

# SI Joint Revision Surgery

Integrity-SI® Joint Fusion Implant

## Case Study | Dr. William Cross

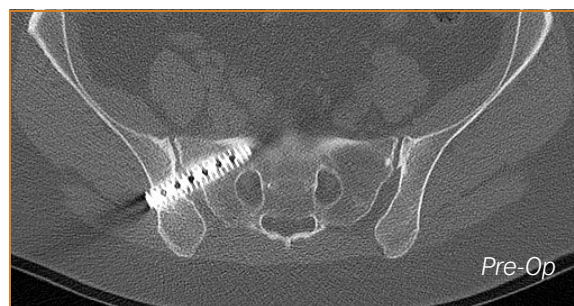
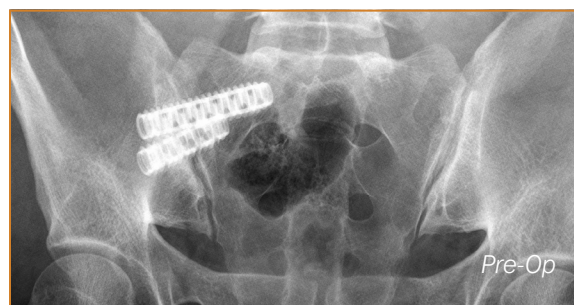


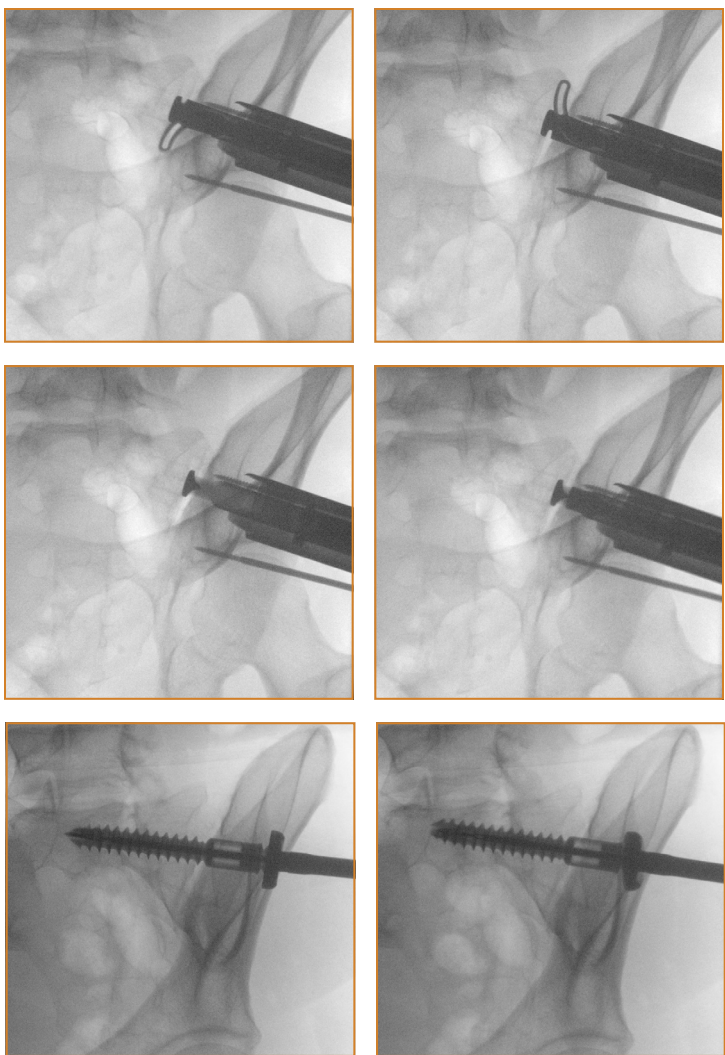
### Patient History

37 y/o female who is 3 years s/p MIS left SI joint transfixation for postpartum SI joint pain. After a brief few months of relief, pain returned worse than previous. She had failed nonoperative measures and sought surgical evaluation for potential revision surgery.

### Pre-Op Surgical Plan

After an extensive history and physical exam confirming all 5 provocative SI joint test being positive and also confirming a positive diagnostic SI joint injection, she was indicated for revision surgery given the pseudoarthrosis across the SI joint.





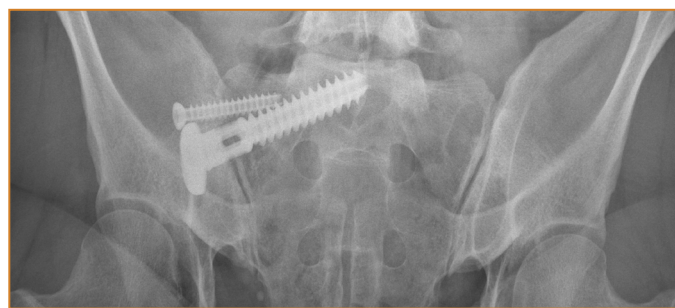
Intra-Op

## Surgical Procedure

The revision surgery was carried out in the prone position. The previous implants were removed utilizing the provided removal set and some trephines. Then, utilizing intraoperative fluoroscopy with inlet and outlet views, a standard principle-based SI fusion was conducted. The aggressive decorticator tool was invaluable to navigate through the sclerotic bone from the previous failed implants. The area was copiously bone grafted and compressed with the Integrity SI fusion system. An anti-rotation screw was utilized in this revision situation.

## Follow Up

This patient had 100% resolution of her preoperative pain. Her pain relief was immediate on post-operative day 1. Surgical pain resolved by 4-6 week post-op. At 6 months, PROMIS Global pain score decreased from 96 to 0.



Post-Op

## Clinical Advantages of UnifiMI®

UnifiMI Technology is perfectly suited for these types of cases where maintenance of compression is paramount and sustained stability is mandatory. When UnifiMI is applied to the Integrity-SI Fusion System it will allow the implant to **Mechanically Integrate** (MI) with all interfacing bones – facilitating optimal compression, acute stability, and ideal bone and bone graft integration. OsteoCentric's proprietary and patented design also creates load sharing scenarios between the implant and bone which limits implant movement and enhances construct stiffness and stability.

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