PATIENT GUIDE · INTERVENTIONAL PAIN & SPINE

Minimally Invasive SI Joint Stabilization

with the CornerLoc™ system · for confirmed sacroiliac joint pain

gardenstate MEDICAL CENTER

An option for some people whose low back or buttock pain comes from the SI joint and has not improved with other care.

What the SI joint is

You have two sacroiliac (SI) joints, one on each side, where the base of the spine (sacrum) meets the pelvis (ilium). They are strong joints that move only a little and help pass the weight of your upper body to your legs.

What SI joint dysfunction is

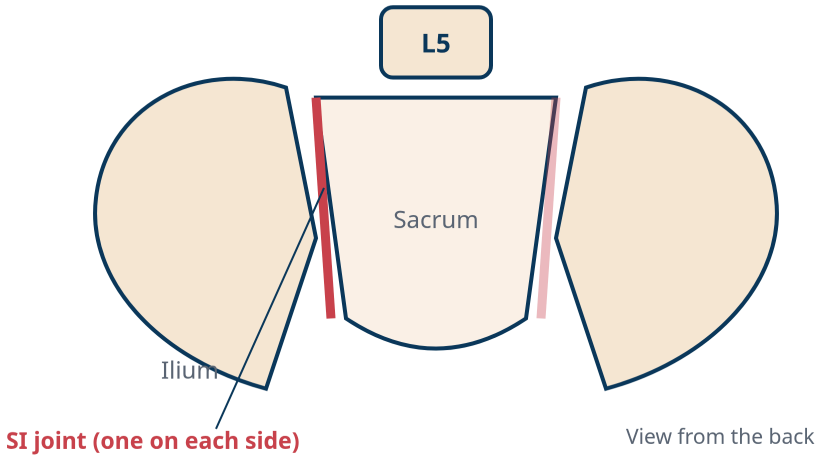
When an SI joint moves too much or too little, wears down with arthritis or becomes inflamed, it can cause ongoing pain. Common causes include arthritis, pregnancy and childbirth, a fall or injury, an earlier lower-back spine procedure and inflammatory conditions. SI joint pain can feel a lot like other back problems, so a careful workup matters.

Common symptoms

- Low back or buttock pain, usually on one side
- Pain that may spread to the groin or thigh
- Pain with sitting, stairs or rising from a chair
- Pain lying on the affected side
- Pain standing on one leg

Who does what

All GSMC providers evaluate patients and help decide who may be a good fit, at any of our 7 offices.



How SI joint pain is diagnosed

1. **History and exam.** We ask where your pain is and what makes it worse, and do specific hands-on SI joint tests.
2. **Imaging.** X-rays, CT or MRI help rule out other causes such as the hip or lumbar spine.
3. **Diagnostic SI joint injection.** Under live X-ray guidance, numbing medicine is placed into the joint. Clear short-term relief of your usual pain points to the SI joint as a pain source. A second confirming injection may be used.
4. **Conservative care first.** Most people start with the options below and move ahead only if pain continues.
5. **Shared decision.** If pain lasts despite at least about six months of conservative care, you and your GSMC provider may discuss SI joint stabilization.

Options to try first

Option	How it works	Good to know
Physical therapy	Core, hip and pelvic stability exercises	Usually the first step
SI belt and activity changes	Supports the joint; avoid single-leg loading	Helpful for some people
Medicines	Anti-inflammatory and other options	Ask about side effects
SI joint injection	Numbing medicine, often with a steroid	Can confirm the source and ease pain for a time
Radiofrequency ablation	Heat calms small nerves to the joint	Relief may last months; nerves can regrow

✓ Stabilization may be considered if you have

- ✓ Ongoing pain confirmed to come from the SI joint
- ✓ Exam tests that point to the SI joint
- ✓ Clear relief from a diagnostic SI joint injection
- ✓ Pain that has not improved after about six months of conservative care

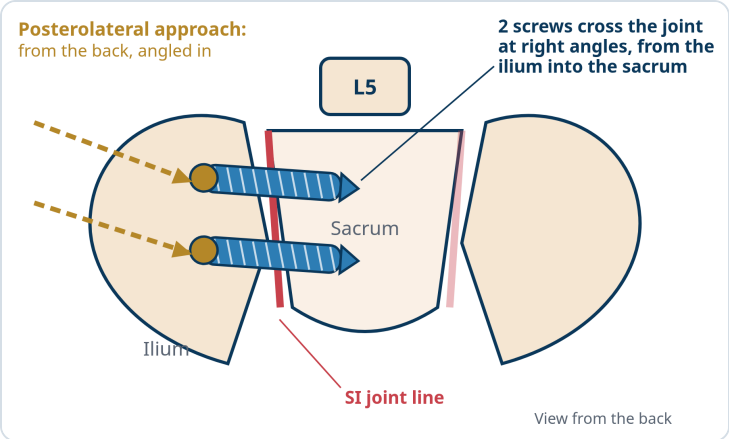
✕ May not be a good fit

- ✕ Pain mainly from the hip or lumbar spine
- ✕ Active infection, tumor or fracture in the area
- ✕ Severe osteoporosis
- ✕ Health problems that make sedation or anesthesia unsafe
- ✕ Pregnancy (a reason to wait)

What minimally invasive SI joint stabilization is

Stabilization means holding the SI joint steady so it moves less, which may ease pain that comes from extra motion in the joint. GSMC uses the **CornerLoc™ SI joint system** with a **posterolateral approach**: the screws are placed from the back, angled toward the joint, through a small incision instead of a large open operation.

- **2 to 3 screws across the joint.** Small screws are placed at right angles to the SI joint, passing from the ilium (pelvis) across the joint into the sacrum, to hold the joint steady.
- **Titanium screws.** GSMC uses titanium screws only, usually 2 to 3 per procedure.
- **A path that avoids major muscle.** According to the manufacturer, the angled path is designed to avoid the gluteal (buttock) muscles, artery and nerves that a straight side approach would pass near.
- **Support from day one, healing over time.** The screws are meant to steady the joint right away. Healing around the screws continues over the following months.
- **Your plan may vary.** Your provider will explain how many screws are planned for you.



Simplified illustration, not to scale.

The procedure, step by step

1. **Getting ready.** You lie face down. You receive sedation or anesthesia, and the skin is cleaned and numbed.
2. **Guidance.** Live X-ray (fluoroscopy) is used to find the SI joint and guide every step.
3. **Small incision.** A small incision is made in the lower back or buttock area.
4. **Joint preparation.** Thin instruments follow a guide pin to the joint and prepare a path for each screw.
5. **Screws.** 2 to 3 titanium screws are placed across the joint, from the ilium into the sacrum, to hold it steady.
6. **Closing.** The incision is closed and covered. Many people go home the same day.

It is a minimally invasive outpatient procedure, often under an hour. Tell us about blood thinners and do not stop any medicine on your own.

Recovery

First days
Soreness at the incision is common. Keep it clean and dry as instructed.

First weeks
You may limit weight on the treated side, sometimes with crutches or a walker. Follow your lifting and bending limits.

Weeks to months
Physical therapy helps you return to activity step by step.

Months after
Healing around the screws continues. Follow-up visits check your progress.

Risks, explained

- **Infection:** at the incision; may need antibiotics
- **Bleeding or bruising:** usually minor
- **Nerve irritation:** pain, numbness or tingling in the buttock or leg
- **Screw position or healing:** a screw may not sit as planned, or the joint may not heal as hoped
- **Ongoing pain:** some people do not get the relief they hoped for
- **Another procedure:** may rarely be needed
- **Sedation or anesthesia:** carries its own risks

When to call us

- Fever over 101°F or chills
- Redness, swelling or drainage at the incision
- Calf pain, swelling or redness
- New or worse numbness or weakness

Call 911 for chest pain, trouble breathing, or loss of bladder or bowel control.

Insurance and cost

GSMC participates with all Aetna plans, including Aetna HMO, and many other plans. Coverage for SI joint stabilization depends on your plan and often needs prior authorization, including records of your diagnostic injections and conservative care. Our team checks your benefits and explains any out-of-pocket cost before you decide.

Next steps

- Book a visit at any GSMC office
- Bring imaging, records and a list of treatments you have tried
- Ask: Is my pain from the SI joint? What are my risks? Is it covered?

My notes

Call 732-202-3000

One number for all 7 GSMC offices: Toms River, 1314 Hooper Ave · Brick, 1608 NJ-88 Ste 102 · Whiting, 1100 NJ-70 Entr. B · Barnegat, 249 S Main St Ste 5 · Manahawkin, 1109 Beacon Ave · Freehold, 322 Professional View Dr · West Long Branch, 100 NJ-36 Ste 1K

All GSMC providers evaluate patients and help select who may be a good fit. Ask us who performs the procedure and where it will be done.

gsmedicalcenter.org/treatments/si-joint-stabilization/

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