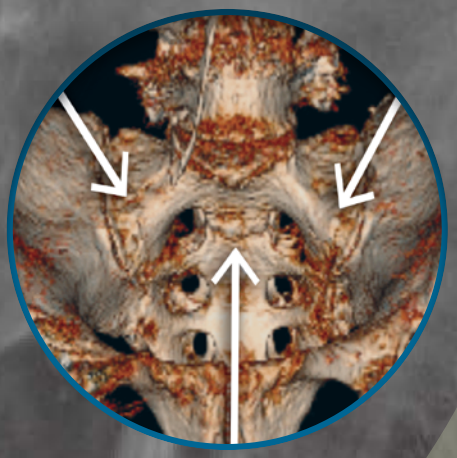
Minimally Invasive Sacroiliac (SI) Fusion for Pelvic Ring Fractures

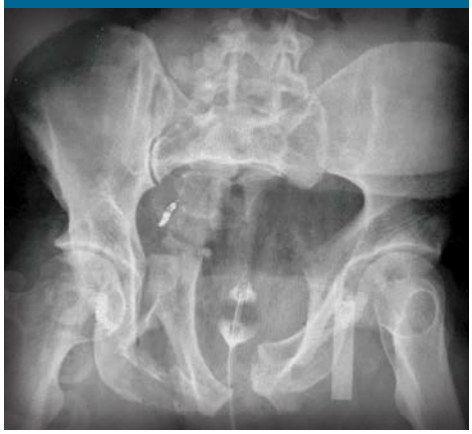


SI-BONE®

Fractures of the Pelvic Ring

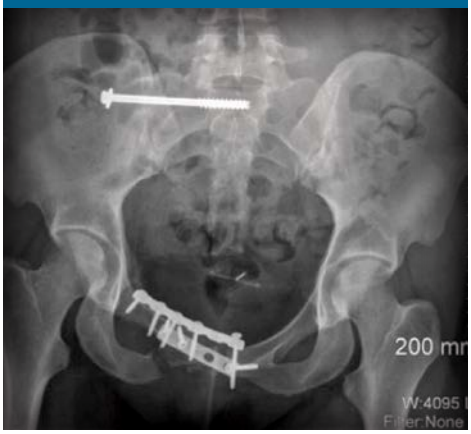
Patient Presentation

High Energy Fractures



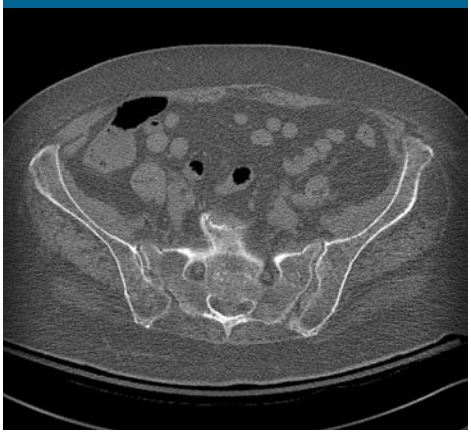
Case 1 Preop: MVA, multiple pelvic fractures, left SI joint dislocation

Post-Acute SI Joint Dysfunction



Case 2 Preop: MVA, multiple pelvic fractures, 3 years postop, developed right SI joint pain

Low Energy Fractures



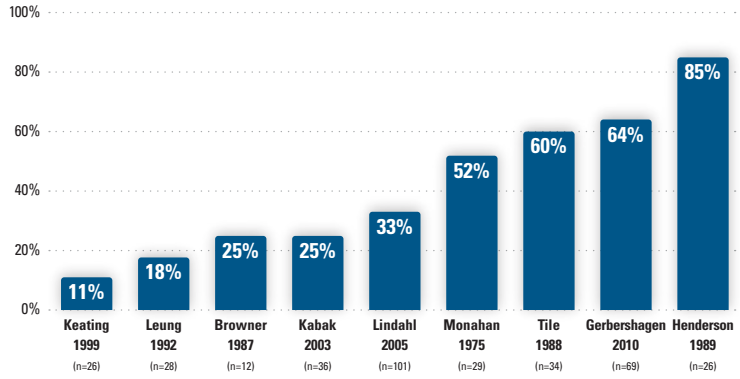
Case 3 Preop: Fall, bilateral sacral fractures, U-type[1], bed bound 2 weeks

Clinical Need

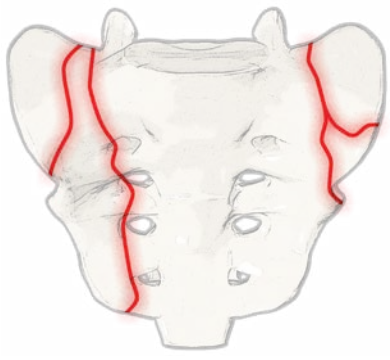
High Energy Fractures and Post-Acute SI Joint Dysfunction

- Patient outcomes after traumatic disruption of the SI joint are directly correlated to the quality of SI reduction[2-4]
- Up to 85% of SI trauma patients develop SI joint pain and poor function due to post-traumatic arthritis or malreduction[5-13]

Incidence of Residual SI Joint Pain in Pelvic Trauma Patients



Type B Sacral Fractures[1]



Low Energy Fractures

Complications with nonsurgical management:

- 14-45 day average hospital stay[14-16]
- 29-61% risk of thromboembolic disorder[17,18]
- 14-27% mortality rate at 1 year[14,16]

Complications with surgical management:

- 20% risk of iliosacral screw backout[19]
- 32% risk of extravasation in sacroplasty procedures[20]

SI-BONE®

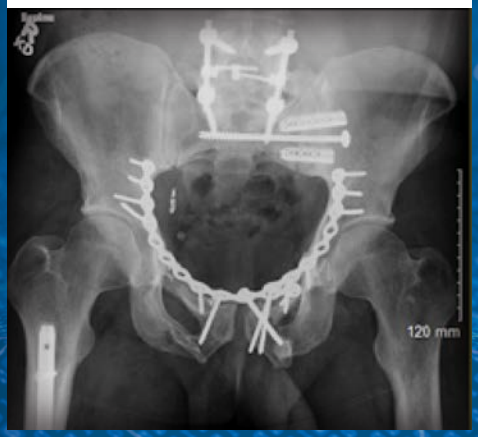
iFuse Trauma™

For Minimally Invasive Sacroiliac Fusion

Fix. Fuse. Fortify.™

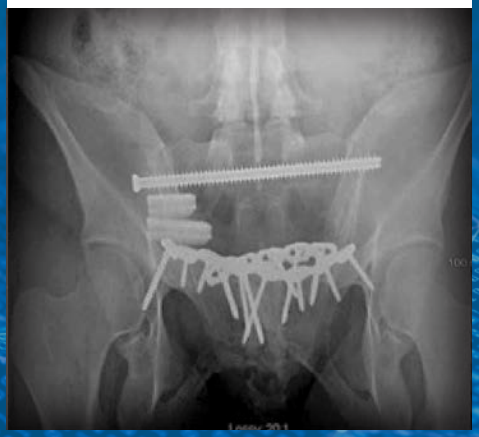
Surgical Treatment

High Energy Fractures



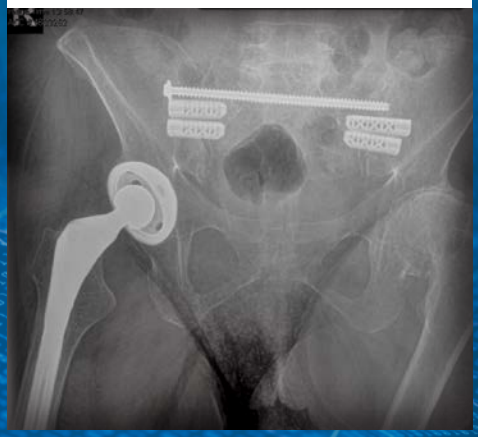
Case 1 Postop: Lag screw + 2 iFuse-3D 2.5 years out, VAS 1/10, radiographic fusion, returned to manual labor

Post-Acute SI Joint Dysfunction



Case 2 Postop: Transiliac screw + 2 iFuse 1 year out, VAS 0-3/10, radiographic fusion, returned to job as nurse

Low Energy Fractures



Case 3 Postop: Transiliac screw + 4 iFuse-3D, 2 weeks out, able to sit up and participate in PT

Fix.

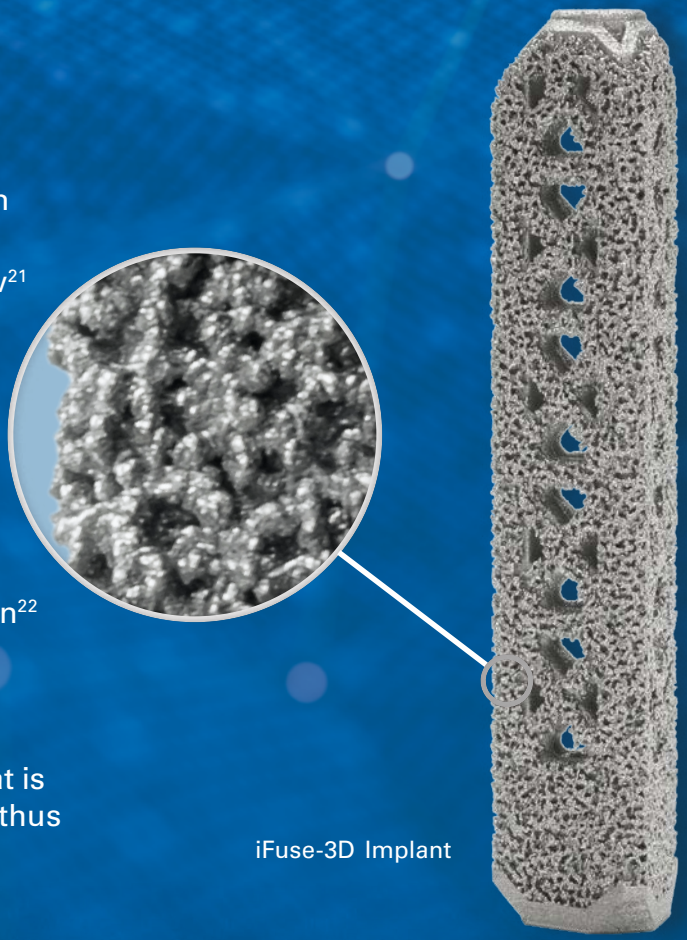
- **Triangular** implant geometry provides immediate **stabilization**
- Unique design provides **press fit fixation** between the implant and adjacent osseous walls
- **31x greater rotational resistance** *vs.* 7.3mm screw[21]

Fuse.

- **3D printed** trabecular surface facilitates osteointegration[22]
- **Fenestrated structure** allows for bone through growth and accommodates bone graft[22]
- Porous surface **self harvests bone** during insertion[22]

Fortify.

- Rigid titanium construction provides an implant that is 18x stronger than the worst-case physiologic load, thus **fortifying** the SI joint[23]
- **More than 5x fewer revisions** after fusion with iFuse *vs.* iliosacral screws[24]



iFuse-3D Implant

Commitment to Clinical Evidence*

More than **90 Published** Articles

90+ peer-reviewed published articles have reported on the safety, effectiveness, biomechanics and economic benefits of the iFuse Implant.

Two Level 1 RCTs

Available since 2009, iFuse is the only SI joint fusion device with published results from multiple randomized controlled trials.[25, 26]

Long-term **5-year** Data

iFuse is the only SI joint fusion device with long-term 5-year data showing durable improvement in pain, patient function, and quality of life.[27, 28]

*Clinical evidence supporting the iFuse implant for SI joint fusion is drawn from use of the device in the non-acute setting (*i.e.,* SI joint disruption and degenerative sacroiliitis).

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iFuse Trauma™

Fix. Fuse. Fortify.™

SI-BONE®

For Minimally Invasive Sacroiliac Fusion

Indications

The iFuse Implant System® is intended for sacroiliac joint fusion, including use in high and low energy fractures of the pelvic ring. SI-BONE recommends that surgeons reduce and stabilize fractures (i.e., via conventional techniques such as screw fixation) prior to placement of the iFuse implant.

There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. For indications, risk, and safety information about the iFuse Implant System visit *www.si-bone.com/label*

A list of additional published studies is available at *www.si-bone.com/results*

One or more of the individuals named herein may be a past or present SI-BONE employee, paid consultant, investor, clinical trial investigator, or grant recipient.

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