

Arthrex Bio and BioComposite Implants: Postoperative Complaint Analysis

Arthrex Orthopedic Research

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 poly-lactic acid (PLA) have been reported in the literature to range from 0%⁴⁻⁶ to 0.04%,⁷ 0.2%,⁸ 1.2%,⁹ 3.7%,¹⁰ and 60%.¹¹ There are a multitude of variables affecting the rate of degradation, including implant and environmental factors,¹² byproducts 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 postoperative complaint rates for our biodegradable implants.

Methods and Materials

Arthrex reviewed all complaints received from June 2004 through March 2024 that were related to biodegradable and nonbiodegradable implants. Our biodegradable implants include Bio (100% polymer) and BioComposite (polymer and ceramic). Our nonbiodegradable implants include PEEK (polyetheretherketone) and metal. All complaints associated with inflammatory response or reaction were included in this analysis. Arthrex implant sales data were populated from June 2004 through March 2024.

Results

All data compiled from June 2004 through March 2024 are shown in Table 1. The following reaction rates were observed: Bio= 13 per million implants, BioComposite= 11 per million implants, PEEK= 10 per million implants and metal= 13 per million implants.

Table 1.

| Material | Units Sold | Reactions | Reaction Rate |
|--------------|------------|-----------|---------------|
| Bio | 9,121,370 | 123 | 0.0013% |
| BioComposite | 19,179,963 | 220 | 0.0011% |
| PEEK | 6,650,243 | 67 | 0.0010% |
| Metal | 26,675,671 | 340 | 0.0013% |

Conclusion

The complaint data compiled for this review clearly demonstrate that the risk of postoperative inflammatory response or reaction is very low for both the biodegradable and nonbiodegradable 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

1. 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
2. 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. 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
3. 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
4. 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
5. 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
6. 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
7. 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
10. 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
11. 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
12. Kontakis GM, Pagkalos JE, Tosounidis TI, Melissas J, Katonis P. Bioabsorbable materials in orthopaedics. *Acta Orthop Belg*. 2007;73(2):159-169.