

DO YOU SUFFER FROM SACROILIAC (SI) JOINT PAIN?



CornerLocTM *SI Joint Stabilization and Fusion*

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 joints (SI) 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 some shock forces, but is only designed for 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 relatively 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 Include:

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 a 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, may only provide temporary relief.

SI Joint fusion should only be considered after non-surgical interventions have failed to provide a patient with an enduring solution to their pain. Fusing the SI Joint, thereby eliminating motion in the joint, can provide enduring pain relief.



The CornerLoc™ SI Joint Fusion Procedure

The CornerLoc™ SI Joint Fusion System has been specifically designed to achieve optimal stabilization and fusion potential, with the least invasive approach and surgical instrumentation available. After careful preparation of the SI Joint, two CornerLoc™ grafts are placed orthogonally within the SI Joint, effectively creating immediate joint stability and an ideal environment for fusion.



Lateral SI Joint Fusion vs. Posterior SI Joint Fusion (CornerLoc™)

A number of SI fusion systems are available which use a “lateral approach” (from the side) to drive bulky metal hardware through the deep bed of soft tissue on the side of your hip and across the SI joint. The lateral approach may involve the risk of neural complications and is typically much more destructive to the bony structures that make up both sides of the SI joint.

The CornerLoc™ SI Joint Fusion Procedure is performed using a posterior approach, through two small incisions in the lower back utilizing the shortest and safest access to the SI Joint, resulting in lower surgical trauma, reduced blood loss, shorter surgery times, and faster recovery.

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. 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 bone graft).

- 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 bone graft 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.

COMMENTS/NOTES:



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