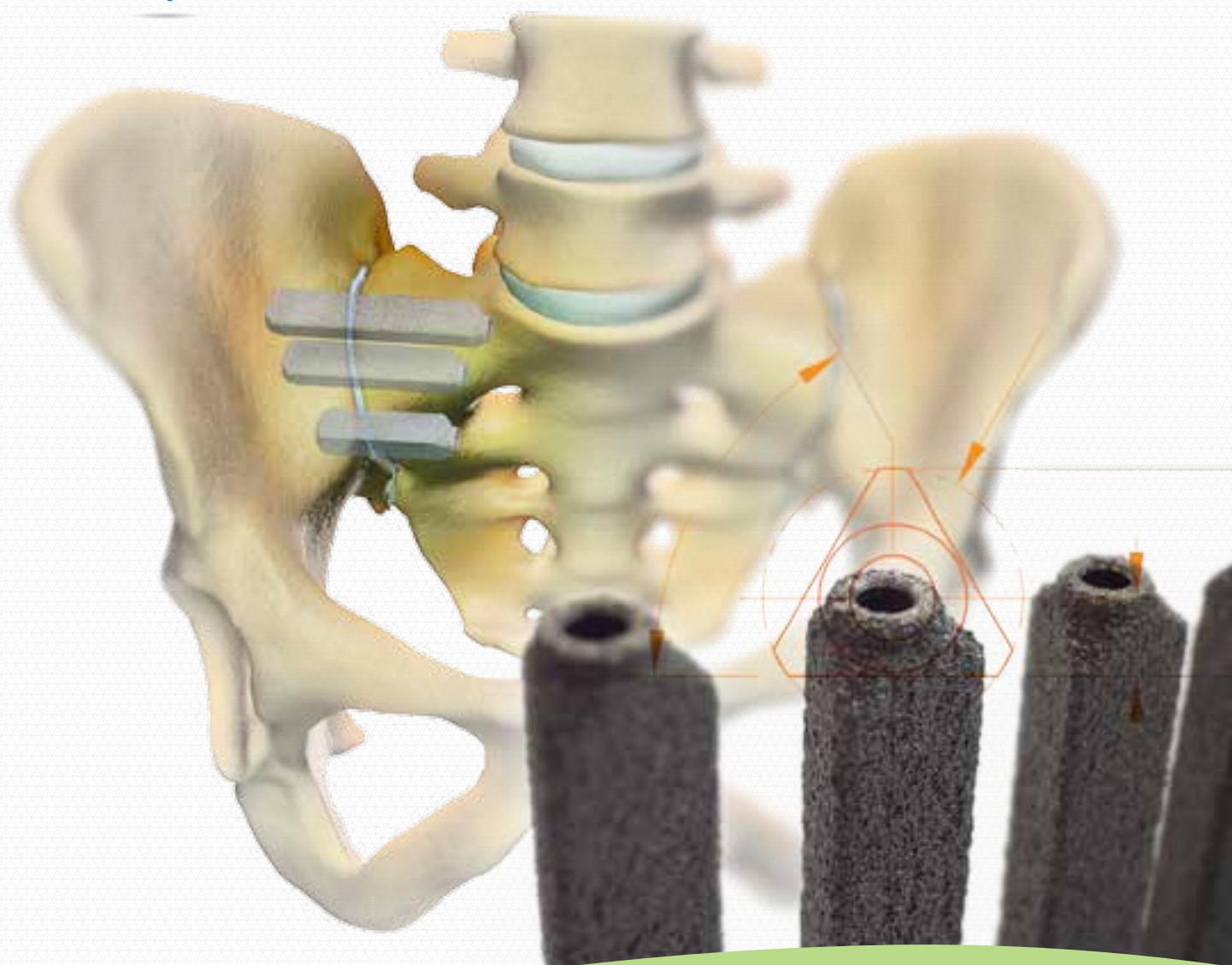


A MIS Approach to the Management of SI Joint Conditions

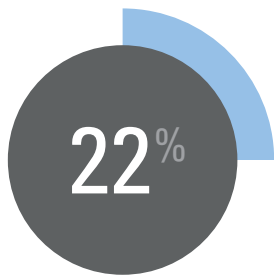
Distribuidor exclusivo em Portugal:



SI Joint in Low Back Pain

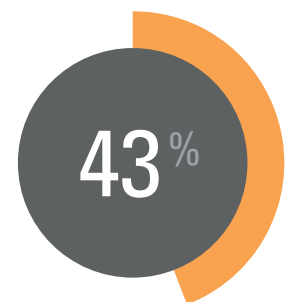
The SI joint has long been recognized as a source of low back pain and several reports of surgical treatment date back to the 1920's.^{1, 2, 3} Numerous publications have studied the prevalence of SI joint pain as a component of low back pain as well as in patients with prior lumbar fusion.

- It is common for pain from the SI joint to mimic discogenic or radicular low back pain. - Weksler⁴
- The incidence of SI joint degeneration in post-lumbar fusion surgery is 75% at 5 years post-surgery. - Ha⁵
- The anti-inflammatory effect of SIJ injections is not permanent and does not offer an opportunity to stabilize an incompetent SI joint. - Zelle⁶



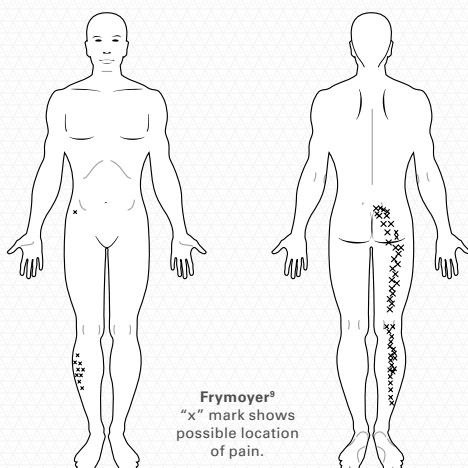
According to a study by Bernard⁷, over **22% of individuals with lower back pain complaints** actually had problems in their sacroiliac (SI) joint.

DePalma⁸ studied lumbar fusion patients who were experiencing persistent or new lower back pain (LBP) post-operatively. The results demonstrated that **43% of post-lumbar fusion patients** were symptomatic for SI joint disorders based on diagnostic blocks.

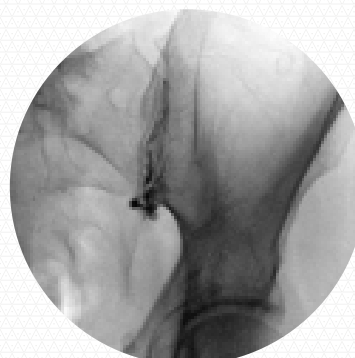


Diagnosis of SI Joint Disorders

- Pain can be in the low back, buttocks, and/or legs.
- Pain complaints may be similar to those of other conditions of the lumbar spine, pelvis, and hip.
- Sacroiliac (SI) joint disorders require appropriate interpretation of a patient's history, clinical exam results, and imaging studies.
- A differential diagnosis is necessary to rule out other sources of pain such as the hip or spine.
- Provocative tests followed by diagnostic injections are recommended for confirmation of the SI joint as the pain generator.



Diagnostic Injections



Distraction



Thigh Thrust



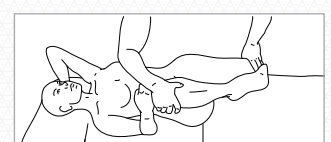
Compression



FABER



Gaenslen

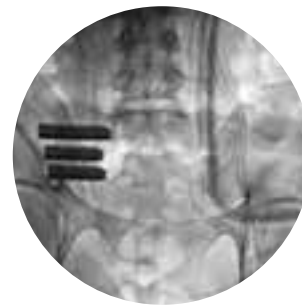


iFuse Product Benefits

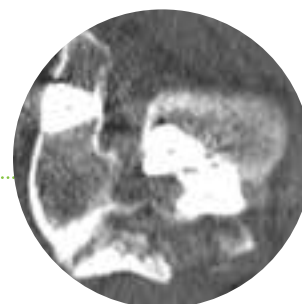
The **iFuse Implant System®** is intended for sacroiliac joint fusion

- Triangular implant profile minimizes rotation
- An interference fit between the implant and the adjacent osseous walls
- Porous titanium plasma spray (TPS) coating allows for biological fixation
- TPS technology used for decades in other medical applications such as orthopedics and dentistry
- Designed specifically to stabilize and fuse the heavily loaded SI joint
- Rigid titanium construction and implant geometry provide immediate stabilization
- No conflicts with lumbar fusion devices

Post-op X-ray



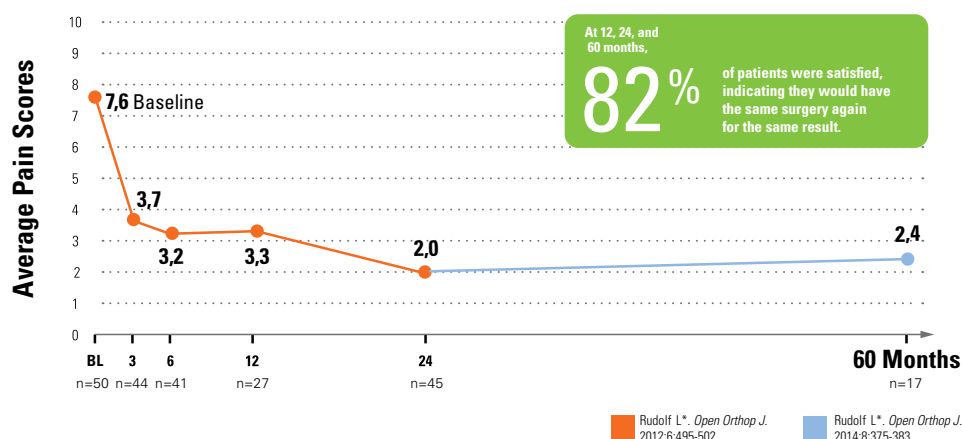
12-months Post-op sagittal CT scan



Several published articles have reported on the clinical results for the iFuse Implant System. Outcome measures assessed include the visual analog scale (VAS), Oswestry Disability Index (ODI), quality of life (SF-36), and patient satisfaction with the surgery. An independent review of the company complaints database with information on over 5,000 procedures documented a low complaint rate and a low revision rate.¹⁰ A complete list of publications is available at www.si-bone.com.

Rapid and Sustained Pain Relief

0=No Pain; 10=Worst pain imaginable



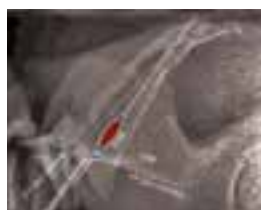
With the iFuse Implant System, there is no need for:

- Preparation of the joint prior to implant
- BMP or autologous bone graft
- Additional fixation such as pedicle screws and rods
- Hollow modular anchorage screws
- Cannulated compression screws
- Threaded cages within the joint



iFuse Implants:
30-70 mm length,
4 and 7 mm diameter

iFuse Surgical Technique



1. Skin Mark & Incision



2. Pin Insertion



3. Place Soft Tissue Protector



4. Measure Depth



5. Drill



6. Broach



7. Insert Implant



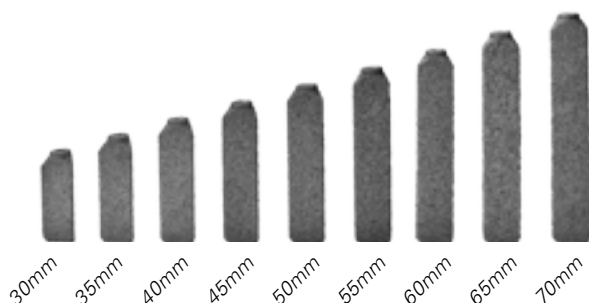
8. Repeat

Ordering Information

To order your iFuse Implant System, please contact your local SI-BONE sales representative or call SI-BONE at **+39 0331 1561179** or **infoeurope@si-bone.com**

iFuse Implants

		Diameter (mm)	
		4.0	7.0
Implant Length (mm)	30	4030-100	7030-100
	35	4035-100	7035-100
	40	4040-100	7040-100
	45	4045-100	7045-100
	50	4050-100	7050-100
	55	4055-100	7055-100
	60	4060-100	7060-100
	65	4065-100	7065-100
	70	4070-100	7070-100



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[†] Conducts clinical research for SI-BONE, Inc.

* Leonard Rudolf is a Paid consultant of, conducts clinical research for, and has an ownership interest in SI-BONE, Inc.

Important Information

The iFuse Implant System[®] is intended for sacroiliac joint fusion. 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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