DO YOU SUFFER FROM SACROILIAC (SI) JOINT PAIN?





Patient Information

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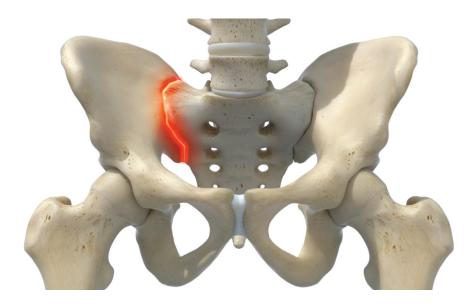
The information contained within this booklet is intended to provide patients with a basic knowledge of the SI joint and potential treatment options. Talk to your doctor about what treatments are right for you.

About Sacroiliac (SI) Joint Instability

The sacroiliac (SI) joints are the foundation of the spine, located at the junctions of the sacrum and ilium on each side.

These complex joints, composed of systems of ligaments and multiplanar joint surfaces, transmit the forces exerted through the spine from the upper body to the legs. The SI joint is designed to absorb shock forces and is naturally limited to only minute motion. Instability in the SI joint is a major pain generator in some patients.

Although there have been many advances in surgical techniques to address instability problems in the lumbar spine, instability in the SI joint has remained unaddressed, with most patients running out of options once conservative treatments have failed to offer continued relief from painful SI symptoms.



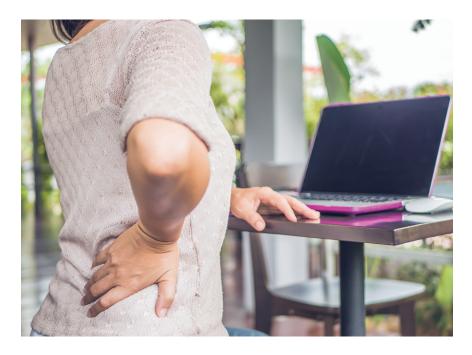
Causes of SI Joint Instability and Pain

Prior injury or accident

Arthritis

Low back instability or prior low back surgery

Ligamentous loosening due to pregnancy



Common Symptoms of Pain Involving the SI Joint

Low back pain

Pelvis/buttock pain

Lower extremity pain

Hip/groin pain

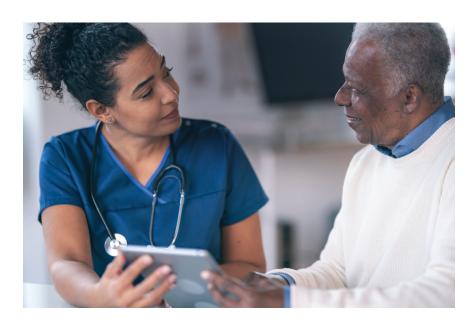
Problems sitting, sleeping, or walking

Treatment Cycle and Options

When it is suspected that some or all of the patient's symptoms could be attributed to SI joint instability, it is recommended to begin with conservative treatment options. Conservative treatment may include physical therapy, chiropractic manipulation, patient-specific exercise programs, or bracing.

Pain management evaluation and intervention may be the next step, including pain medications or therapeutic injections that may provide some patients temporary relief but often only work short term. Radiofrequency ablation (RFA) has also been used with some success, but similar to injections, it may only provide temporary relief.

SI joint stabilization should only be considered after non-surgical interventions have failed to provide a patient with an enduring solution to their pain. Stabilizing the SI joint can provide enduring pain relief.



TransLoc 3D™ SI Joint Fusion System

TransLoc 3D[™] is the next evolution in fixating the sacroiliac (SI) joint. Incorporating CornerLoc's patented and proven CornerLocing technology¹, together with state-of-the-art 3D printed titanium macro and microporosity in the new ultra-porous posterior titanium implant and lateral oblique compression screw, this system offers a truly 3-dimensional approach to fusing the SI joint.

1. Transfixation of the Sacroiliac Joint: Biomechanical Stability of a Dual-Implant Minimally Invasive Procedure; Antonio Valdevit, Ph.D., Steven Falowski, M.D., FAANS; SEA, Ltd., Columbus, OH, Argires-Marotti Neurosurgical Associates of Lancaster, Lancaster, PA



Hybrid Configuration



Screws Configuration

Having Options Matters

TransLoc 3D[™] has one of the most comprehensive SI joint fusion offerings available. Your physician will have several implant options when they consider what would work best for you, your diagnosis, and your medical history. You are unique, so why would you want a one-size-fits-all SI joint fusion system? TransLoc 3D[™] allows your physician the flexibility to create the ideal solution for you and your chronic SI joint dysfunction.

CONTRAINDICATIONS AND WARNINGS

Contraindications may be relative or absolute. The choice of a particular device or procedure must be carefully weighed against the patient's overall evaluation. The circumstances listed below may reduce the chance of a successful outcome:

- Acute or chronic infectious diseases of any etiology and localization
- Morbid obesity
- Signs of local inflammation
- Fever or leukocytosis
- Grossly distorted anatomy due to congenital abnormalities
- Rapid joint disease, bone absorption, osteopenia, and/or osteoporosis
 (osteoporosis is a relative contraindication since this condition may
 limit the degree of obtainable correction, the amount of mechanical
 fixation, and/or the quality of the fusion)
- Patients having inadequate tissue coverage over the operative site or where there is inadequate bone stock, bone quality, or anatomical definition
- Unsuitable or insufficient bone support, bone immaturity
- A patient unwilling to cooperate with the postoperative instructions
- The patient's activity level, mental condition, or occupation

The patient should be advised not to smoke or consume alcohol during the healing process.

All surgical operations and procedures carry risks from both known and unforeseen causes.

Potential benefits, risks, or side effects of the operation or procedure, including potential problems that might occur with the anesthesia to be used and during recuperation, should be discussed with your doctor.



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