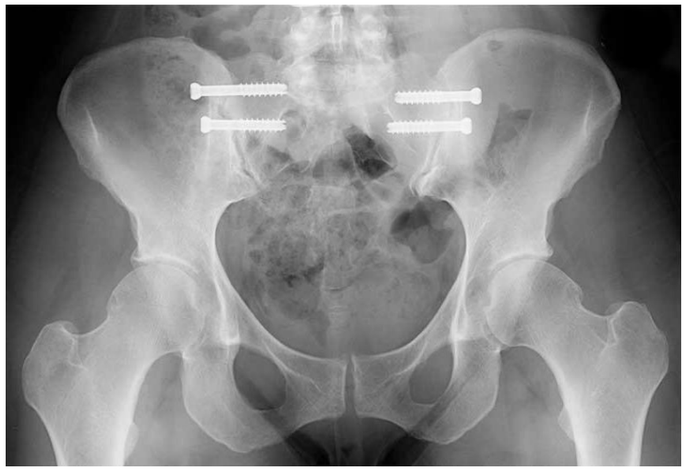
If your doctor determines your SI joint is the cause of your pain, they will discuss multiple treatment options, including non-surgical and surgical options. Non-surgical options often include medication(s), physical therapy, SI joint injections, and radiofrequency denervation. Surgery is often withheld until non-surgical treatment options have been exhausted without lasting pain relief. If non-surgical options have been tried and do not provide you with the relief needed, your surgeon may consider other options at that point, including a minimally invasive SI joint fusion.

SACROILIAC JOINT (SI JOINT) FUSION

A minimally invasive sacroiliac joint fusion is intended to treat sacroiliac joint disruptions and degenerative sacroilitis that have not responded to non-operative treatments. The goal of SI joint fusion is to stabilize the joint and relieve pain.

An SI joint fusion is performed through a small incision (about 2-3cm long) and takes about an hour with patients returning to normal activities within a few weeks. SI joint fusion typically involves general or spinal anesthesia, and after the anesthesia has taken effect, the surgeon will utilize a variety of implants, screws, and stabilization caps, along with bone graft and similar biologies, with the goal of achieving immediate stability and long-term fixation across your SI joint.

After surgery, patients are discharged home the day of surgery based on their progress and healing status following the procedure. Similar to the healing process of broken bones of the arm or legs, stabilizing the SI joint will help the bones to fuse (grow together) over the next few months of the postoperative period. It is important to follow your surgeon's advice about when to resume daily activities, bear weight, and return to work.



WHAT WILL THE RECOVERY BE LIKE

Recovery can vary from patient to patient depending on many factors such as overall health status, age, weight, lifestyle, and adherence to the postoperative instructions. You may need to stay in the hospital after the procedure. Strategies to help you heal may include physical therapy, medications, bracing, limitations on your normal activities, and proper supportive nutrition. Your surgeon will provide instructions tailored to your abilities and needs for your postoperative instructions. It is imperative that you follow these recommendations for the success of your procedure and goal of returning to everyday activities.

RISKS AND WHEN TO CALL YOUR DOCTOR

ARE THERE ANY RISKS OF THIS PROCEDURE POTENTIALLY RELATED TO THE DEVICE?

All surgeries have the potential for complications. Thankfully, most of the complications occur infrequently. Potential risks, which could require additional surgeries, include:

- Early or late loosening of components
- Disassembly, bending, and/or breakage of components
- Foreign body (allergic) reaction to the implants including possible tumor migration
- Skin or muscle sensitivity in patients with in adequate tissue coverage over the operative site which may result in skin breakdown and/or wound complications
- Pressure on the skin from components where there is inadequate tissue coverage
- Loss of proper spinal curvature, correction, height, and/or reduction
- Infection
- Hemorrhage of blood vessels and/or hematomas
- Fracture, micro-fracture, resorption, damage, or penetration of any spinal bone at, above, and/or below the level of surgery
- Non-union (pseudarthrosis), mal-union or delayed union
- Loss of neurological function (e.g., bowel or bladder dysfunction), appearance of radiculopathy, and/or development of pain
- Neurovascular compromise including paralysis or other types of serious injuries
- Gastrointestinal and/or reproductive system compromise, including sterility
- Cessation of growth of the fused portion of the spine

Certain degenerative diseases or underlying physiological conditions such as diabetes, rheumatoid arthritis, or osteoporosis may alter the healing process, thereby increasing the risk of implant breakage or spinal fracture. Other complications include those that would be associated with any type of surgery, including infection, bleeding, and anesthetic complications. Mortality is rare for SI Joint Fusions.

WHEN TO CALL YOUR DOCTOR:

Call your doctor immediately if you have any of the following symptoms:

- New or increased pain, numbness, or weakness in your back or legs
- Develop a fever
- Have fluid drainage or swelling from your incision
- Trouble swallowing or breathing
- Loss of control of bladder or bowels, with loss of urine or stool, or both
- Pain, swelling, or redness in one of your legs
- A severe headache
- If you have any other questions about the way you are recovering

SURGEON CONSULTATION

SURGEON: _____

DIAGNOSIS: _____

PREOPERATIVE APPOINTMENT DATE: _____

SURGERY DATE: _____

MEDICAL CLEARANCE: YES / NO

NOTES

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