

SI JOINT FUSION

Sacroiliac Joint Fusion



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SI JOINT FUSION

Sacroiliac
Joint Fusion



PATIENT INFORMATION

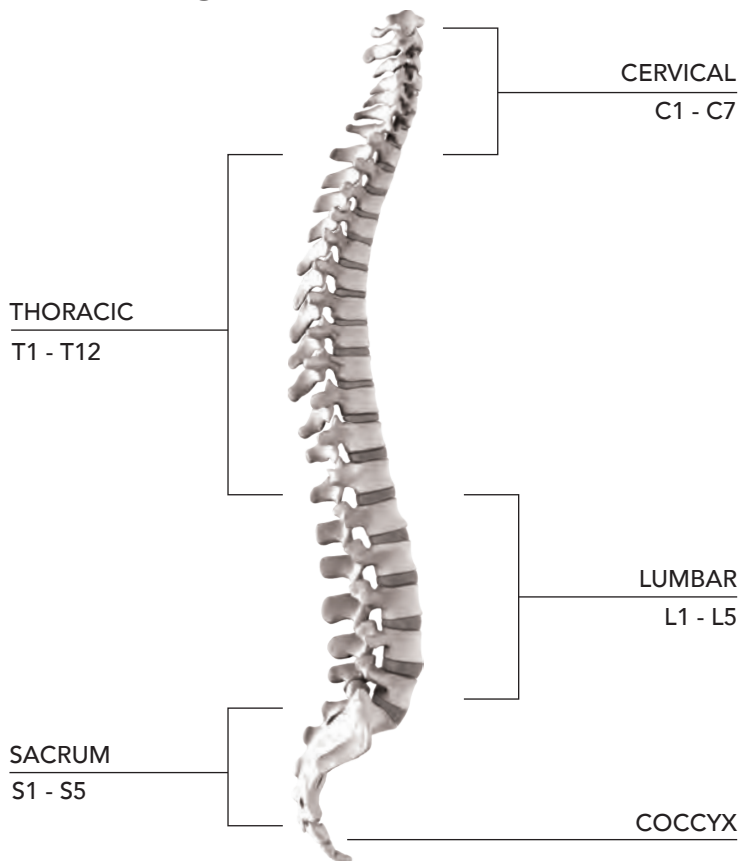
This brochure will help you understand more about:

- Anatomical features and conditions of the spine
- SI Joint Fusion surgical approach
- What to expect before and after surgery

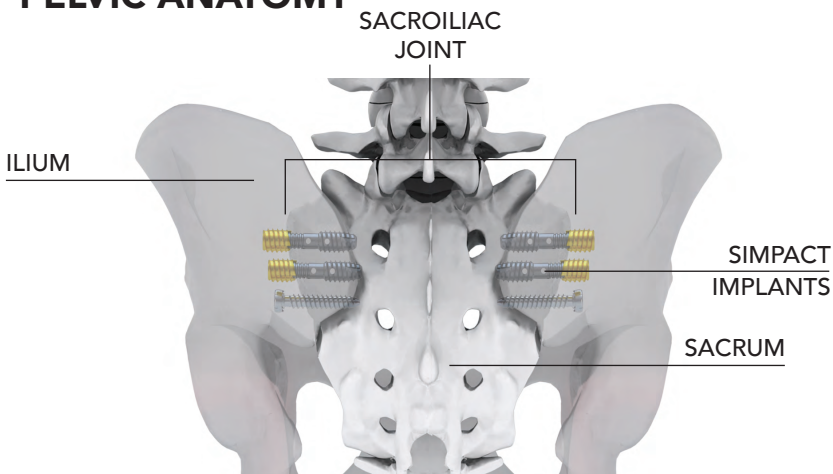
Receiving medical treatment is individualized to the patient's anatomy and symptoms. Information in the booklet may not apply to your condition, treatment, or outcome as surgical techniques vary with surgeon preference. It is important to discuss all options before you and your physician decide which treatment option is right for you.

This booklet is not intended as a replacement for professional medical care and meant only as an educational resource. Please consult your physician for clinical results and all other important medical information that pertains to this procedure.

SPINE ANATOMY



PELVIC ANATOMY



PAIN DIAGNOSIS

There are several primary causes of spine problems. The majority of the symptoms are caused by disc, bone, or ligaments pressing onto the nerve roots or cord.

LOWER BACK PAIN

In 1995 roughly two out of every 100 workers placed a compensation claim for debilitating lower back pain. (Levin, Kerry H. "Low Back Pain." Low Back Pain. Kerry H. Levin, Aug. 2010. Web. 14 June 2016) Lower back pain can be stemmed from a combination of different conditions. After a complete examination is conducted your doctor will outline the possible causes of your pain and basic diagnostic tests will likely be scheduled. Up to two thirds of the U.S. population experiences lower back pain at some point in their life.



ACUTE VS CHRONIC PAIN

Acute pain is usually triggered by a specific event or traumatic injury. It occurs suddenly and the pain is usually sharp in nature. This type of pain serves as a warning mechanism for the body forcing you to realize that something is wrong. In most situations this type of pain is relieved once the underlying condition is treated or has healed. However, if left untreated, it may lead to chronic pain.

Chronic pain will continue to persist even after an injury has healed. Certain pathologies are more prone to generating lower back pain. For example, spinal stenosis and spondylolisthesis (nerve impingement) can cause ongoing pain until the nerve is surgically decompressed and stops sending pain signals to the brain.

Patients with SI joint pain usually have chronic pain. The onset of this pain is typically gradual and become increasingly more painful as time passes. You should consult your doctor if you experience some of the symptoms below:

- *Lower Back pain*
- *Sensation of lower extremity pain, numbness, tingling, weakness*
- *Pelvis/buttock pain*
- *Hip/Groin pain*
- *Feeling of leg instability (buckling, giving away)*
- *Disturbed sleep patterns*
- *Disturbed sitting patterns (unable to sit for long periods, sitting on one side)*
- *Pain going from sitting to standing*

WHEN IS THE SI JOINT AN ISSUE?

Several studies have discussed the SI joints role in patients experiencing non-specific or generalized lower back pain. Up until recently there were very few tests that doctors could conduct to specifically diagnose pain stemming from the SI joint. Symptoms of SI joint conditions are often very similar to those of lower back pain which can make diagnosing very difficult. Although the SI joint is one of the smaller joints of your body it can still be injured and/or become degenerative just like any other joint.

DIAGNOSING

Doctors are now being trained on effective ways to test for SI joint pain. Provocative tests as well as diagnostic injections can be conducted to better pinpoint the source of the pain. These provocative tests involve manipulating the body in a way to replicate the specific pain that you are experiencing. Because the SI joint is not as mobile as your shoulder or hip, your doctor will need to manipulate the joint in a way that will induce your pain symptoms. In order for the test to be conclusive several of the manipulations will have to replicate your pain. CT-Scans and MRI's are other tools that can be used to better diagnose SI joint related problems. One of the most conclusive tests for SI Joint pain are diagnostic injections. Under fluoroscopic (x-ray) guidance your doctor will pinpoint the SI joint and inject a steroid to see if the pain is temporarily relieved. Whether or not the pain is fully relieved will give the doctor a better understanding of where the source of your pain is coming from.

MIS SI JOINT FUSION WITH SIMPACT SYSTEM

If all of the tests point to the SI joint being the cause of your pain your doctor will discuss the various treatment options you may have. Surgery is always a last resort but is often times necessary in order to treat a degenerative joint. The goal of surgery will be to stabilize and fuse the joint to alleviate the condition. The procedure involves inserting compression screws across the joint to compress the joint together and allow for a bony fusion to occur. Biologic material such as Allograft bone may be used to help stimulate the fusion process further. The procedure will take about an hour to complete and depending on your surgeon you may be able to leave the hospital the same day.



IMPLANTATION VIEW



WHAT IMPLANTS WILL BE USED?

Below are some examples of implants that may be used during your SI JOINT FUSION procedure:



SIMPACT™
LAG SCREW



SIMPACT™
COMPRESSION
SCREW

WHAT TO EXPECT AFTER SURGERY

A 1 or 2 day stay in the hospital is usual after minimally invasive SI fusion surgery. Your physician will discuss what is right for your individual case. Your physician will prescribe any necessary pain medication and will provide instructions regarding exercise, wound care and appropriate activity. Physical therapy is recommended for patients to be comfortable walking, climbing stairs, and getting in and out of bed before going home. Return to work will depend on your occupation and postsurgical progress.



FREQUENTLY ASKED QUESTIONS

CAN I SHOWER AFTER SURGERY?

Ask your physician as to any showering restrictions that may apply to your particular situation.

WILL I HAVE A SCAR?

Ask your physician to discuss the incisions made during your procedure. Small scars at the surgical site are common.

WHEN CAN I DRIVE?

You may be asked to not drive for a period of time after the surgery. Your physician will instruct you as to when you can drive again.

CAN I TRAVEL?

Be aware that metal implants may be used in your procedure and could possibly activate a metal detector. Ask your physician to provide a patient identification form.

WHEN WILL I BE ABLE TO RETURN TO WORK?

Individual recovery time will vary. Other factors such as individual job duties and physical requirements will apply. Consult your physician for specific recommendations.

HOW LONG WILL I HAVE RESTRICTED ACTIVITIES?

You can expect to have activities limited in a period usually reaching 6 months post operation. Your physician will give you specific instructions related to restricted activity.

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