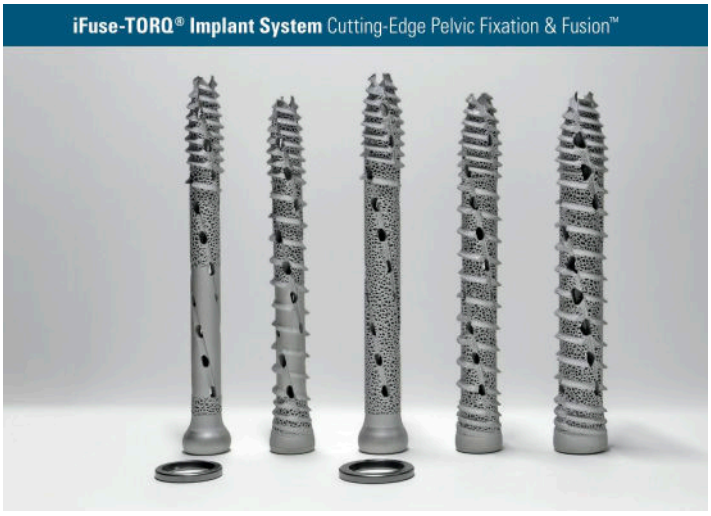
PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

SI JOINT FUSION

Candidates for an SI Joint Fusion

The SI joint can be a significant cause of lower back pain. Clinical publications have identified the SI joint as a pain generator in 15-30% of chronic lower back pain patients. In addition, the SI joint is a pain generator in up to 43% of patients with continued or new onset lower back pain after a lumbar fusion.



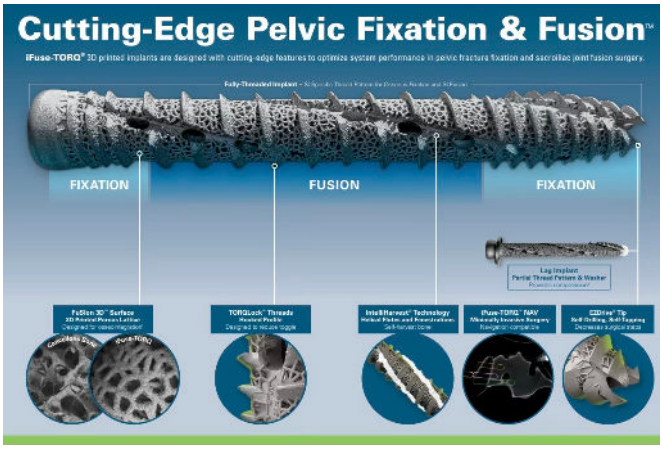
The sacroiliac joint (SI joint) is located in the pelvis; it links the iliac bones (pelvis) to the sacrum (lowest part of the spine above the tailbone). It is an essential component for energy transfer between the legs and the torso.

Like any other joint in the body, the SI joint can be injured and/or undergo degeneration. When this happens, people can feel pain in their buttock and sometimes in the lower back, hips and legs. This is especially true while lifting, running, walking or even lying on the involved side.

It's common for pain from the SI joint to feel like disc or lower back pain, or sometimes hip or groin pain. For this reason, SI joint disorders should always be considered in lower back, hip, and pelvic pain diagnosis.

A variety of tests performed during physical examination may help reveal the SI joint as the cause of your symptoms. Sometimes, X-rays, CT-scan or MRI may be helpful in the diagnosis of SI joint-related problems because they can rule out other common sources of pain–such as your lumbar spine or hip joints. It is also important to remember that other conditions (like a disc problem) can co-exist with SI joint disorders.

The most relied upon method to accurately determine whether the SI joint is the cause of your lower back pain symptoms is to inject the SI joint with a local anesthetic. This diagnostic injection will be performed under either X-ray or CT guidance to verify accurate placement of the needle in the SI joint. If your symptoms decrease by at least 50%, it can be concluded that the SI joint is either the source of or a major contributor to your lower back, hip, or pelvic pain. If the level of pain does not change after SI joint injection, it is less likely that the SI joint is the cause of your pain.

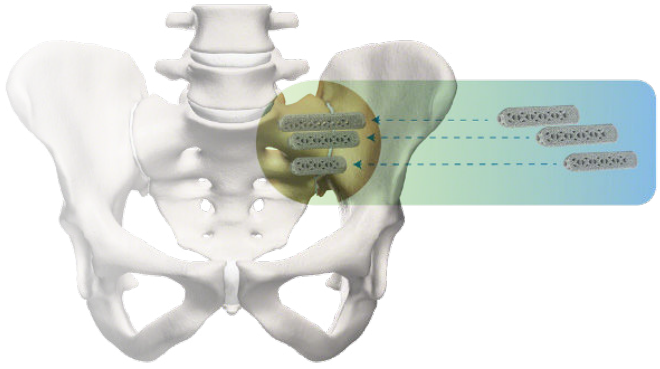


PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

SI JOINT FUSION

What is an SI Joint Fusion?

The iTORQ Implant System is designed to stabilize and fuse the SI joint. The iTORQ procedure involves inserting typically a titanium screw across the sacroiliac joint to maximize SI joint stability, reduce pain, and improve function. The procedure is done through a small one-inch incision and takes about an hour. SI joint treatment using the patented titanium design of the iTORQ implant has been clinically evaluated more than any other SI joint fusion procedure.



Results of an SI Joint Fusion

More than 100, peer-reviewed publications demonstrate the safety, durable effectiveness, and biomechanical and economic benefits of the iTORQ implant (www.si-bone.com/results). The iTORQ implant is the only SI joint fusion device with multiple prospective clinical studies, including two randomized controlled trials, demonstrating that treatment improved pain, patient function, and quality of life.

What are the Risks of an SI Joint Fusion

As with any minimally invasive surgical procedures, there are potential risks associated with the iTORQ 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.

The iTORQ Implant System® is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months. It is also intended for sacroiliac fusion to augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion or for acute, non-acute, and non-traumatic fractures involving the sacroiliac joint.

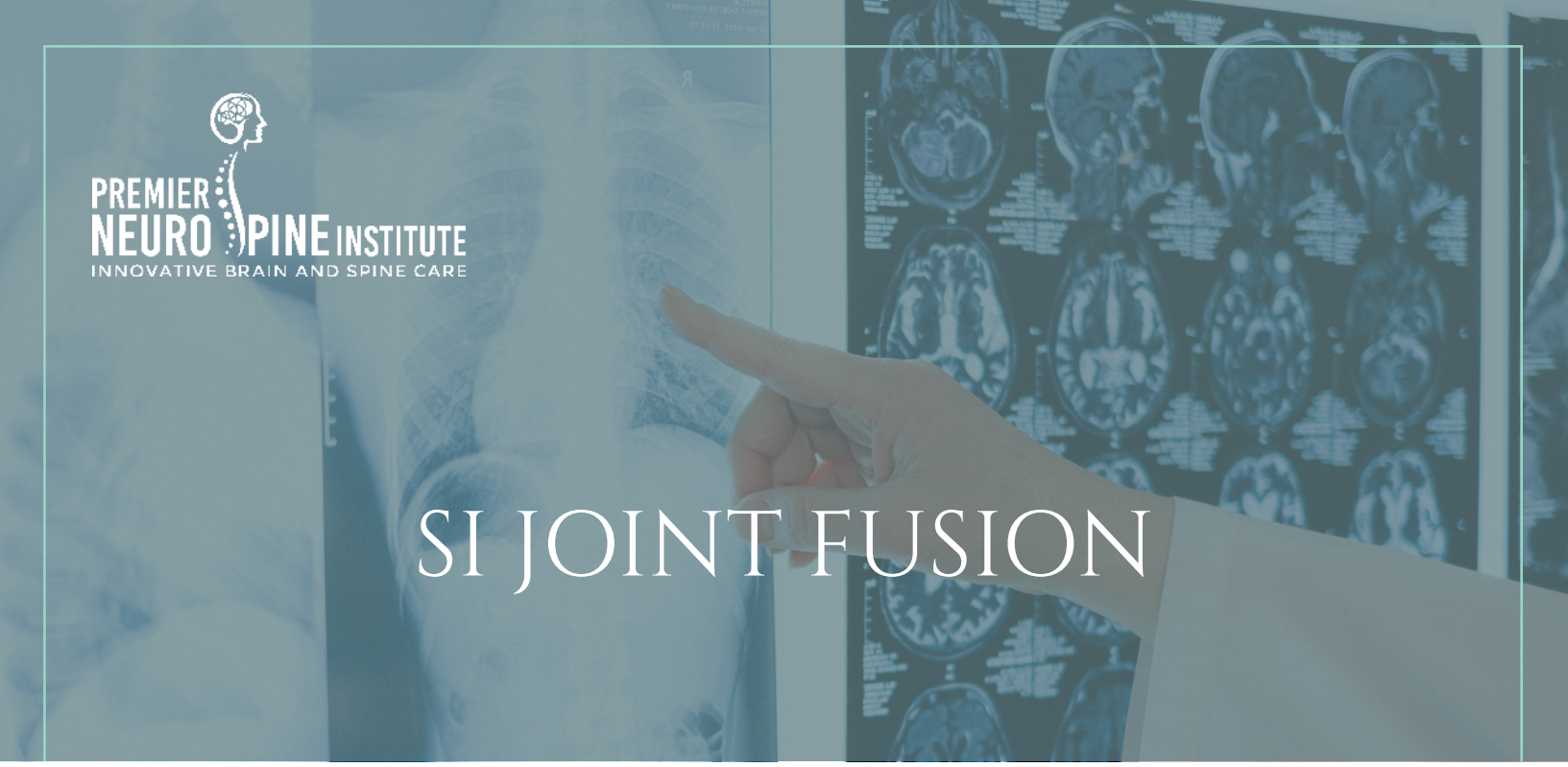
Pre and Post-Procedure Instructions

Pre-Procedure:

1. You will need to complete a medical clearance and/or lab work prior to surgery. Specific instructions will be given to you by our scheduling coordinator. You should get your lab work done PRIOR to your medical clearance appointment so your PCP can review the results during the appointment.

2. You must discontinue the following medication seven (7) days prior to surgery: Aspirin, Aspirin related products, NSAIDS such as Advil, Ibuprofen, Aleve, Feldane, Nuprin, Motrin, Celebrex, Darvon, Ecotrin, Endodan, Excedrin, Florinal, Norgesic, Orphengesic, Percodan, Pravigard, and Soma. These medications may be resumed as soon as possible when deemed safe by your surgeon.

3. YOU MUST discontinue ALL blood thinners such as: Plavix (Clopidogrel), Coumadin (Warfarin), Eliquis, Pradaxa, Brillinta, Fish Oil, Aggrenox, Vitamin K, Vitamin E, Vitamin B6 7 day prior to



PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

SI JOINT FUSION

surgery. These medications may be resumed as soon as possible when deemed safe by your surgeon.

4. FOR WOMEN ONLY: Hold Estrogens (Cenestin, Estratest, Estropipate, Menest, Ortho-Est, Premarin, Premphase, Prempro etc.) on the day of surgery and resume when instructed by your physician.

5. Hold ALL herbal supplements including garlic, ginseng, and St. John's Wart 7 days before surgery.

6. Please discontinue any and all diet pills two (2) weeks prior to your surgical procedure.

7. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY, AND NOTHING ON THE MORNING OF YOUR SURGERY, UNLESS OTHERWISE ADVISED BY YOUR PHYSICIAN. You may take essential medications, such as blood pressure medications with JUST a sip of water.

8. Please arrive at the surgery center about 1-2 hours prior to your anticipated start time. Typically, the surgery center will provide you with instructions on when to arrive and specific directions (1-2 days beforehand) on when to get there and what to bring. However, it is VERY important that you bring your most recent imaging with you (CT scan/MRI disk).

9. We highly encourage bringing a friend or a family member to the surgery center with you, so that we can explain the post-operative rules and instructions.

10. After your procedure, you will recover in the PACU where nursing staff will provide you with post-operative care and inform you of how the procedure went.

11. If you are prescribed opiate pain medication by another physician (such as pain management physician), MAKE SURE you see them prior to surgery so you are covered for post-surgical pain. Pharmacies will not fill prescriptions from another provider. If you do not take opiates at home, we will prescribe you with a 7-day course to cover your post operative pain.

12. After surgery, you will most likely require physical therapy. This has been proven to lead to optimal outcomes. If you have a preference of a physical therapist, please let your provider know prior to or during your post-operative appointment.

Post Procedure:

1. Refrain from strenuous activities and follow post-operative instructions.

2. Pain can increase in your treatment areas 2-5 days after your procedure. It may take up to 14 days for symptoms to improve. Symptoms may fluctuate during the healing process, which occurs over 4-8 weeks. You likely will not feel fully back to "normal" for about 3 months.

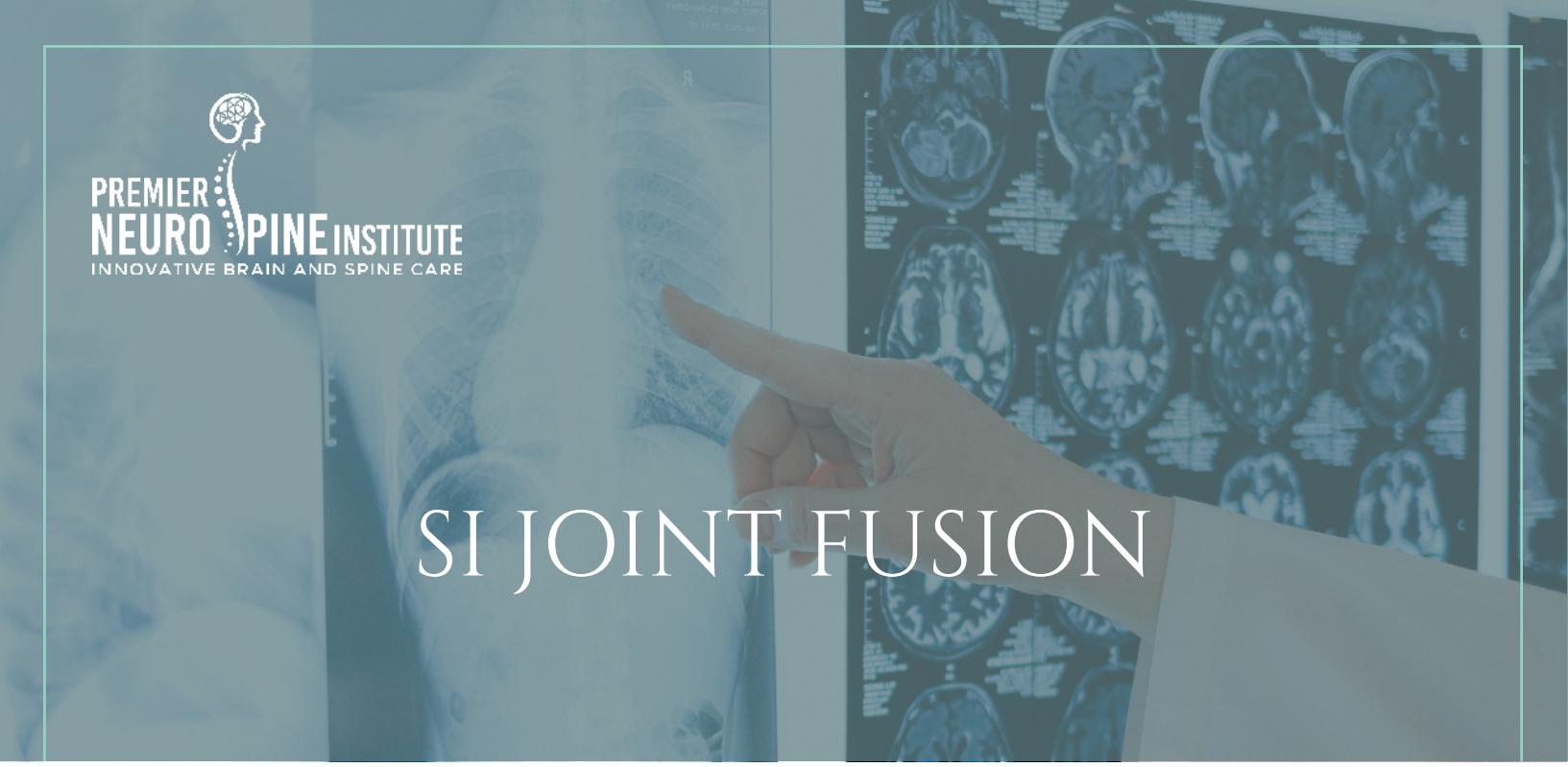
3. You may have some difficulty swallowing and a sore throat for several days after your procedure. This is very common and will typically go away on its own. If it does not go away or you have difficulty with breathing please, call the number provided below.

4. You should apply ice around places of discomfort for 20 minutes on and 20 minutes off. Please place a barrier between your skin and the ice. Heat is okay to apply to your back or neck muscles, just not over the incision site.

5. You may experience a low-grade fever after treatment. Call if your temperature is above 100.4.

6. No anti-inflammatory medication (Celebrex, Advil, Mobic, Motrin, Aleve) should be used for 10 days after surgery.

7. Light exercise or physical therapy is okay to start 2 weeks after treatment.



PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

SI JOINT FUSION

8. Pain medication prescriptions may say to take 2 tablets every 6 hours. If your instructions say this, JUST TAKE ONE tablet every 4-6 hours as needed for pain. WE DO NOT REFILL NARCOTIC PAIN MEDICATIONS AFTER SURGERY. If you continue to have pain, you will need to see a pain management doctor for narcotics.

9. If you were prescribed a brace, you must wear it when out of bed. If you are sleeping, sitting down, relaxing or eating, you may remove your brace. You will be in your brace between 4-6 weeks, depending on the type of surgery you had. If you had a cervical disc arthroplasty "replacement," you will only require a soft collar for two weeks.

10. Do not drive until you can stomp your feet on the ground and do not feel pain.

11. Wound care: You will have stitches buried underneath your skin. They will dissolve on their own. On top of the wound, you will have skin glue and steri strips (which look like little pieces of white tape). PLEASE INFORM PROVIDER PRIOR IF YOU HAVE ANY ALLERGIES TO SKIN GLUE OR ADHESIVE PRODUCTS. Do NOT remove or peel off steri-strips, these will fall off on their own. On top of the steri-strips, you will have gauze and tape. The gauze and tape is what you will be able to remove in 3 days. Do not wet the dressing at all in those 3 days. On day 3, you may remove the top layer of your dressing in the morning and shower as you normally would. DO NOT SUBMERGE wound in water for 3 weeks (bath tub, jacuzzi, beach, etc.).

12. Besides narcotic medication for pain, you may use Tylenol (acetaminophen) to optimize pain control. You may take up to 3,000 mg per day, unless contraindicated due to allergy or liver issues. Make note that some narcotics are mixed with Tylenol, (for example, Percocet has 325 mg of Tylenol per pill) so dose accordingly.

13. You may walk as long as you are stable. We do want you out of bed as much as possible unless otherwise instructed. NO BENDING, TWISTING, OR LIFTING OVER 10 LBS FOR 4 WEEKS.

14. You will need to follow up in the clinic for a post-operative evaluation in 4 weeks. Depending on your procedure, you may be required to have an X-ray done prior to the appointment. PLEASE BRING THE CD OF YOUR IMAGES. Your X-ray script will be given to you the day of your surgery. If you do not receive it or lose it, please call for a new script.

15. You may have a drain after surgery. Do not be alarmed. The reason we place these drains is because you may have been a little "oozy" after the procedure. We place them so the extra blood and fluid can drain out of your wound easily. They are typically removed the next day by your home healthcare nurse. If you do not have home healthcare set up, call the office for an appointment to remove the drain. For questions regarding surgical scheduling, please call Chris (Scheduling Coordinator) at 727-605-1770 (EXT 1003). For any post-operative questions or concerns, please call our office at 727-605-1770. Please note that you may be sent to voicemail. We will return your call as soon as possible. If it is an emergency, please call 911. If you are calling after hours, please leave a voicemail in the general inbox and it will be forwarded to the medical team.

O: 727.605.1770

F: 727.605.1080

scheduling@premierneurosurgery.com