Arthrex[®] Bio and Biocomposite Implants: Post-op Complaint Analysis by Product Family

Arthrex Research and Development

Objective

The use of biodegradable implants in orthopedic applications has, in rare instances, been attributed to local inflammatory responses. Polymer degradation that occurs too quickly may decrease the local pH at the surgical repair site, thereby increasing the activity of osteoclasts to resorb tissue and screw material, weaken the interface, and induce inflammation.^{1,2} These inflammatory responses have been characterized by Weiler et al as "mild, nonspecific tissue responses with fibroblast activation and the invasion of macrophages, multinucleated foreign-body giant cells, and neutrophilic polymorpho-nuclear leukocytes during [the polymer's] final stage of degradation."³ Reaction rates to polylactic acid (PLA) have been reported in literature to range from 0%,4-6 to 0.04%,7 0.2%,8 1.2%,9 3.7%,¹⁰ and even as high as 60%.¹¹ There are a multitude of variables affecting the rate of degradation, including implant and environmental factors,12 by-products of degradation, and inherent differences in composition from one medical device company's material to another. For this reason, specific complaint rate analyses should be investigated per medical device manufacturer and material. In this review, we provide post-op complaint rates for our biodegradable implants.

Methods and Materials

Arthrex reviewed all complaints received from June 2004 through December 2019 that were related to biodegradable implants. Our biodegradable implants include bio (100% polymer) and biocomposite (polymer and ceramic) materials. All complaints associated with patient infection or reaction were included in this analysis. Arthrex implant sales data were populated from June 2004 through December 2019.

Results

All data compiled from June 2004 through December 2019 are shown in Table 1 and were broken down according to product family.

Table 1

Reaction Rates for Bio Implants by Product Family		
Product Family	Reaction Rate (%)	Reaction Rate Per Million
Bio-SwiveLock [™] Anchor	0.0009	9
Bio-Corkscrew® Anchor	0.0020	20
Bio-PushLock [™] Anchor	0.0011	11
Bio-SutureTak® Anchor	0.0004	4
Bio Total	0.0012	12
Reaction Rates for BioComposite Implants by Product Family		
Product Family	Reaction Rate (%)	Reaction Rate Per Million
BioComposite SwiveLock® Anchor	0.0010	10
BioComposite Corkscrew [®] Anchor	0.0007	7
BioComposite PushLock® Anchor	0.0005	5
BioComposite SutureTak® Anchor	0.0012	12
Biocomposite Total	0.0009	9

Conclusion

The complaint data compiled for this review clearly demonstrate that the risk of inflammatory response or reaction post-op is very low for both bio and biocomposite implants manufactured by Arthrex, Inc. Arthrex maintains that the safety and effectiveness of our carefully selected materials contribute to safe and successful patient outcomes.



References

- Komarova SV, Pereverzev A, Shum JW, Sims SM, Dixon SJ. Convergent signaling by acidosis and receptor activator of NF-kappaB ligand (RANKL) on the calcium/ calcineurin/NFAT pathway in osteoclasts. *Proc Natl Acad Sci U S A*. 2005;102(7):2643-2648. doi:10.1073/pnas.0406874102
- Hunt JA, Callaghan JT. Polymer-hydroxyapatite composite versus polymer interference screws in anterior cruciate ligament reconstruction in a large animal model. *Knee Surg Sports Traumatol Arthrosc.* 2008;16(7):655-660. doi:10.1007/s00167-008-0528-8
- Weiler A, Hoffmann RF, Stähelin AC, Helling HJ, Südkamp NP. Biodegradable implants in sports medicine: the biological base. *Arthroscopy*. 2000;16(3):305-321. doi:10.1016/ s0749-8063(00)90055-0
- Barber FA, Elrod BF, McGuire DA, Paulos LE. Preliminary results of an absorbable interference screw. *Arthroscopy*. 1995;11(5):537-548. doi:10.1016/0749-8063(95)90129-9
- Tan CK, Guisasola I, Machani B, et al. Arthroscopic stabilization of the shoulder: a prospective randomized study of absorbable versus nonabsorbable suture anchors. *Arthroscopy*. 2006;22(7):716-720. doi:10.1016/j.arthro.2006.03.017
- Frank JB, ElAttrache NS, Dines JS, Blackburn A, Crues J, Tibone JE. Repair site integrity after arthroscopic transosseous-equivalent suture-bridge rotator cuff repair. *Am J Sports Med.* 2008;36(8):1496-1503. doi:10.1177/0363546507313574
- Burkhart SS. Case report by Drs. Glueck, Wilson, and Johnson entitled "Extensive osteolysis after rotator cuff repair with a bioabsorbable suture anchor" (May 2005, pages 742-744). Am J Sports Med. 2005;33(11):1768. doi:10.1177/0363546505280432
- 8. Böstman OM, Pihlajamäki HK. Adverse tissue reactions to bioabsorbable fixation devices. *Clin Orthop Relat Res.* 2000;(371):216-227.
- 9. Bucholz RW, Henry S, Henley MB. Fixation with bioabsorbable screws for the treatment of fractures of the ankle. *J Bone Joint Surg Am.* 1994;76(3):319-324. doi:10.2106/00004623-199403000-00001
- Cummins CA, Strickland S, Appleyard RC, Szomor ZL, Marshall J, Murrell GA. Rotator cuff repair with bioabsorbable screws: An in vivo and ex vivo investigation. *Arthroscopy*. 2003;19(3):239-248. doi:10.1053/jars.2003.50013
- Bos RR, Boering G, Rozema FR, Leenslag JW. Resorbable poly(L-lactide) plates and screws for the fixation of zygomatic fractures. *J Oral Maxillofac Surg.* 1987;45(9):751-753. doi:10.1016/0278-2391(87)90194-7
- Kontakis GM, Pagkalos JE, Tosounidis TI, Melissas J, Katonis P. Bioabsorbable materials in orthopaedics. Acta Orthop Belg. 2007;73(2):159-169.

