

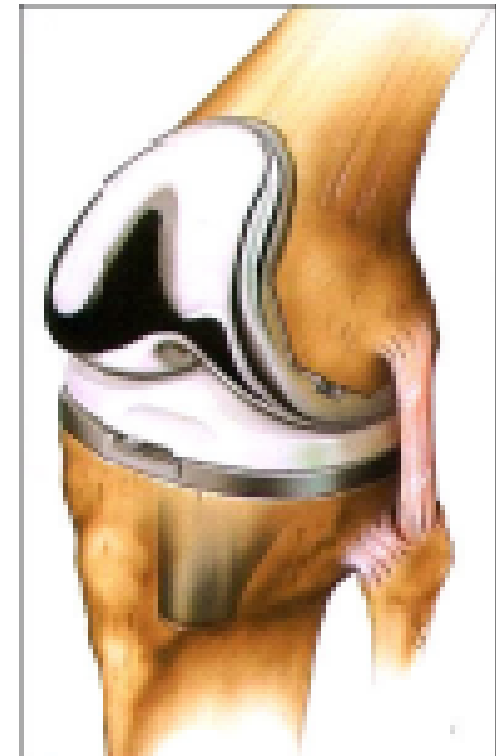
Section 27: Implant Devices and Materials

What joints can be replaced with prosthetics?

- Fingers
- Wrists
- Elbows
- Shoulders
- Temporalmandibular
- Spine
- Hips
- Knees
- Ankles
- Toes



www.medicalmultimeddiagroup.com



www.hipknee.org

What problems require joint replacement?

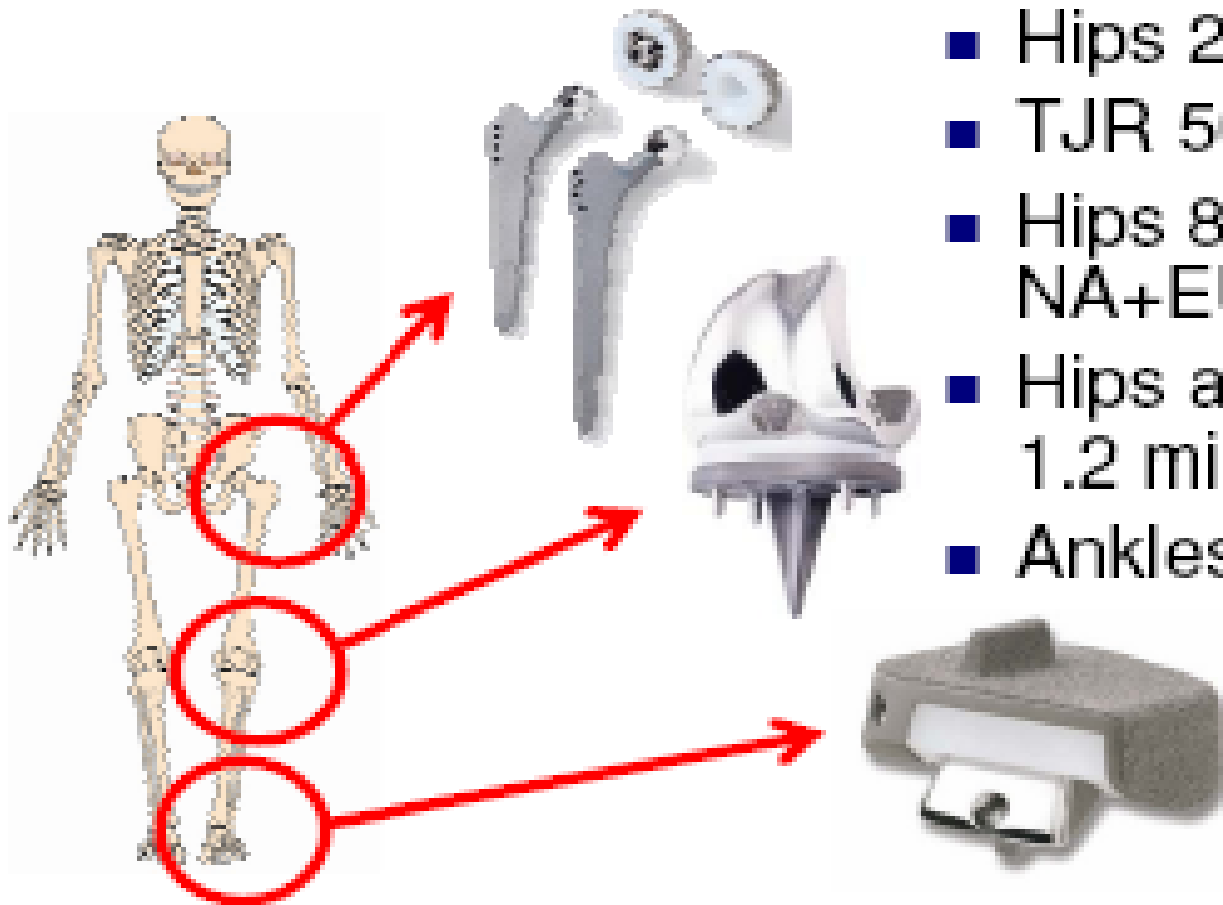
- Arthritic pain
- Cartilage damage
- Tumors
- Fractures



www.nlm.nih.gov/

ADAM

Orthopedic Implants



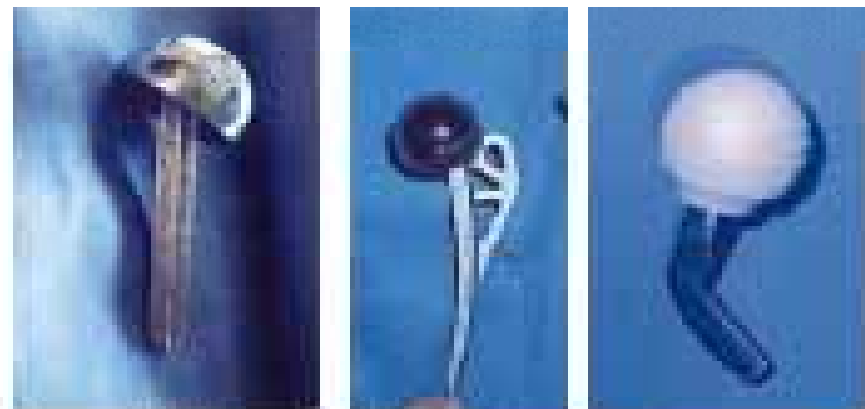
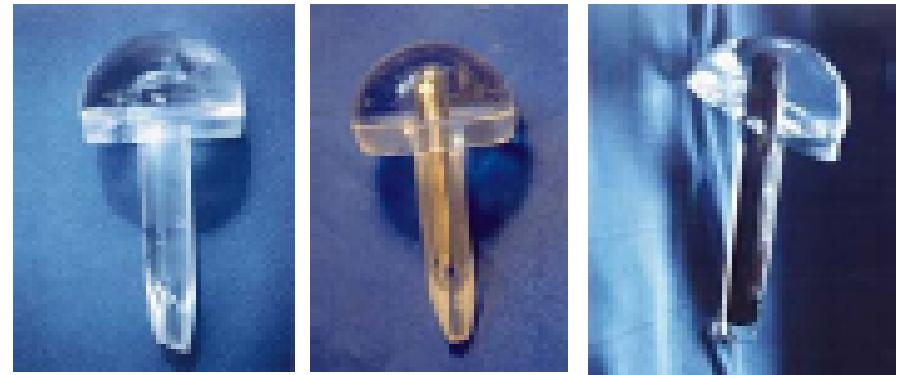
- Hips 250,000/a in USA
- TJR 500,000/a in USA
- Hips 800,000/a in NA+EU
- Hips and Knees: 1.2 million/a Worldwide
- Ankles: <50,000 in USA

What are the goals of TJR?

- Improve quality of life
- Reduce pain
- Restore function
 - Movement
 - Strength
- Last throughout life

Judet Hip

- Hemiarthroplasty
- Acrylic
- First implant: 1946



http://www.maitris-ortho.com/comusmairi/orthopaedie/judet_smith/judet_smithus.shtml

Smith & Nephew orthopaedics hip portfolio



Clinical performance



SPECTRON™ stem

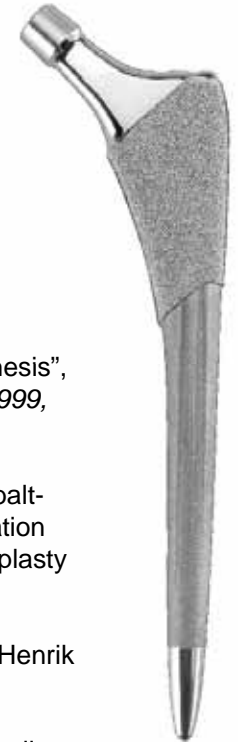
100% survival rate of the SPECTRON stem at 12 years ¹

97.0% survival rate of SPECTRON stem at 9.6 years ²

99.7% survival rate of SPECTRON EF at 7 yrs ³

SYNERGY™ stem

99.5% Survivorship ⁴



1. "The Charnley Versus the Spectron Hip Prosthesis", *The Journal of Arthroplasty* Vol. 14 No. 14 1999, Goran Garellick, et al MD, PhD.
2. "Hip Arthroplasty With a Collared Straight Cobalt-Chrome Femoral Stem Using Second Generation Cementing Technique", *The Journal of Arthroplasty* Vol. 15 No. 2 2000, Ashay Kale, MD et al.
3. Swedish National Hip Registry, 2000 Report, Henrik Malchau, MD, PhD
4. Bourne, Robert, M.D., F.R.C.S.; Rorabeck, Cecil, M.D., F.R.C.S.; The London Health Sciences Centre Experience: Synergy Tapered Hip System; International Hip Meeting. Prague, Czech Republic. May 2001

ANTHOLOGY™ Hip System

- Value proposition
 - The ANTHOLOGY™ system provides the surgeon a press-fit implant that is optimum for all femur types
 - It is designed to be MIS friendly, reduce dislocations, and be more bone and tissue conserving than previous primary implant designs



http://www.strykerceramics.com/stryker/about_hip.php



¹ Wilmann G. "Ceramics for Total Hip Replacement - What a Surgeon Should Know." *Orthopedics*, Vol. 1998, No. 2, February 1998.

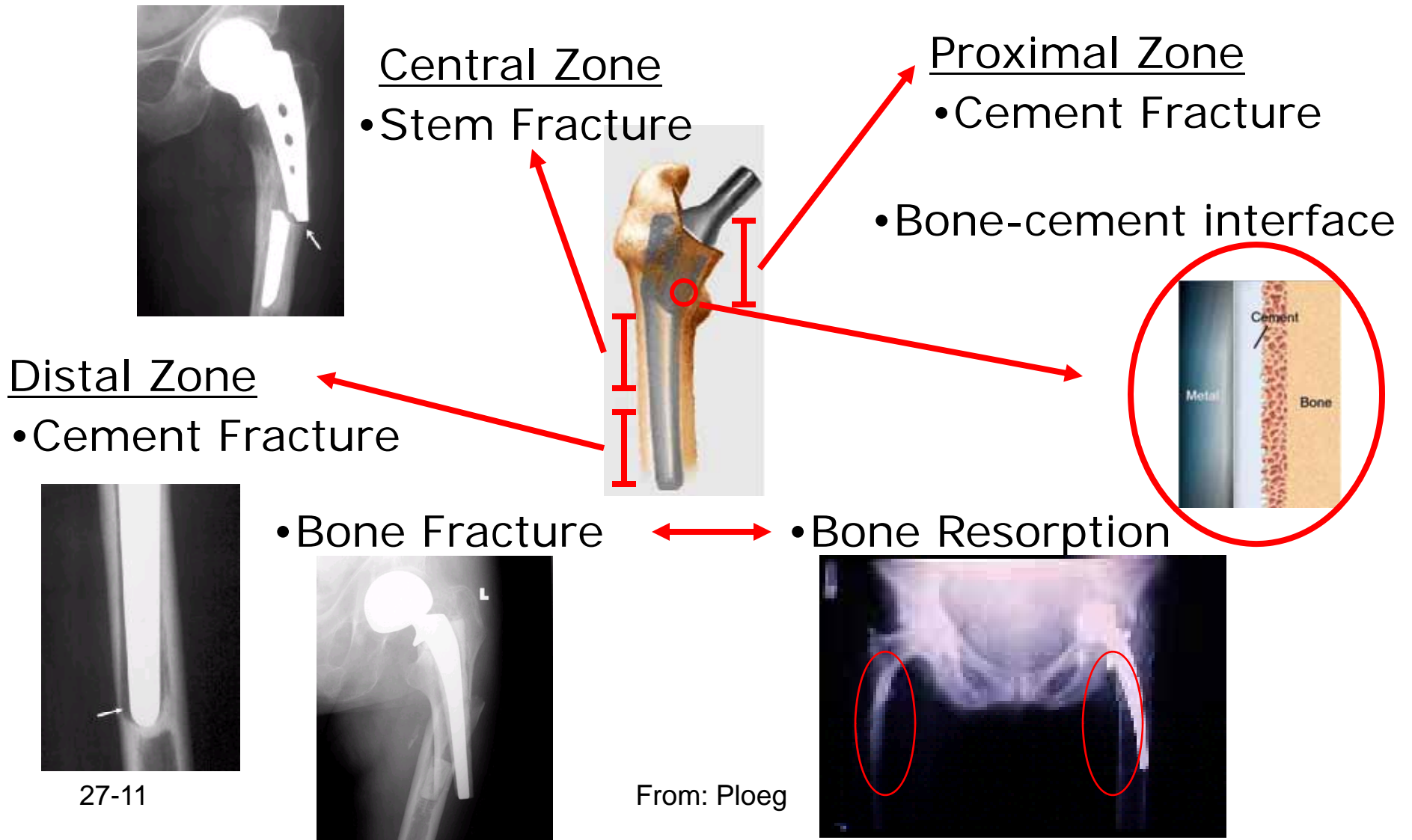
² Howmedica Osteonics White Paper, Literature No. 15A21.

³ Schwabstedt T, et al. "Long-Duration Metal-on-Metal Total Hip Arthroplasties with Low Wear of the Articulating Surfaces." *Journal of Arthroplasty*, Vol. 11, No. 3, 1996.

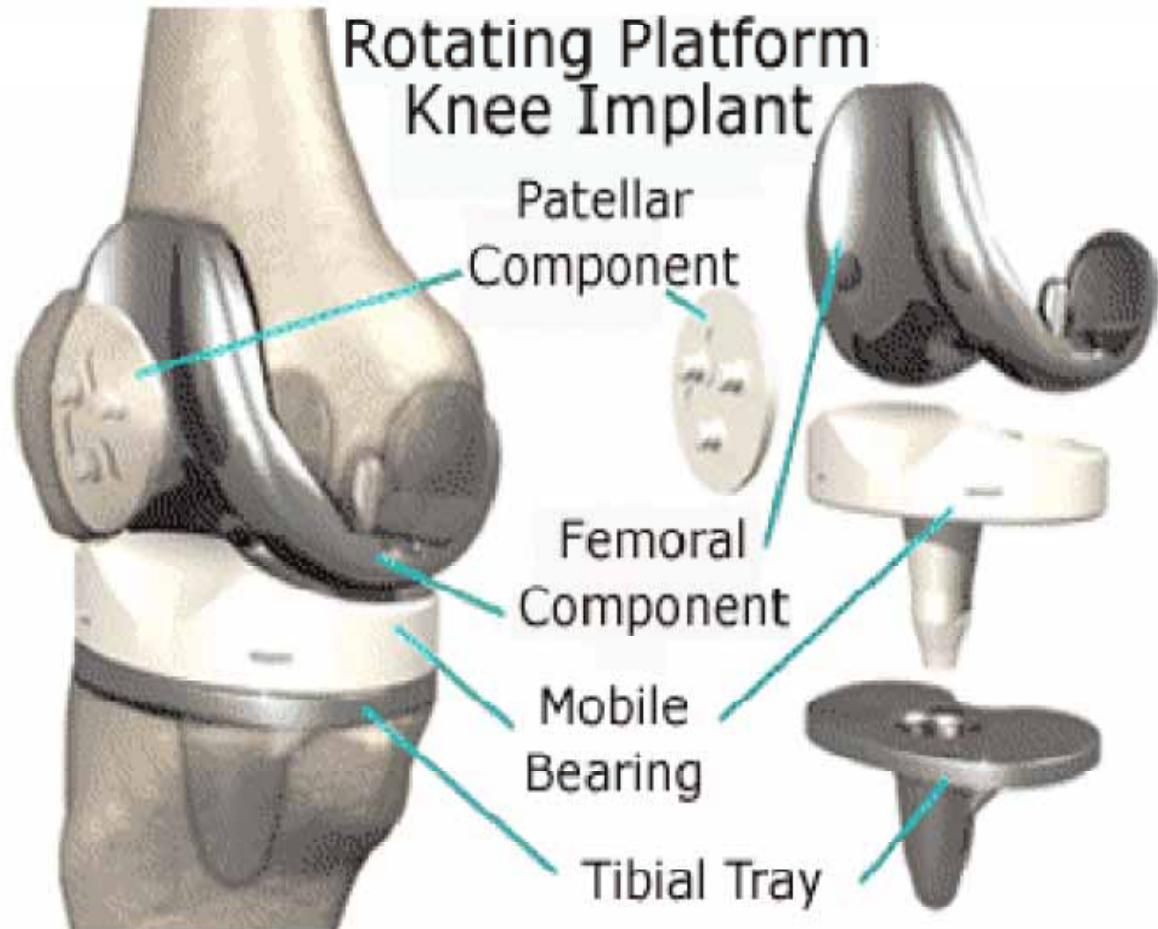
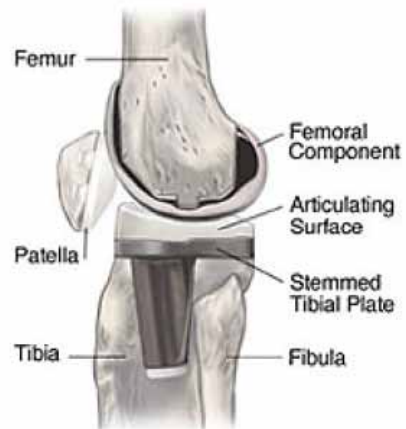
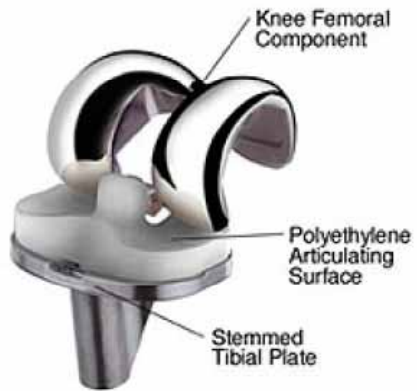
⁴ Data on file at Howmedica Osteonics.

⁵ Taylor SK, Serikian P, Manley M. "Wear Performance of a Contemporary Alumina/Alumina Bearing Couple Under Hip Joint Simulation." *Trans. 44th Ann. Mtg. ORS*, 51, 1998.

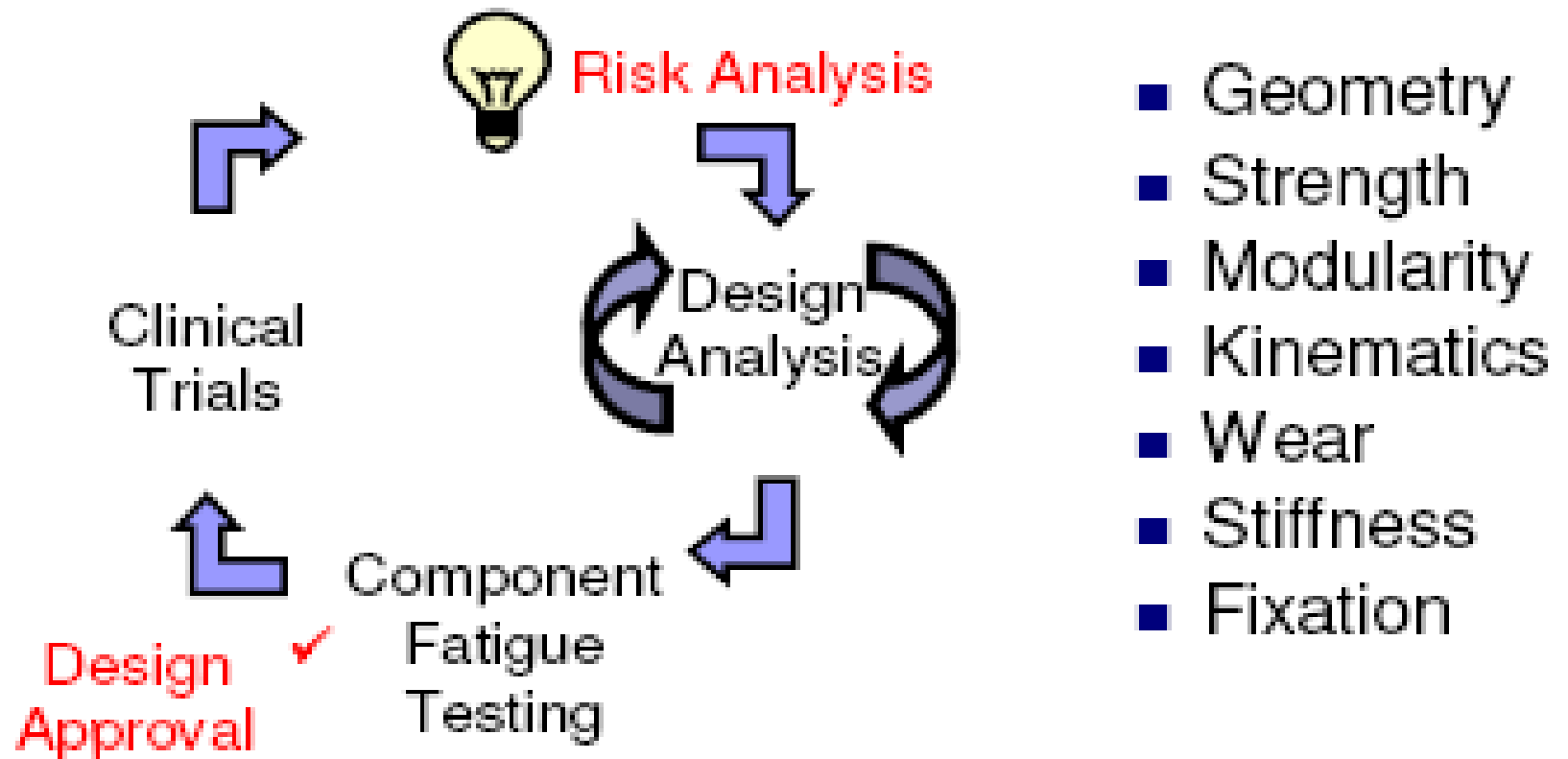
Failure Modes



27-11



TJR Design Process



How successful are prosthetic joints?

- Relieve pain
- Restore function
- Most (>90%) last for >10 years

What artificial biomaterials are most commonly used?

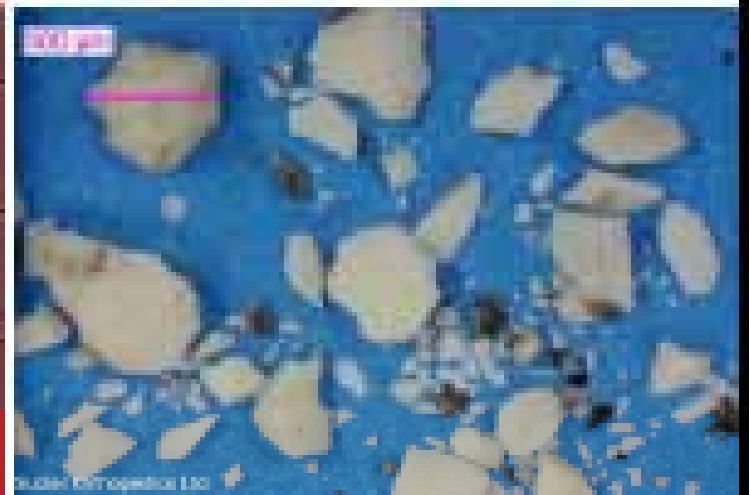
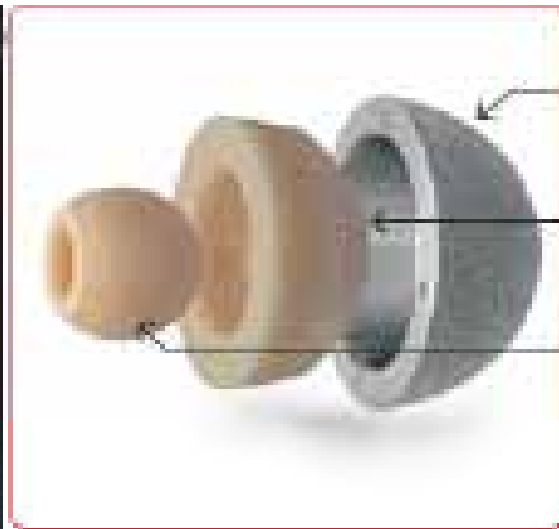
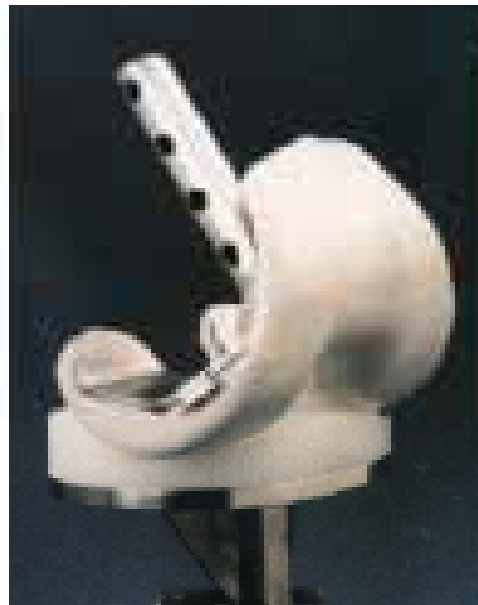
- Metals
 - Stainless steel
 - Cobalt chrome
 - Titanium alloy
- Ceramics – aluminum oxide
- Polymers
 - Bone cement (PMMA)
 - UHMWPE (polyethylene)

Material	E (MPa)	Static S (MPa)	Fatigue S (MPa)
Ceramic	300,000		
SS	200,000	480-1,300	240-700
CoCr	220,000	800-1,000	310-950
Ti Alloy	110,000	800-1,500	350-600
PMMA	3000	T: 25-40 C: 90-100	14
UHMWPE	500-1000		
Cortical B.	10-20,000	T: 51-133 C:133-195	
Cancel. B.	100-1000	C: 3-10	
Soft Tissue	1		

Ceramics

■ Issues

- Hard and biocompatible but brittle



<http://www.wmt.com/ceramic/physicians/yliner.asp>

http://www.questacon.edu.au/innovaus/c1s9_063.html

Polymers

- Bone cement (PMMA)
 - Exothermic
 - Toxic effects of monomer
 - Shrinkage with polymerization
 - Grout, not adhesive
- UHMWPE (polyethylene)
 - Lipid absorption
 - Wear particles
 - Low coefficient of friction and creep resistant

Polymers in Orthopedics

- Swanson Finger
- Wright Medical Technology
- Silicone and Titanium
- First implant: 1969



PRE-OP



POST-OP



<http://www.wmt.com/>

What are key design criteria for artificial biomaterials?

- Restore mechanical function
- Biocompatibility
- Chemically Stable

Requirements for Biomaterials

- Must re-establish mechanical function with healing or replacement:
 - Structural and mechanical criteria
 - Strength
 - Stiffness
 - Fatigue life
 - Wear
 - Wear debris

Requirements for Biomaterials

- Must be biocompatible
 - No inflammatory response
 - Inflammation causes lymphocyte invasion, vascular occlusion, tissue necrosis, fibrous tissue formation, prosthesis / implant loosening
 - Not carcinogenic
 - Not toxic
 - Not mutagenic, No immunogenic response

Requirements for Biomaterials

- Must not be adversely affected by biological environment, i.e. stable
 - Non-corrosive (metals) to minimize:
 - Stress corrosion
 - Galvanic corrosion
 - Crevice corrosion
 - Lipid absorption (polymers) causing property degradation

Requirements for Biomaterials

- Manufacturing and Use
 - Machinability
 - Ductility (plates must be contoured during use)
 - Cost and supply
 - Requisite size (determined by mechanical properties) versus available space
 - Sterilizable
 - Size of material (i.e. wear debris)
biocompatibility doesn't fix things