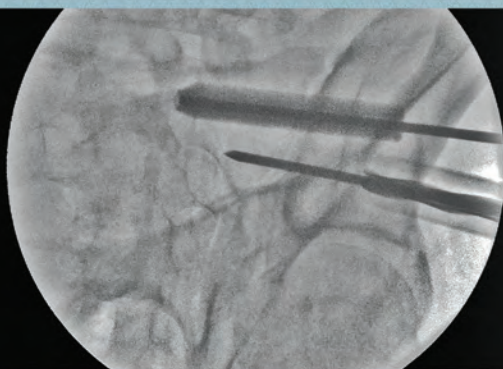


iFuse Implant System®

Surgical Technique Manual

2015



Radiolucent | Efficient | Simple

SI-BONE®

iFuse Implant System®
Minimally Invasive Sacroiliac Joint Surgery

Distribuidor exclusivo em Portugal:

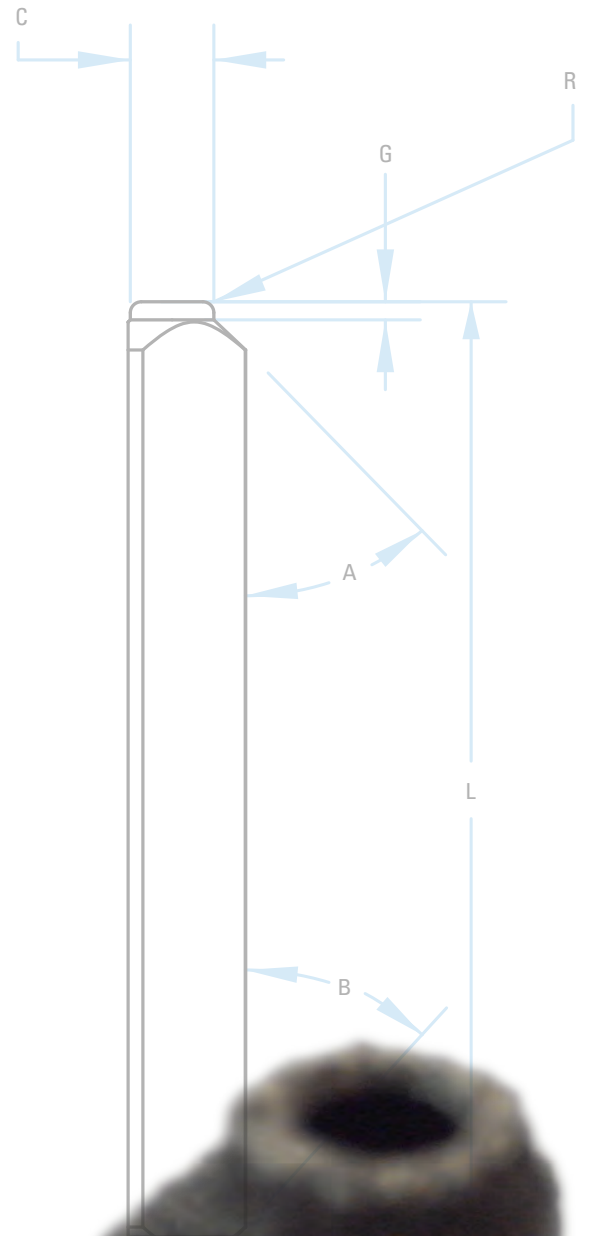


Contents

About SI-BONE Inc.	2
iFuse Implant System®: Introduction	3
The iFuse Advantage	4-5
iFuse Implant System: Features and Benefits	6
Procedure: Pre-Op Planning and Patient Set-Up	7
Fluoroscopic Guidance	8
Understanding Fluoroscopic Images	9
Skin Marking and Incision	10
First Pin Placement	11
Radiolucent Clamp (Optional)	12
Blunt Dissector Insertion (Optional)	13
Soft Tissue Protector Insertion	14
Implant Length Determination	15
Orientation Guide Insertion	16
Drilling	17
Preparing to Broach	18
Broaching with an Adjustable Broach Stop	19-20
Implant Insertion	21-22
Parallel Pin Guide (Subsequent Pin Placement)	23-24
Second Pin Placement	25
Subsequent Pin Placement	26
Final Implant Placement	27
Intraoperative Repositioning	28
Revision and Removal Strategy	29
Product Catalog	30

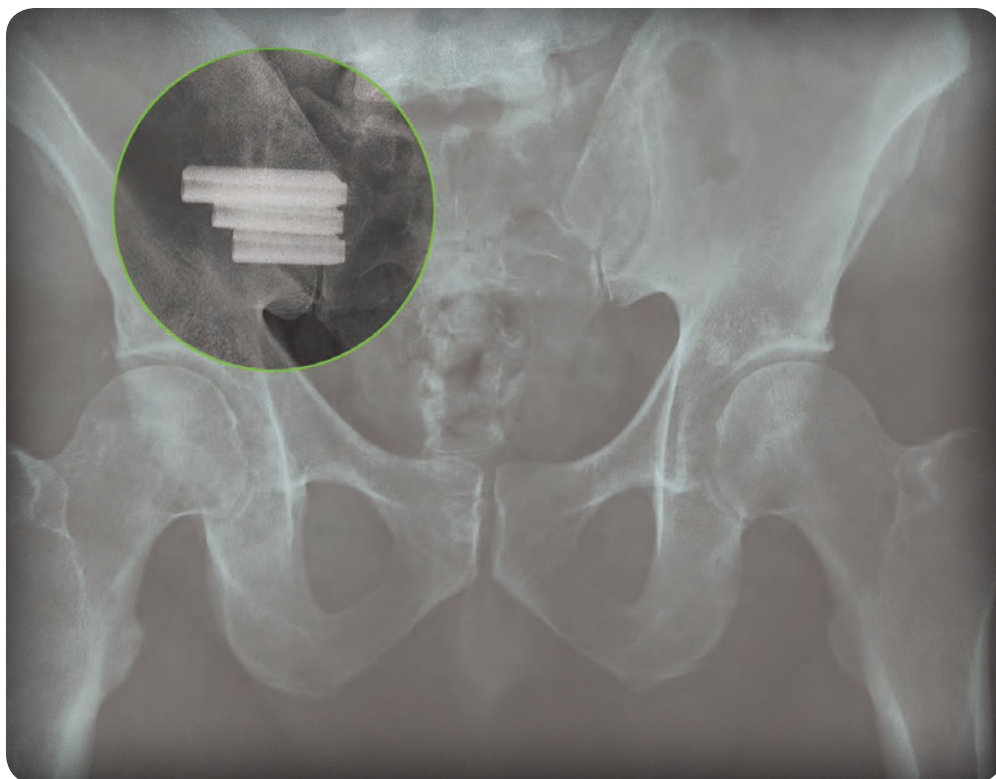
About SI-BONE Inc.

SI-BONE Inc. is focused on the diagnosis and treatment of sacroiliac (SI) joint disorders. We are dedicated to educating surgeons on the diagnosis of lower back issues as they relate to the SI joint, and training them to effectively perform surgeries with the goal of outstanding patient results every time.



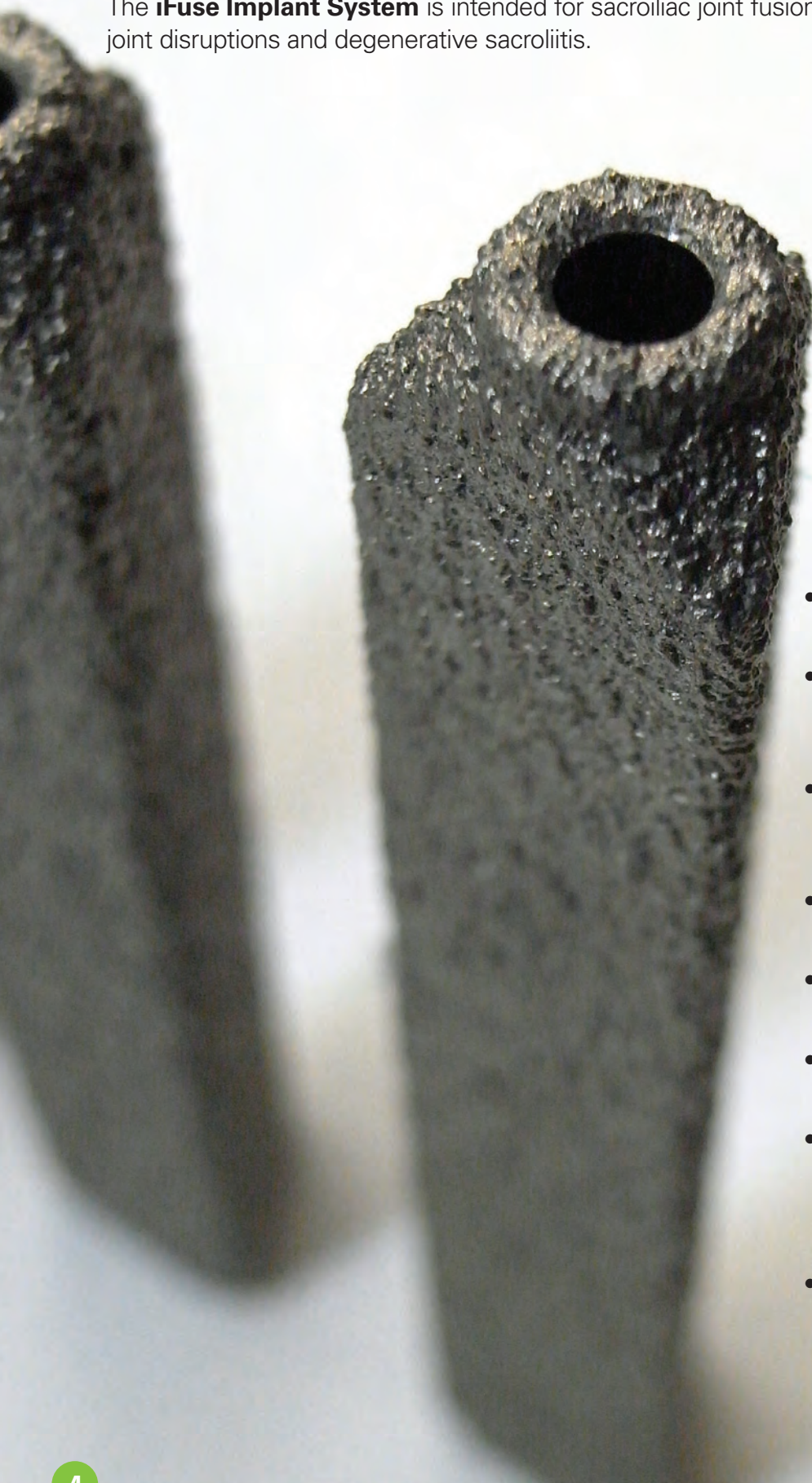
iFuse Implant System®: Introduction

The iFuse Implant System® is intended for sacroiliac joint fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruptions and degenerative sacroiliitis. The procedure typically involves the insertion of three small titanium implants across the SI joint, and is designed to stabilize and fuse the SI joint. This minimally invasive procedure is performed through a small incision and requires about one hour of surgical time. The iFuse may potentially minimize complications often seen with open surgery, such as blood loss, and average length of hospital stay. More than 15,000 procedures have been treated with the iFuse Implant System (as of February 2015).



The iFuse Advantage

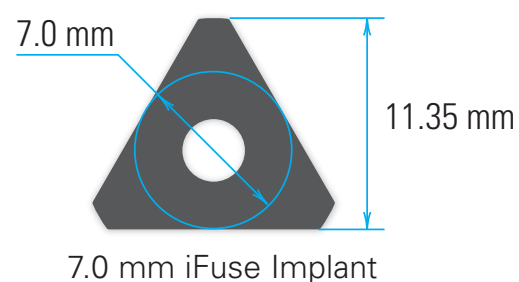
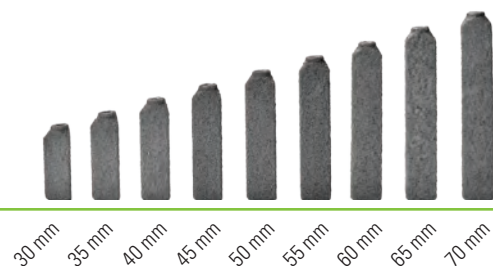
The **iFuse Implant System** is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.



- Porous titanium plasma spray (TPS) coating allows for biological fixation
- TPS technology used for decades in other medical applications such as orthopedics and dentistry
- An interference fit between the implant and the adjacent osseous walls
- iFuse shape and coating are well suited for sacral bone
- Designed specifically to stabilize and fuse the heavily loaded SI joint
- Rigid titanium constructs provide stability
- Compared to 8.0 mm screws, the iFuse is 3 times stronger under shear & bending loads
(see pg. 6 for reference)
- No conflicts with lumbar fusion devices

iFuse Implant Part Numbers

		Diameter (mm)	
		4.0	7.0
Length (mm)	30	4030-90	7030-90
	35	4035-90	7035-90
	40	4040-90	7040-90
	45	4045-90	7045-90
	50	4050-90	7050-90
	55	4055-90	7055-90
	60	4060-90	7060-90
	65	4065-90	7065-90
	70	4070-90	7070-90



Disposables

Description	Part No.
Cannulated Drill Bit - 4.0 mm	400074
Cannulated Drill Bit - 7.0 mm	400075
Guide Pin - 3.2 mm	500373
Blunt Pin - 3.2 mm	500374
Exchange Pin - 3.2 mm	500375
Guide Pin - 2.0 mm	500376
Blunt Pin - 2.0 mm	500377
Exchange Pin - 2.0 mm	500378
Threaded-Tip Pin - 3.1 mm	500456

As with all surgical procedures and permanent implants, there are risks and considerations associated with surgery and use of the iFuse Implant. Please review the iFuse Instructions For Use for a complete discussion of contraindications, warnings, precautions, and risks.

iFuse Implant System: Features and Benefits

The iFuse Implant System consists of titanium implants. In addition, surgical instruments are provided to facilitate implant placement. Typically, patients receive three triangular-shaped titanium implants. Available implant lengths range from 30 mm to 70 mm. These implants are delivered to the sacroiliac (SI) joint using a cannulated delivery system designed to protect the soft tissues. All this is performed through a 3 cm lateral incision.

iFuse Instrumentation Advantages

- Radiolucent instruments improve intraoperative visualization and reduce the need for excessive fluoroscopic imaging
- Snap-lock features allow for easy instrumentation engagement and release
- Silicone-overmold handles provide ergonomic grip

iFuse Instrumentation Benefits

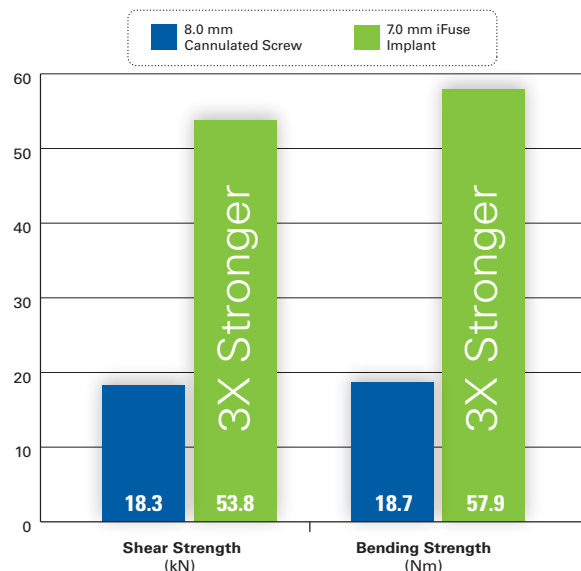
Possible benefits versus traditional surgical SI joint fixation:

- Smaller incision size
- Less trauma to soft tissues
- Less tendon irritation
- Less blood loss

iFuse Implant Benefits

- Triangular implant profile minimizes rotation and an interference fit minimizes micromotion
- Titanium Plasma Spray (TPS) for biological fixation
- Designed specifically to stabilize and fuse
- Rigid titanium constructs provide stability
- Compared to 8.0 mm screws, the iFuse is 3 times stronger under shear and bending loads

Shear & Bending Strength Comparison



Shear & Bending Strength Comparison: Mauldin RG. Strength of Materials of the SI-BONE iFuse Implant vs. 8.0 mm Cannulated Screw. Dec 2009.

Procedure: Pre-Op Planning and Patient Set-Up

Pre-Op Planning

- A CT is recommended for pre-op planning
 - » Check for anatomic abnormalities

Patient Set-Up

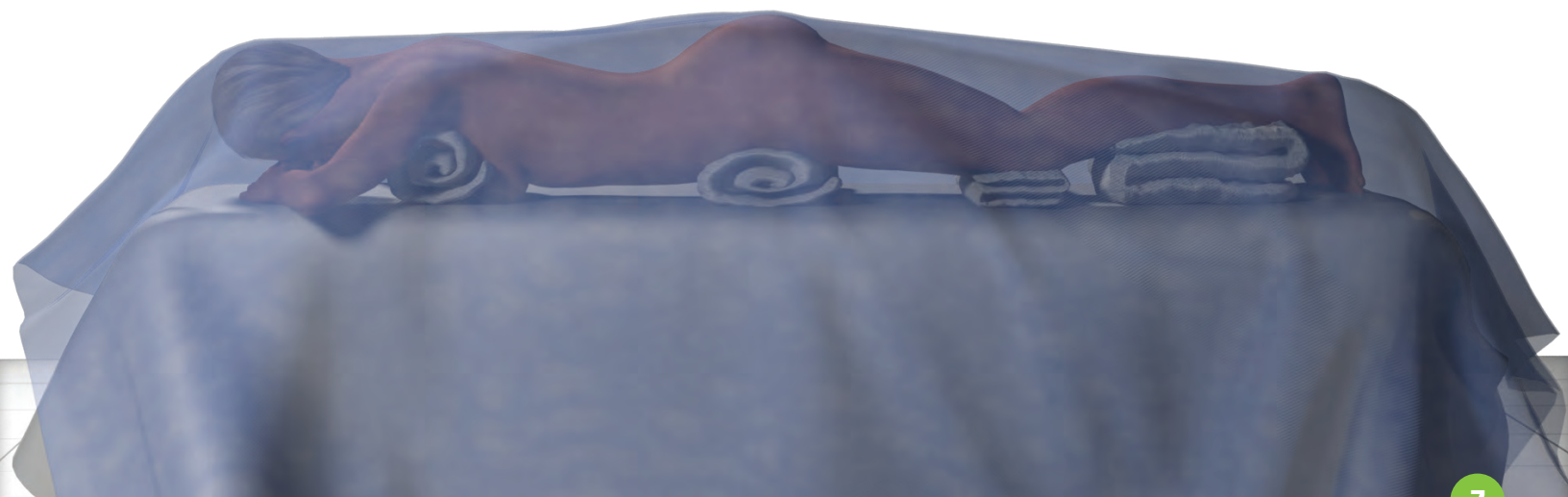
- Jackson and flat imaging tables are common
- One or two C-arms may be used – usually one is sufficient
- If a flat table is used, place towel rolls transversely under the chest and waist, and pillows under the feet to relax hip and knee joints (figure below)
- The patient should be in a “spine neutral” position as well as having the SI joint in a neutral position without extreme flexion or extension of hips

Patient Positioning

- The iFuse procedure may be performed in the prone or supine position. This Surgical Technique Manual illustrates the prone positioning technique.

NOTE:

This manual is provided for reference only. The procedure should be adjusted based on patient characteristics and the surgeon’s judgment. Instruments not shown in this manual may be used at the surgeon’s discretion.

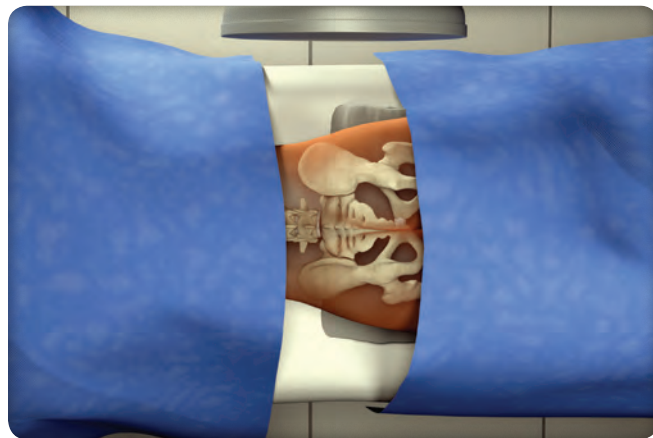


Procedure: Fluoroscopic Guidance

Lateral View

First align the disc space and end plates of L5-S1 to a true lateral view using C-arm swivel or “wig-wag.” The sciatic notches should overlap once in correct alignment.

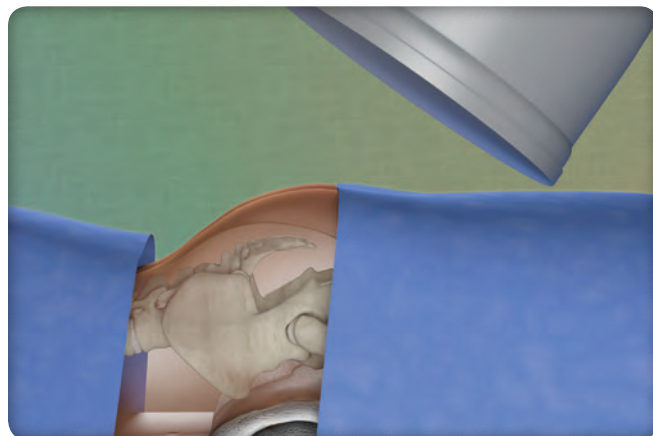
Finalize the alignment by superimposing the left and right iliac cortical densities (alar lines).



Inlet View

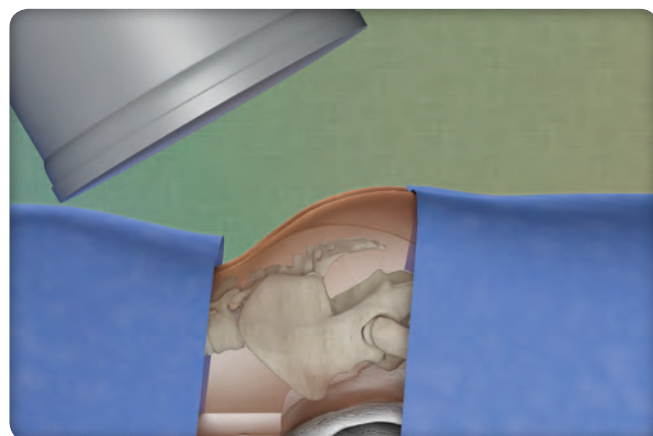
The inlet view is an anterior to posterior view to optimize visualization of the ventral cortex of the sacrum.

The fluoroscope is tilted toward the feet until the dense cortical line of the S1-S2 vestigial disc directly overlies the dense cortical line of the sacral promontory. The beam in this view should line up with the anterior cortex of the S1 sacral body.

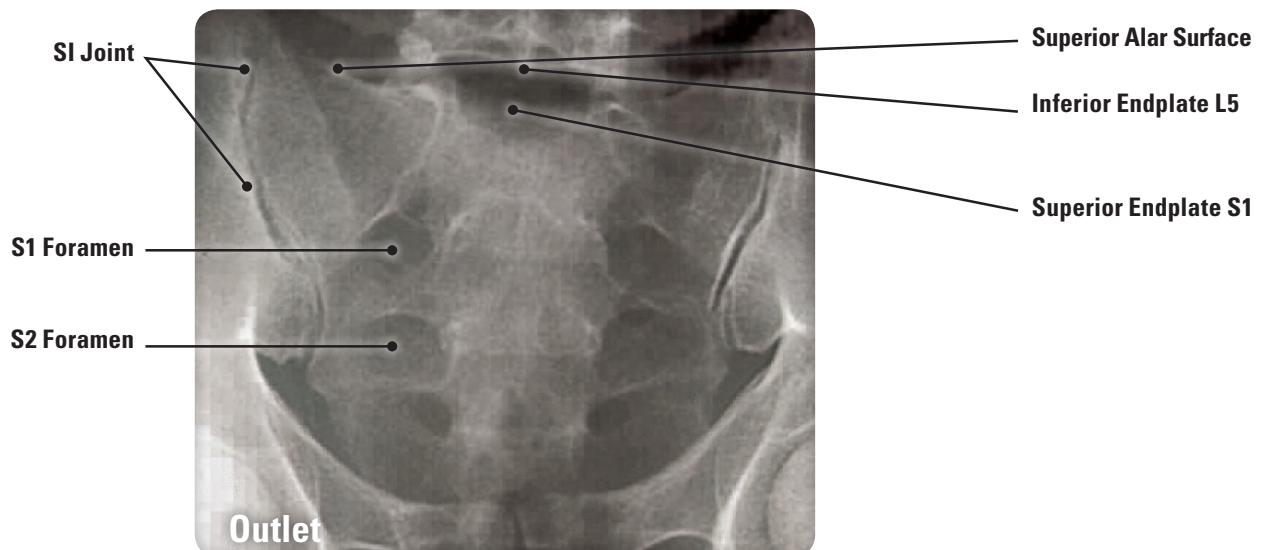
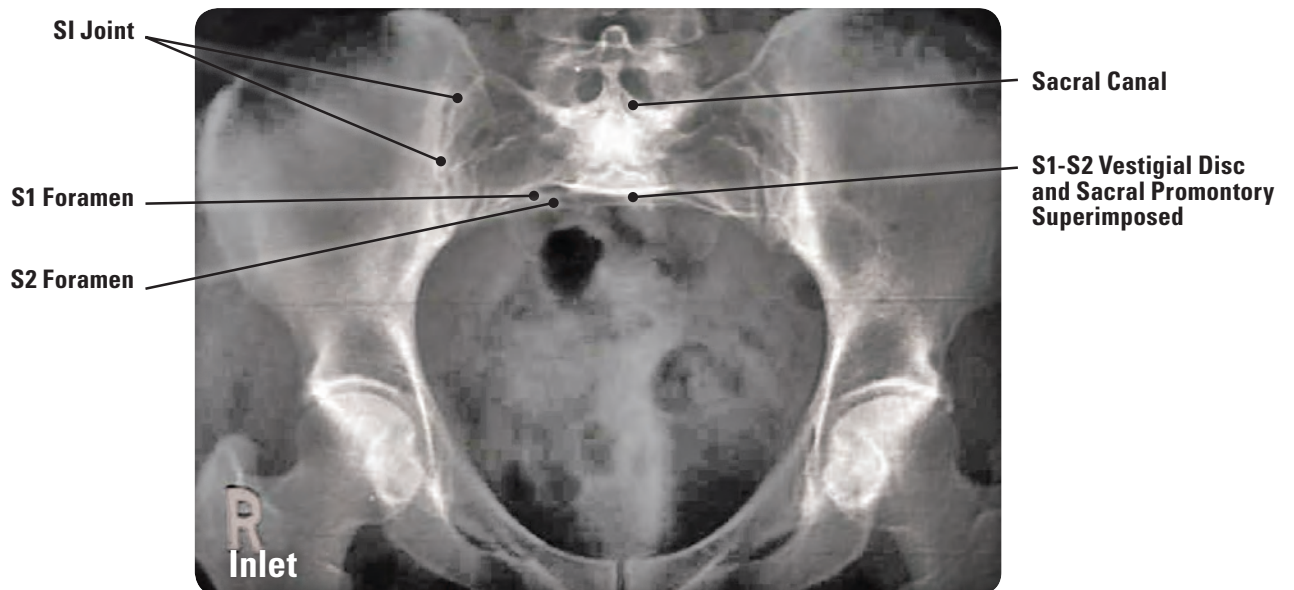
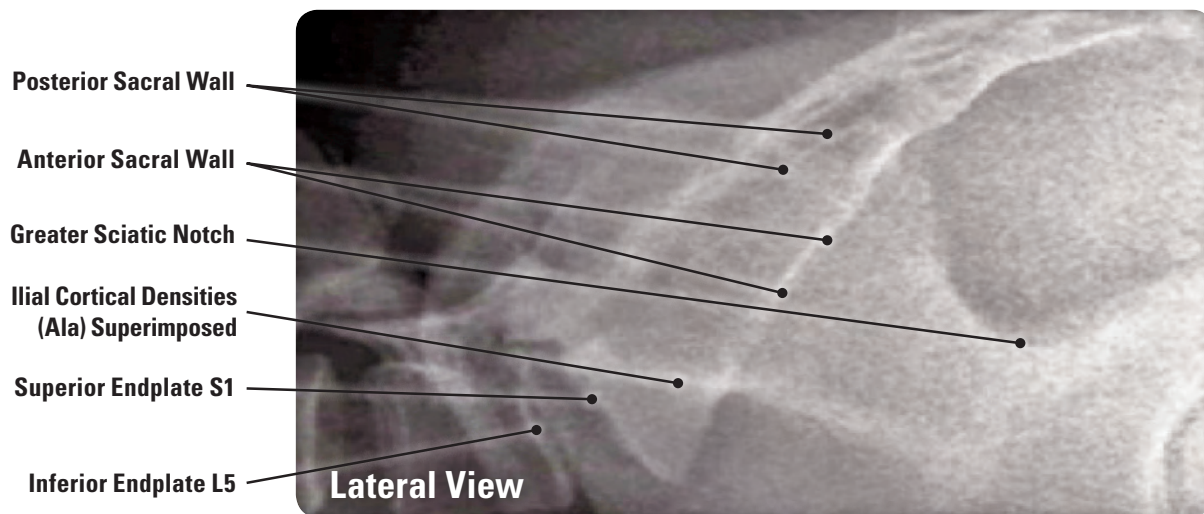


Outlet View

The outlet view is an anterior to posterior view to optimize visualization of the sacral neuroforamina.



Procedure: Understanding Fluoroscopic Images



Procedure: Skin Marking and Incision

First Skin Marking

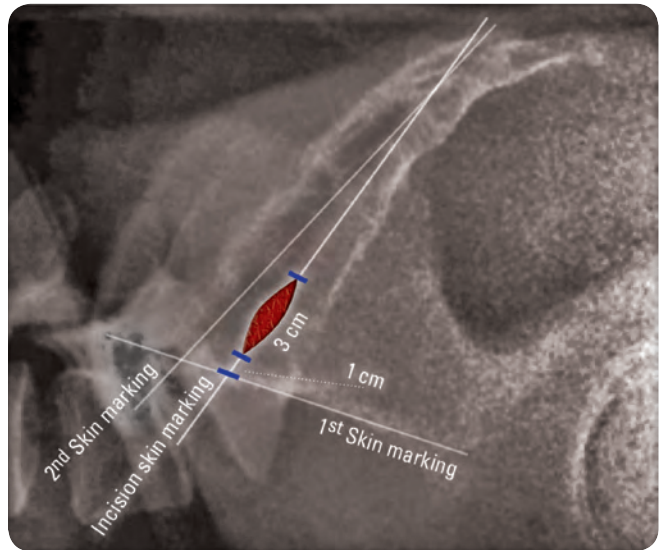
Use a Pin to locate the ala. Mark skin overlying ala and pelvic brim.

Second Skin Marking

Use a Pin to locate the posterior cortex of the sacral body. Mark skin overlying posterior sacral body.

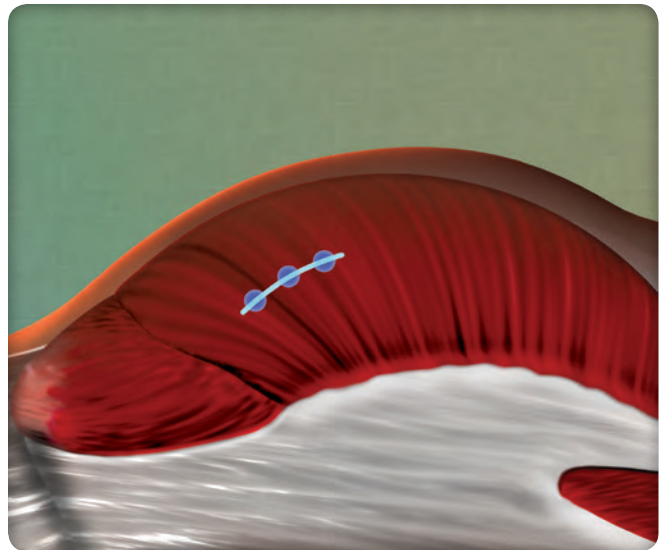
Incision Skin Marking

- Use a Pin to mark the skin inline with the middle portion of the sacral body.
- Make a 3 cm skin incision along the incision line starting about 1 cm from the first skin marking.
- Incision should be made through skin and subcutaneous tissue.



Incision Technique

- Cut through skin on the dorsal line.
- Muscle fibers run perpendicular to skin incision.
- Do not continue skin incision through muscle and fascia to bone. Cutting muscle fibers may result in significant bleeding and/or muscle damage.
- Place Pin(s) through fascia and seat into bone. Muscle fibers may gently be spread in line with muscle fibers to open fascia and muscles.



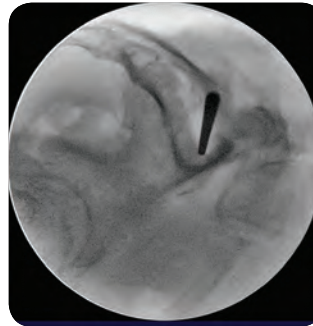
Procedure: First Pin Placement

If a 4.0 mm iFuse Implant is to be placed, use a 2.0 mm Pin (use pin driver).
If a 7.0 mm iFuse Implant is to be placed, use a 3.2 mm (or 3.1 mm) Pin.

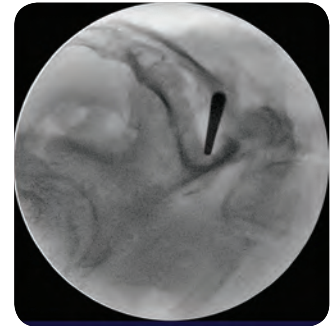
Lateral view

- Initial Pin position is always started distal to the alar line.
- The middle 1/3 of the first sacral body is the typical, but not the universal, starting point.
- The Pin is then docked into the lateral cortex of the ilium.

Initial Placement

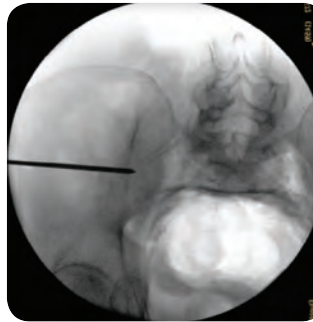


Final Placement



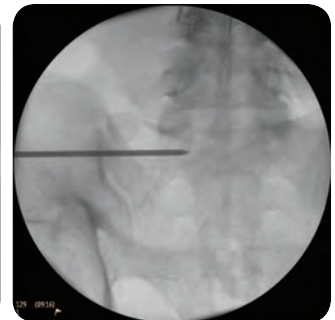
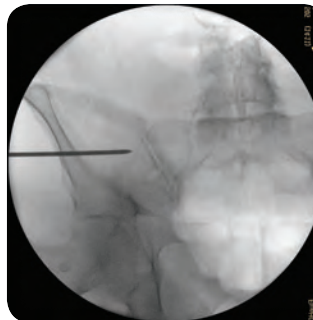
Inlet View

- The trajectory of the Pin is adjusted so that the Pin is aiming towards the middle to anterior third of the sacral body.
- The Pin starting position is adjusted if the Pin is in an unfavorable position and cannot be advanced safely.



Outlet View

- The trajectory of the Pin is adjusted on the outlet view so that the Pin is parallel to the S1 endplate.
- The Pin is advanced under the outlet view.
- May advance to mid-line with favorable trajectory.
- Re-check position on inlet view.



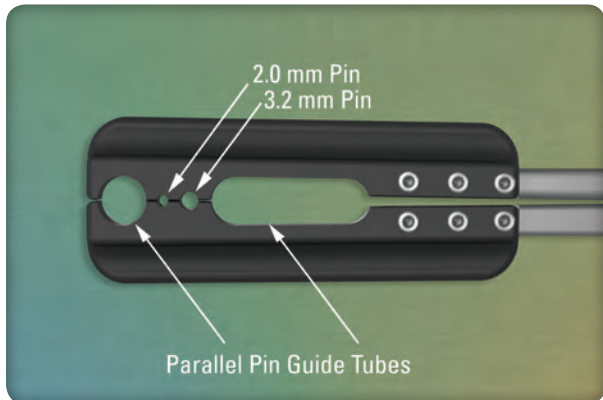
NOTE:

Replace any bent Pins with new Pins immediately during the procedure to ensure proper trajectory before drilling. Consider using a pin driver if pin advancement is difficult due to dense bone quality. If using a Guide Pin Repositioner to relocate the first Pin, use the Mallet to advance the second Pin for placement.

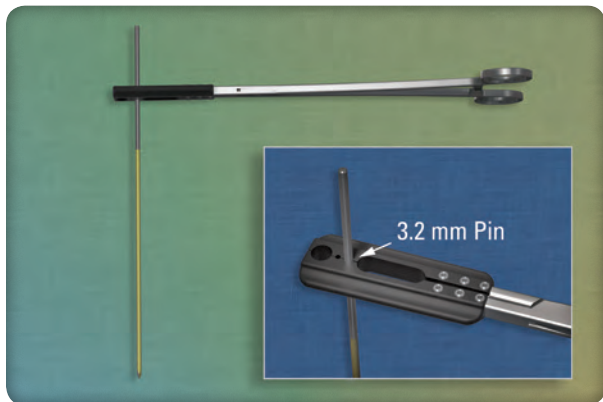
Procedure: Radiolucent Clamp (Optional)

The Radiolucent Clamp is designed to allow the user to hold the Pin and the Parallel Pin Guide (see p. 23) while keeping the hand away from the radiation source. The tips of the Clamp are radiolucent to allow for visualization of the Pin (and Parallel Pin Guide) under fluoroscopy.

Clamp onto the end of the Pin using the appropriate sized hole in the Clamp (3.2 mm or 2.0 mm).



Ensure the Pin is clamped at a 90 degree angle to firmly grasp onto the Pin.



NOTE:

Please be mindful and aware of the sharp instruments in the set. These instruments may include: the pins, drill bits, and broaches. The instruments can cause injury if handled in an unsafe manner.

Do not attempt to redirect the trajectory of the Pin if the Pin is well-seated in the bone. This may bend the Pin and make it more prone to damage during subsequent steps.

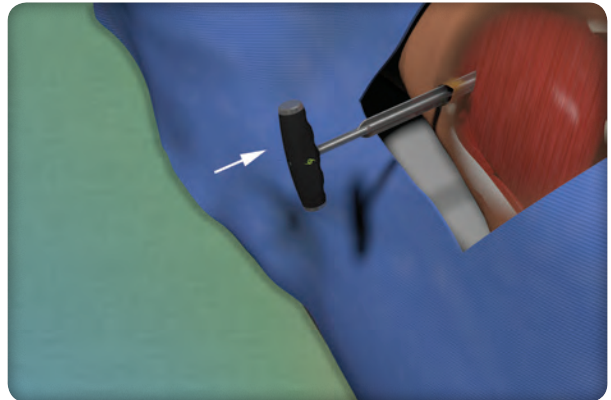
Do not attempt to clamp down on any object that the Radiolucent Clamp is not specifically designed to hold.

Procedure: Blunt Dissector Insertion (Optional)

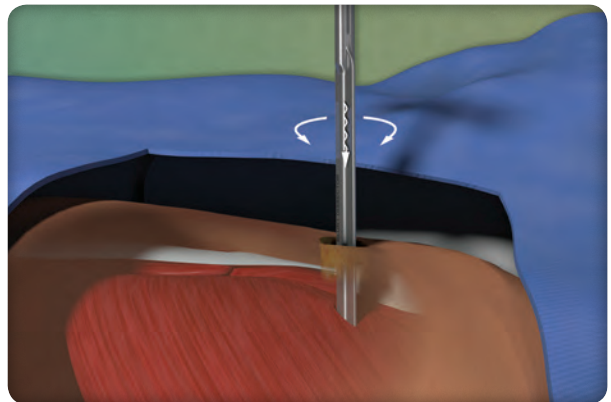
The Blunt Dissector is a cannulated paddle that allows for gentle dilation of the soft tissues prior to inserting the Soft Tissue Protector. It is an optional tool for this procedure.

Slide the Blunt Dissector over the Pin.

Gently advance the Blunt Dissector to the ilium, ensuring the blade is parallel to the muscle fibers.



Ensure the Blunt Dissector is seated on the ilium. Rotate gently to spread out the tissue around the Pin.



NOTE:

Be careful to not drop the hand while twisting the Blunt Dissector to avoid bending the Pin.

Ensure the Pin is fully seated into the sacrum prior to using the Blunt Dissector to prevent the proximal end of the Pin from hurting the user's hand.

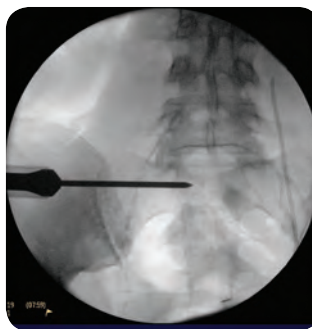
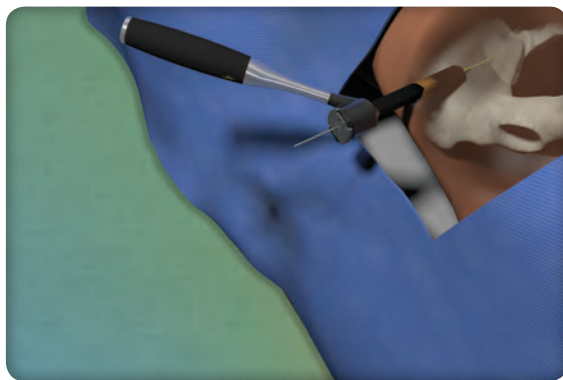
Procedure: Soft Tissue Protector Insertion

The Soft Tissue Protector (STP) contains a moderately radiolucent tube to allow for visualization of the instruments inside the STP under fluoroscopy.

Assemble the Pin Sleeve into the Soft Tissue Protector by snapping the Pin Sleeve into the Soft Tissue Protector.



Slide the STP over the Pin until the distal tip of the Protector is engaging with the ilium and bony contact is achieved.



NOTE:

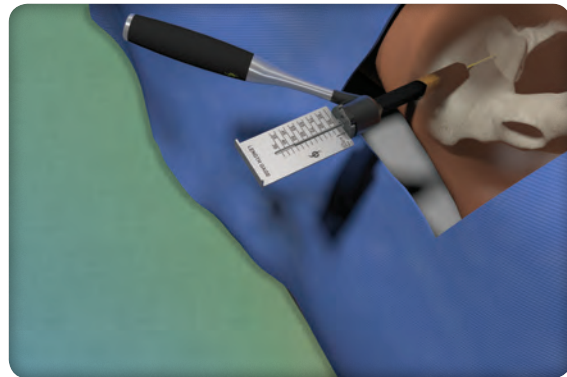
**Do not pound on the flat surface of the Pin Sleeve.
This may damage the bone and Pin Sleeve.**

Procedure: Implant Length Determination

The Length Gage is used to select the proper size iFuse Implant length. Place the Length Gage onto the top of the Pin Sleeve.

The Length Gage measures the depth of the Pin that is beyond the lateral cortex of the ilium, indicating the length of the iFuse Implant to be used.

The Length Gage provides an easy reference of which length implant to use. Use the Implant length indicated in the range of where the Pin ends. If the end of the Pin is located in between the lines, then read the number on the left column of the Length Gage to determine the Implant length. If the Pin falls on a line, then read the number below the line to determine the appropriate implant length. In Example A, a 55 mm Implant should be used. In Example B, a 70 mm Implant should be used.

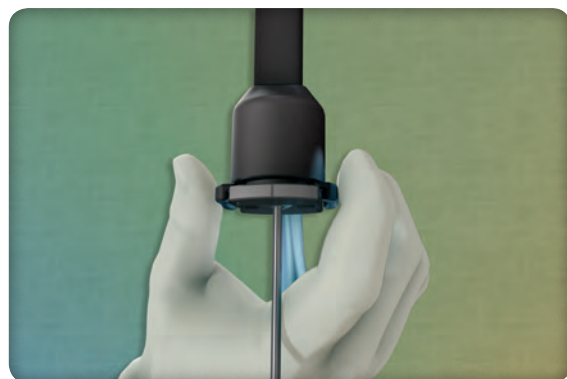


Once the implant length is determined, compress the Pin Sleeve tabs and remove the Pin Sleeve from the Soft Tissue Protector.

NOTE:

Depth markings on the 3.1 mm Pin are only for reference when using an O-Arm System.

The Length Gage is not compatible for use with the 3.1 mm Pin; it is up to the user to determine the proper implant length (two-pin or other method).



Procedure: Orientation Guide Insertion

(if using a 4.0 mm iFuse Implant)

From this step onwards, always use an Orientation Guide if you are planning on inserting a 4.0 mm iFuse Implant. All 4.0 mm instruments have been made longer to go through the Orientation Guide.

The Orientation Guide is designed for more precise placement of the 4.0 mm iFuse Implant. Do not insert Orientation Guide if a 7.0 mm iFuse Implant placement is planned.

The Orientation Guide is designed to ensure proper guidance and orientation of the 4.0 mm instruments and Implant.



Snap the Orientation Guide into the Soft Tissue Protector.



All 4.0 mm instruments have been made longer to go through the Orientation Guide.



NOTE:

If the Orientation Guide is not used, the longer instruments may lead to unintentional patient injury.

Procedure: Drilling

The Drill Bit has a PEEK barrel that is designed to keep the Drill Bit collinear inside the Soft Tissue Protector (STP) to minimize the chances of the Pin binding or shearing.

It is possible to not drill as part of the procedure as this instrumentation set is equipped with a sharp-tip broach (see “Broaching with an Adjustable Broach Stop”). The decision to skip the drilling step is at the surgeon’s discretion. If the surgeon decides not to drill, skip to the next step “Preparing to Broach”.

For a 7.0 mm Implant, drilling takes place through the STP. For a 4.0 mm Implant, drilling takes place through the Orientation Guide.

Insert Drill Bit over the Pin. Prevent binding by ensuring the Drill Bit can move easily back and forth over the Pin. Start applying power only after the PEEK bulb is completely engaged inside the STP. A Blunt Pin may be used in place of the Guide Pin if the Guide Pin is close to a foramen.

For 7.0 mm Implant

Drill over Pin with just the STP.

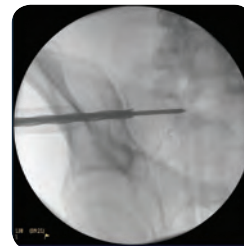


For 4.0 mm Implant

Drill over Pin with STP and Orientation Guide.

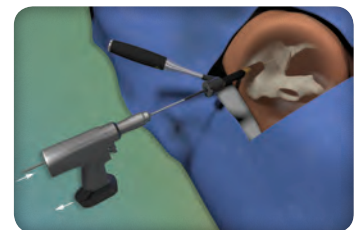


Commence drilling under fluoroscopy in the outlet view. Drill only through lateral cortex of sacrum. Watch for unwanted Pin advancement.



As the Drill Bit is removed, use the Exchange Pin to prevent the Pin from withdrawing.

Ensure collinearity of the Drill Bit over the Pin, before and during the use of power.



NOTE:

Ensure the cannula of the Drill Bit is free of debris prior to each use. Flushing the Drill Bit Cannula with sterile saline prior to each subsequent use during the procedure may also minimize pin binding.

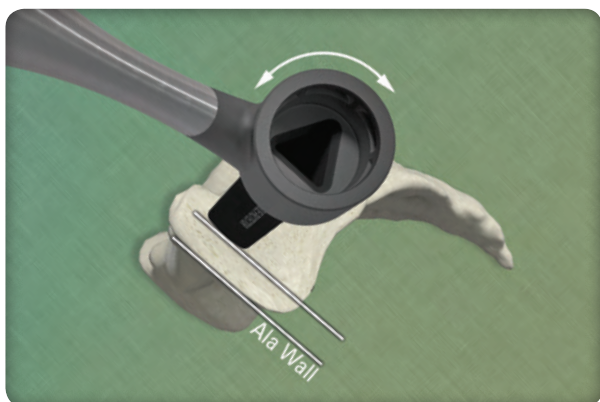
Use care not to advance the Pin. Do NOT push on the first Pin. Applying a medial force to the Pin may advance the Pin medially.

Procedure: Preparing to Broach

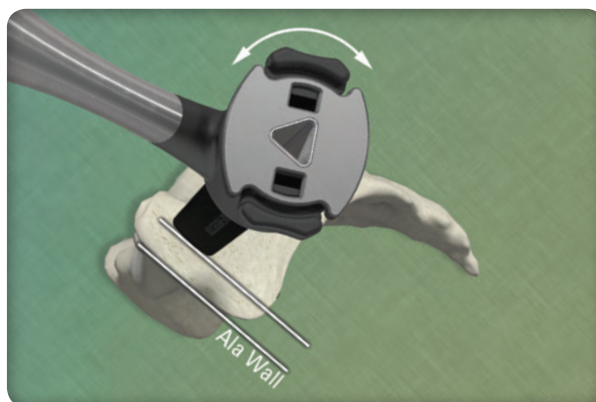
The orientation of the Soft Tissue Protector dictates the orientation of the Broach and Implant.

Align the Soft Tissue Protector so that one flat side is parallel to the ala.

For 7.0 mm Implant



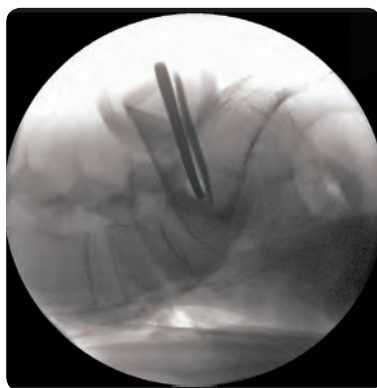
**For 4.0 mm Implant
with Orientation Guide**



Verify under fluoroscopy that the alignment is correct.

The flat side of the Soft Tissue Protector should be parallel to the ala.

Avoid penetrating the sacral canal, foramen, and cortices.



Procedure: Broaching with an Adjustable Broach Stop

An adjustable Broach Stop is provided to prevent over-broaching.

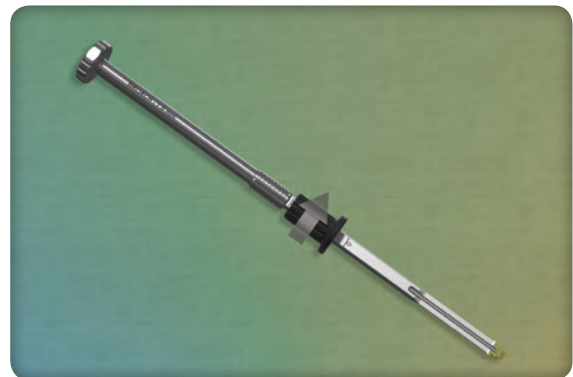
The Broach contains a sharp tip, coated with Titanium Nitride, which is an extremely hard ceramic material. Based on the surgeon's discretion, this sharp tip may remove the need to drill prior to broaching.

For a 7.0 mm Implant, broaching takes place through the STP. For a 4.0 mm Implant, broaching takes place through the Orientation Guide.

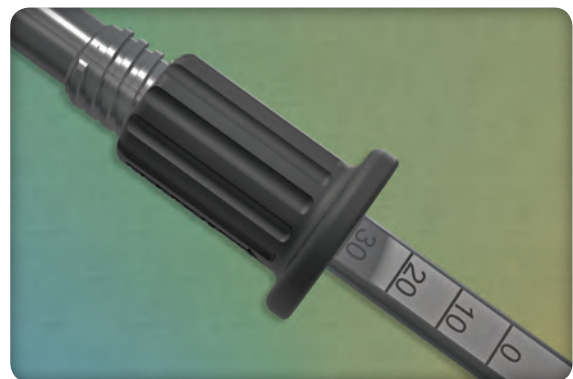
If the adjustable Broach Stop is used, thread the Broach Stop onto the Broach with the large end towards the patient. The Broach Stop may be used for both the 7.0 mm and 4.0 mm Broach.



If the adjustable Broach Stop is assembled with the large end furthest from the patient, the Broach Stop will not stop the Broach at the intended length. It may also get caught in the Soft Tissue Protector if using the instrumentation for the 7.0 mm Implant.



The Broach contains depth measurements. Adjust the Broach Stop on the Broach to the desired broaching depth. In the example on the right, the user has selected to adjust the Broach Stop to a broaching depth of 30 mm.



Procedure: Broaching with an Adjustable Broach Stop

Insert the Broach into the Soft Tissue Protector.

Advance the Broach using the Slotted Mallet.

NOTE:

Take caution when advancing the Broach to ensure the Broach is not catching on and advancing the Pin.

The slot of the Slotted Mallet may be used over the Exchange Pin if an Exchange Pin is used.

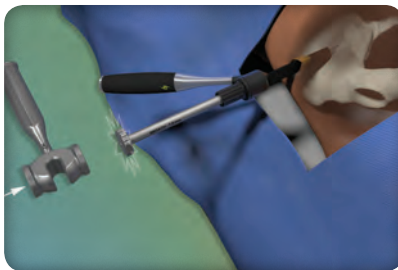
Tap the Broach across the joint until the last tooth of the Broach is past the SI Joint in the outlet view.

When removing the Broach, use the Exchange Pin to prevent the Pin from withdrawing as the Broach is removed.

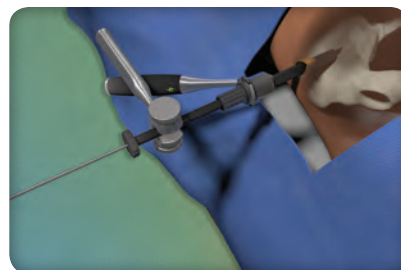
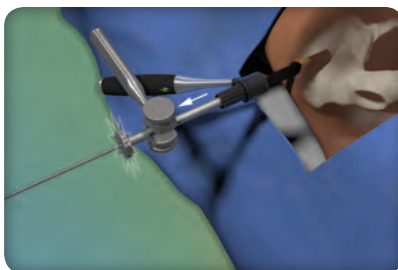
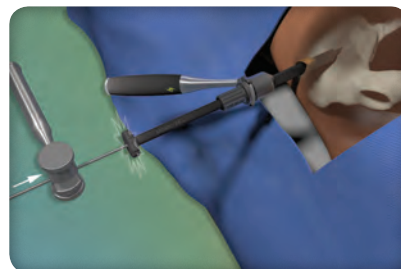
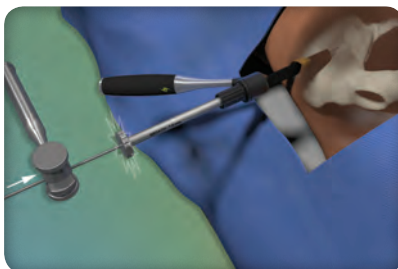
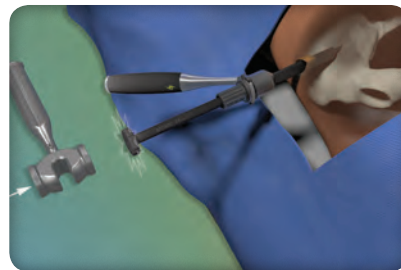
NOTE:

Use care not to advance the Pin. Do NOT push on the Pin. Applying a medial force to the Pin may advance the Pin medially.

For 7.0 mm Implant



For 4.0 mm Implant



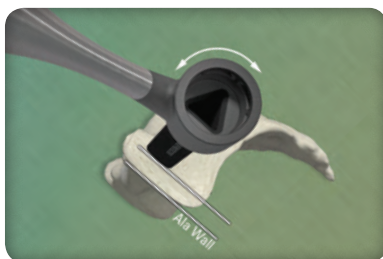
Procedure: Implant Insertion

For a 7.0 mm Implant, insertion takes place through the STP.

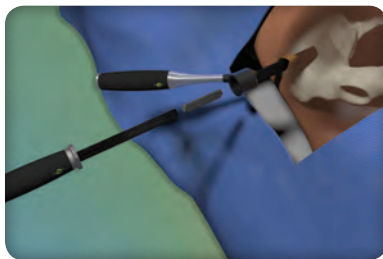
For a 4.0 mm Implant, insertion takes place through the Orientation Guide.

For 7.0 mm Implant

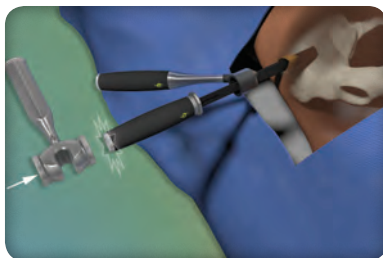
Check for alignment of Soft Tissue Protector and broached channel.



The Implant's tapered end must be toward the incision.



Advance the Implant using the Impactor.

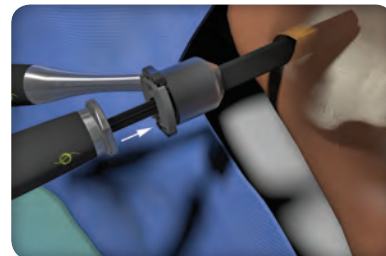
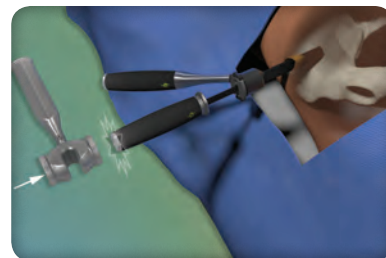
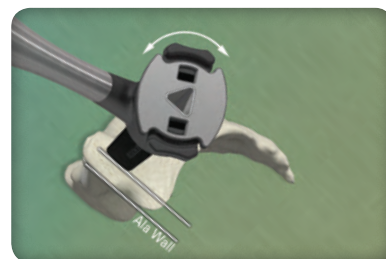


Always monitor the progress of the implant and any movement of the Pin under fluoroscopy to avoid neural structures.



Continue until the Impactor contacts the shoulder of the Soft Tissue Protector.

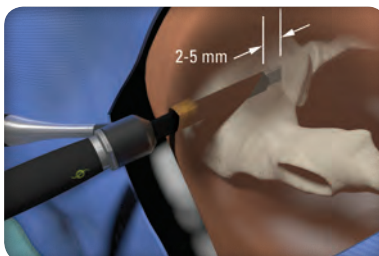
For 4.0 mm Implant



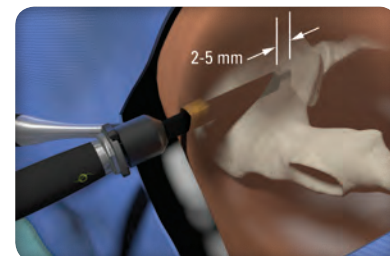
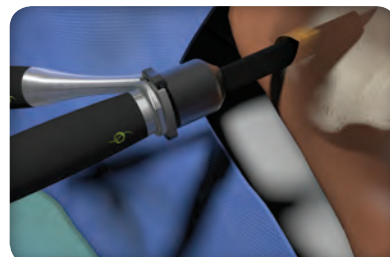
Procedure: Implant Insertion

The Impactor is designed such that when it contacts the shoulder of the Soft Tissue Protector, the Implant is seated 2-5 mm proud of the ilium. Stop impaction when the Impactor contacts the shoulder of the STP.

For 7.0 mm Implant

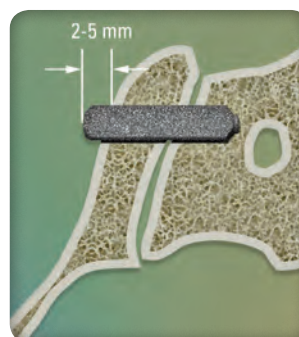


For 4.0 mm Implant

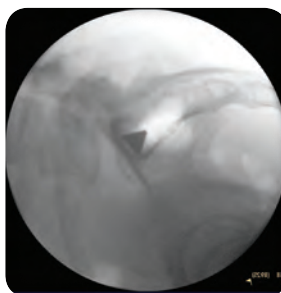


Palpate the end of the Implant to confirm Implant placement.

A proud implant provides another cortical wall for load bearing support.



Final first implant placement



Lateral



Inlet



Outlet

Procedure: Parallel Pin Guide (Subsequent Pin Placement)

There is one Fixed Parallel Pin Guide and one Variable Parallel Pin Guide that come in the standard tray. Both have radiolucent heads and allow for better visualization under fluoroscopy. Both Parallel Pin Guides can be used for 3.2 mm Pins and 2.0 mm Pins.

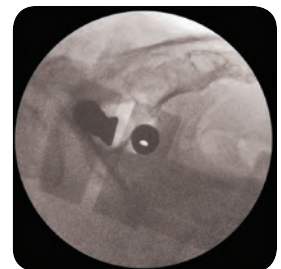
The Fixed Parallel Pin Guide, shown on the right, has Pin Guides Tubes that are separated by 15 mm, center-to-center.



The Variable Parallel Pin Guide, shown on the right, allows for the Pin Guides Tubes to be separated 13 mm to 31 mm center-to-center in 2 mm increments.



Once the desired distance is determined, the Variable Parallel Pin Guide can be locked into place by closing the cam-lock.



Variable Parallel Pin Guide radiolucent head

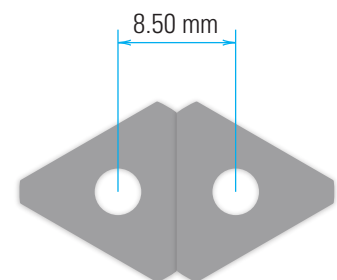
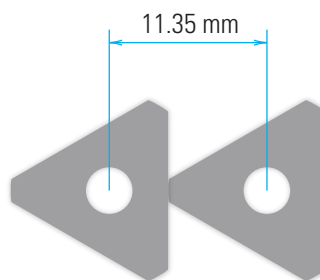
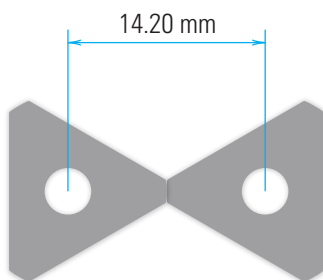
Procedure: Parallel Pin Guide (Subsequent Pin Placement)

The Parallel Pin Guides can be held by the Radiolucent Clamp to keep the user's hand away from the radiation source.



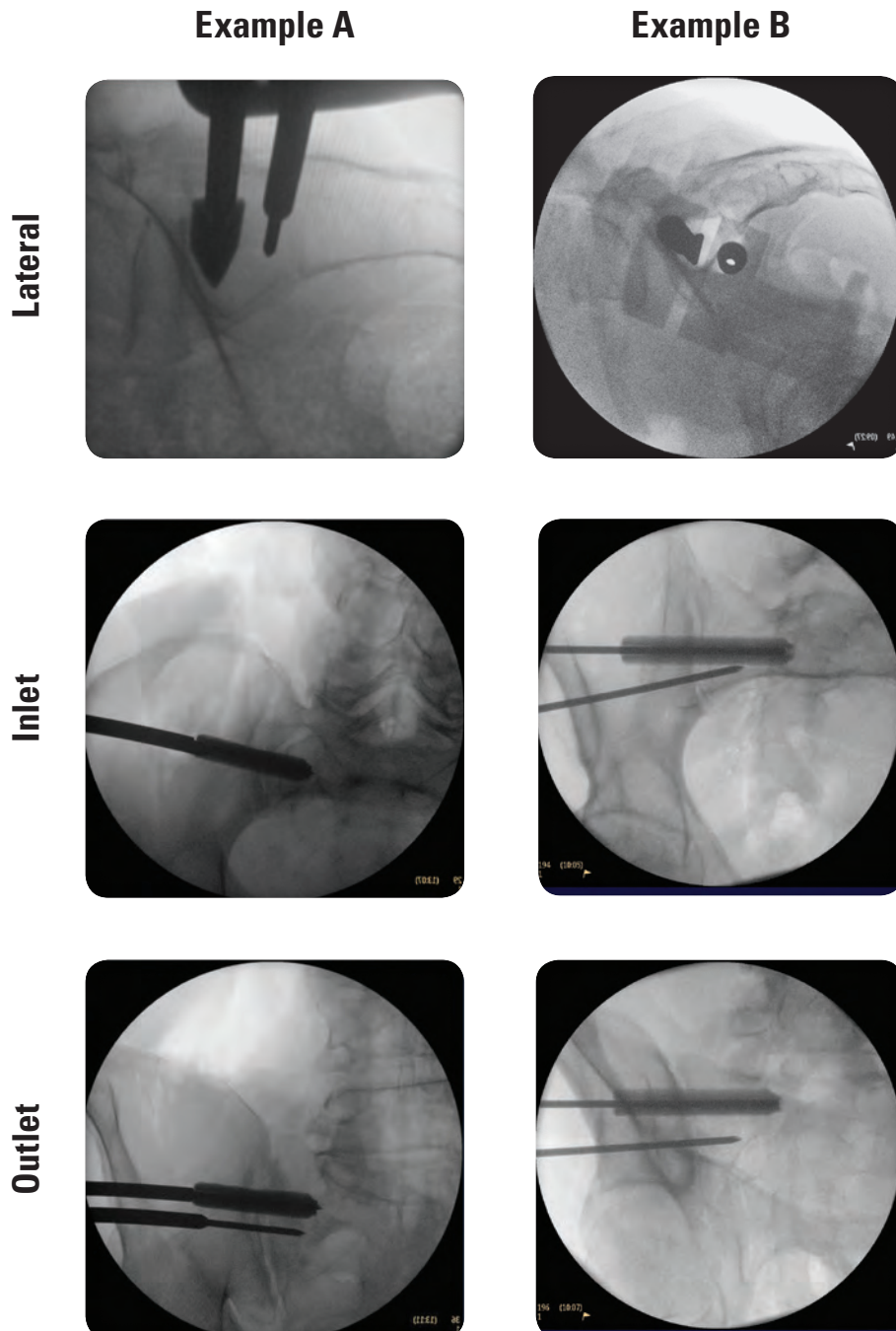
NOTE:

When placing subsequent implants, avoid orienting implants point to point. Implant to implant contact may occur in any orientation. If there is implant to implant contact, the existing implant may be inadvertently advanced during insertion of the current implant. The minimum distances, measured center to center, before implant contact in the various orientations are:



Procedure: Second Pin Placement

- Depending on the patient's anatomy, the placement of the 2nd and 3rd Pins may vary.
- Always check inlet and outlet views to assess pin/implant trajectory and position.



* A different SI-BONE instrument set was used in "Example A."

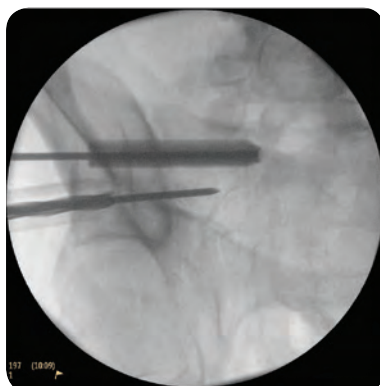
Procedure: Subsequent Pin Placement

The broaching and drilling steps are the same for the subsequent Implants.

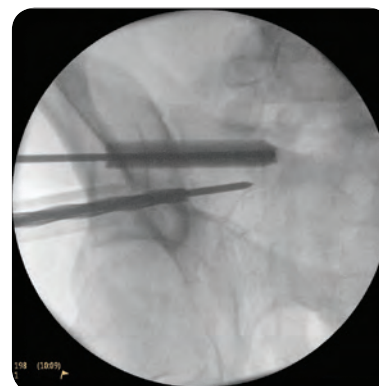
Drill

- Monitor the progress of the Drill Bit and any movement of the Pin.
- Be sure to avoid the foramen.

Example A

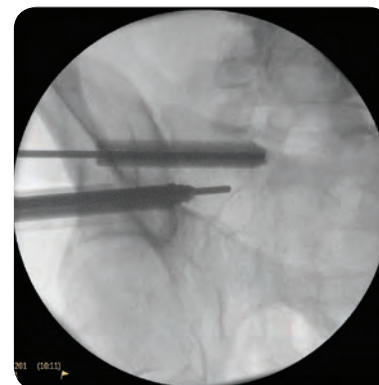
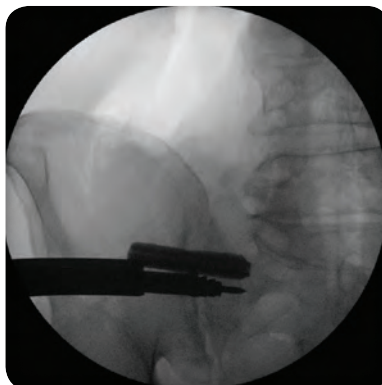


Example B



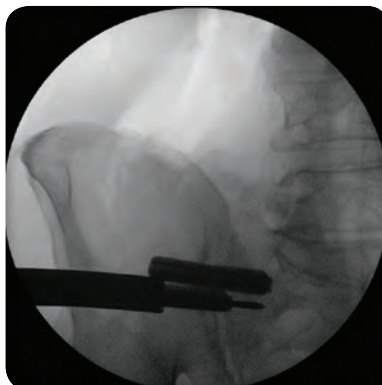
Broach

- Tap the Broach across the joint until the last tooth of the Broach is past the joint in the outlet view.



Implant Insertion

- Fully insert second implant.
- Monitor the progress of the Implant and any movement of the Pin.
- Be sure to avoid the foramen.

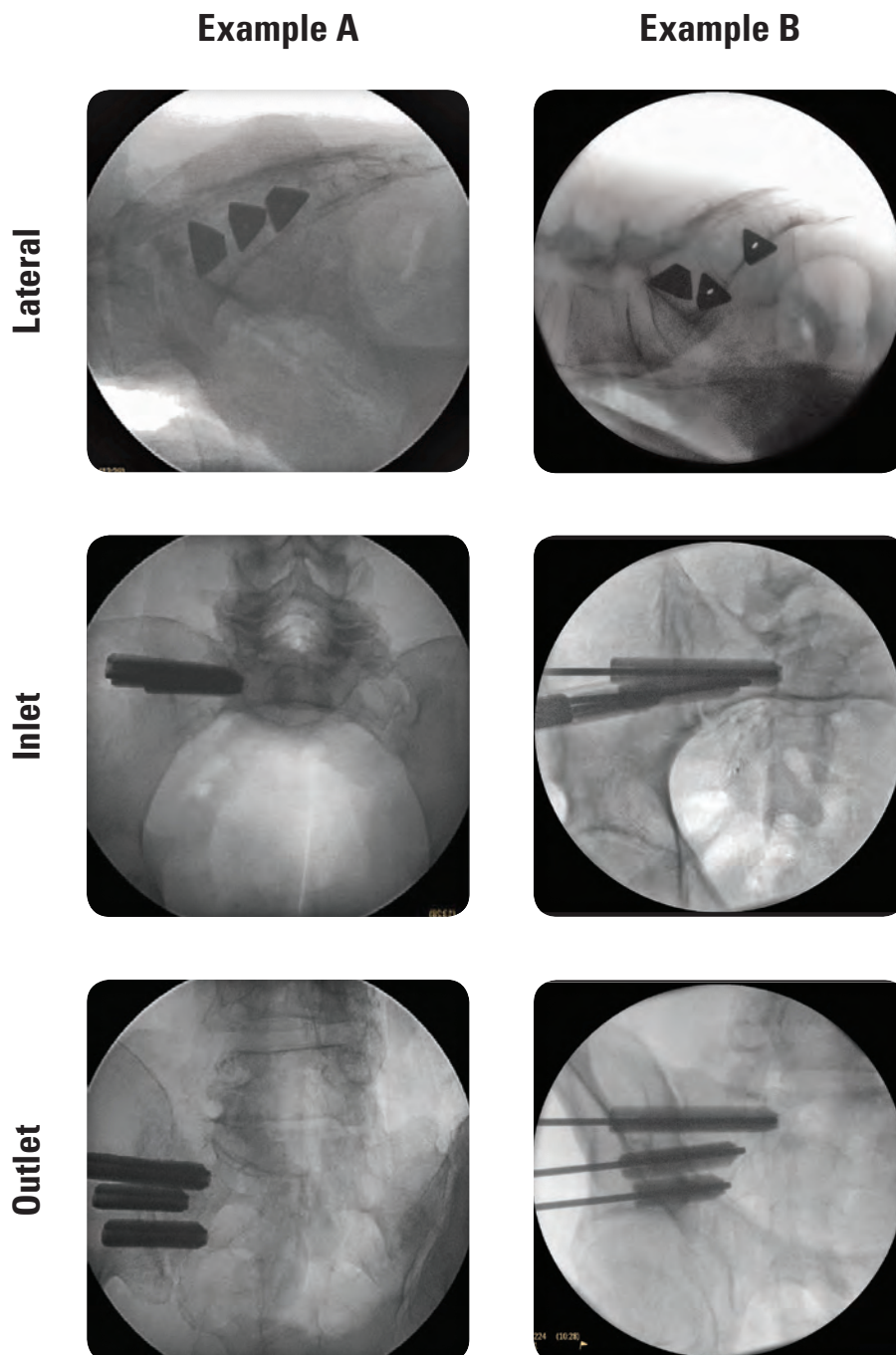


* A different SI-BONE instrument set was used in "Example A."

Procedure: Final Implant Placement

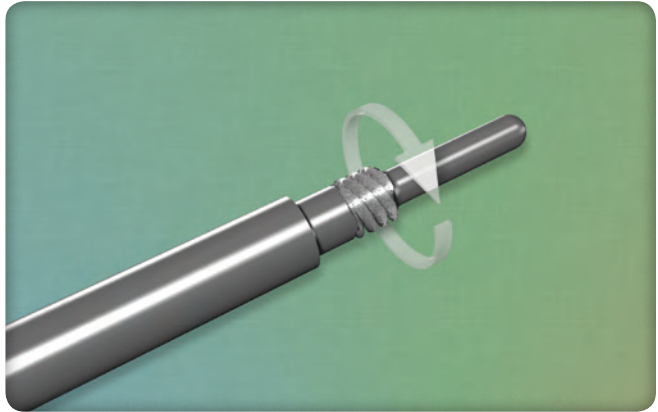
Depending on the patient's anatomy, the placement of the third Pin may vary. Always check inlet and outlet views to assess Pin/Implant trajectory and position.

Insert third Implant in the standard manner. Prior to closure, always obtain final fluoroscopic images in the lateral, inlet, and outlet views to confirm no cortical wall breach, foramen breach, or other malposition.

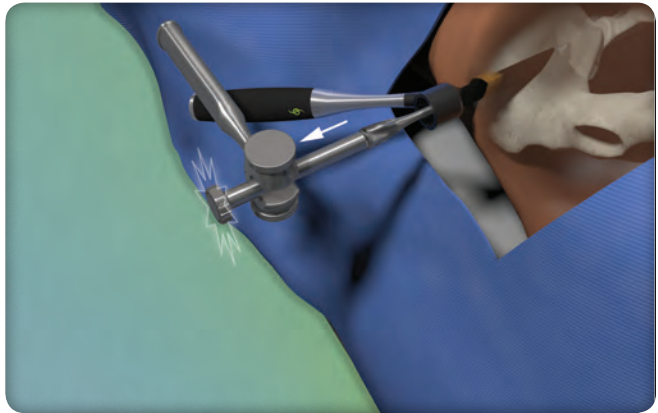


Procedure: Intraoperative Repositioning

- The Removal Adapter has a threaded end and a tapered point to guide it into the implant.



- The Implant can be repositioned backwards by impacting the handle with the slot of the Slotted Mallet.



NOTE:

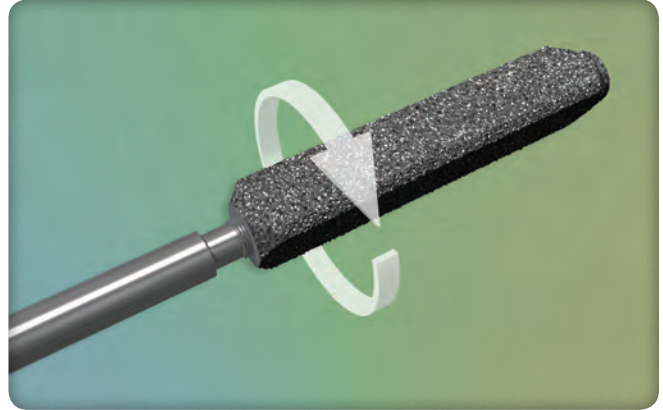
Do not over-tighten the Removal Adapter as the tip of the adapter may break off. Use the “two-finger” technique to tighten the 4 mm Removal Adapter into a 4 mm iFuse Implant.

Avoid exerting excessive force in any direction, other than straight back, when using the Removal Adapter.

Procedure: Revision and Removal Strategy

The instrument set includes a **Removal Adapter**. The Adapter has a blunt tip to find the cannula of the iFuse Implant with a threaded end that fastens to the end of the iFuse.

- Fully advance blunt tip of the Removal Adapter into the Implant. Thread Removal Tool clockwise until fully seated.
- A fluoro shot may be needed to confirm the location.
- The Slotted Mallet may be used to lightly tap and back out the Implant.
- The Implant can be unthreaded from the Removal Adapter by placing the Implant in the Soft Tissue Protector and rotating the Removal Adapter counter-clockwise by either hand or with the flattened surface on the shoulder of the Slotted Mallet.



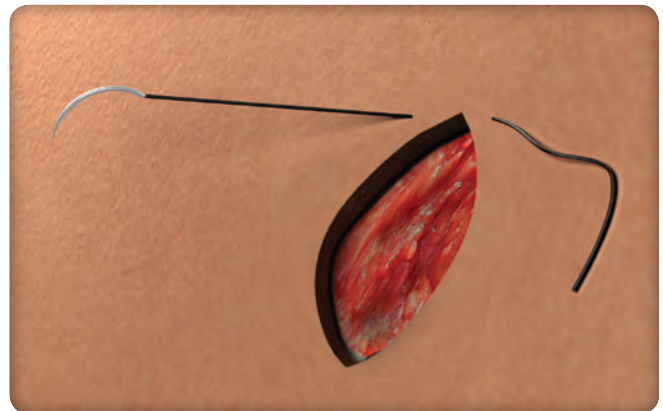
Procedure: Closure and Post-Op Care

Closure

- Obtain final outlet, inlet, and lateral views.
- Proceed with the standard closing procedure.
- May inject Marcaine after closure.

Recommended closure

- Muscle fascia if possible
- Subcutaneous tissue
- Skin



Recommended Post-Op Care








- 3 weeks partial weight bearing (patient dependent)
- Heel toe gait with normal foot progression

Product Catalog









Instrument Tray Contents

Part No.










For 7.0 mm iFuse Implants

Impactor – 7.0 mm	400069	
Cannulated Drill Bit – 7.0 mm	400075	
Guide Pin – 3.2 mm	500373	
Blunt Pin – 3.2 mm	500374	
Exchange Pin – 3.2 mm	500375	
Broach – 7.0 mm	500394	
Removal Adapter – 7.0 mm	500402	

For 4 mm iFuse Implants

Impactor – 7.0 mm	400070	
Orientation Guide – 4.0 mm	400071	
Cannulated Drill Bit – 4.0 mm	400074	
Guide Pin – 2.0 mm	500376	
Blunt Pin – 4.0 mm	500377	
Exchange Pin – 2.0 mm	500378	
Broach – 4.0 mm	500396	
Removal Adapter – 4.0 mm	500403	

Universal for iFuse Implants

Slotted Mallet	400030	
Blunt Dissector	400064	
Fixed Parallel Pin Guide	400050	
Pin Sleeve	400065	
Soft Tissue Protector	400066	
Radiolucent Clamp	400106	
Variable Parallel Pin Guide	400076/400041	
Length Gage	500392	
Adjustable Broach Stop	500395	

Notes

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, leaving ample room for writing practice. There is no text or other markings on the page.

Important Information

The iFuse Implant System® is intended for sacroiliac joint fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruptions and degenerative sacroiliitis. There are potential risks associated with the iFuse Implant System. It is not appropriate for all patients and not all patients benefit. For information about the risks, visit: www.si-bone.com/risks



SI-BONE, Inc.

3055 Olin Avenue, Suite 2200
San Jose, CA 95128, USA
t 408.207.0700 f 408.557.8312
info@SI-BONE.com
www.SI-BONE.com

SI-BONE and iFuse Implant System are registered trademarks of SI-BONE, Inc.
© 2015 SI-BONE, Inc. All rights reserved. U.S. Patent Nos. 8,202,305 and 8,840,623;
pending U.S. and foreign patent applications. 300223-D (8626.040915)