# MME 4506 Biomaterials

**Metallic Biomaterials** 

#### Most common orthopedic materials: 4/10 of all implant materials



Also used in cardiovascular stents, catheters, and surgical instruments



High tensile and fatigue strength, ease of processing

The market for metallic implants is estimated around 30 Billion \$US

## **Critical properties in metallic biomaterials** Fatigue



Cobalt alloy Failed by fatigue fracture of the welds on the struts

## **Critical properties** Friction wear resistance

Interactions between articulating surfaces results in release of wear particles



Elevated Co and Cr concentrations in blood and urine are found for contacting metals in hip replacement cup

Decreased wear with increased femoral head because of increased fluid lubrication

Metals can be coated with ceramics, nitrided or diamond coated to improve wear resistance

Highly reactive metals like titanium, aluminum and chromium form an impervious oxide layer on surface of the implant that protects the underlying materials (subject to fretting corrosion)

## **Critical properties** Elastic modulus

Stress shielding may occur in orthopedic applications if the modulus of the metal is much higher than that of bone



The more rigid the stem, the less load it transfers to the bone Bone tissue resorts as a result of remodeling due to lack of mech

Bone tissue resorbs as a result of remodeling due to lack of mechanical loading, leading to implant loosening

## **Critical properties**

Surface roughness and porosity

Increase in surface roughness or addition of porosity increases osseointegration

Surface roughness techniques for metals: High temperature sintering of alloy particles, plasma or flame spraying of metal powder onto the surface

Metal fibers or porous ceramics can be used for porous layers







#### **Critical properties** Corrosion resistance





The first metal alloy developed specifically for human use was vanadium steel for bone fracture plates and screws

It is no longer used in implants since its corrosion resistance is inadequate in vivo.

Most metals in the implants such as iron, chromium, cobalt, nickel, titanium, tantalum, molybdenum, and tungsten can be tolerated by the body in very small amounts These implants can corrode in an in vivo environment so they are not biocompatible

The consequences of corrosion are the disintegration of the implant material and the harmful effect of corrosion products on the surrounding tissue

#### Stainless steels

The first stainless steel utilized for implant fabrication was 18-8 or type 302, which is stronger and more corrosion resistant than the vanadium steel

It was modified with a small percentage of molybdenum as 18-8sMo, to improve corrosion resistance in salt water. It is also known as 316 stainless steel

Later in the 1950s, the carbon content of 316 stainless steel was reduced from 0.08% to 0.03 for better corrosion resistance to chloride solution. Its classification number is 316L

ASTM recommends type 316L rather than 316 for implant fabrication

All types of stainless steels contain at least 11% chromium for effective corrosion resistance. They also contain significant amounts of Ni and Mo

**TABLE 40.1**Compositions of 316L

Stainless Steel

Element	Composition, %	TADIE 40.2	Machanical Properties of 3161	Stainless Steel for Implants		
Carbon Manganese Phosphorus*	0.03 max 2.00 max 0.03 max	Condition	Ultimate Tensile Strength, min (MPa)	Yield Strength (0.2% offset), min (MPa)	Elongation 2-in (50.8 mm) min%	Rockwell Hard
Sulfur	0.03 max	Annealed	485	172	40	95 HRB
Silicon	0.75 max	Cold-worked	860	690	12	
Chromium	17.00 - 20.00					
Nickel	12.00 - 14.00					
Molybdenum	2.00-4.00					

Molybdenum improves resistance to pitting corrosion in salt water

Nickel stabilizes the austenite phase at room temperature and enhances corrosion resistance

The austenitic stainless steels are most widely used for implant fabrication. They offer better corrosion resistance than other types. They can only be hardened by cold working

The austenitic phase stability can be influenced by both the Ni and Cr contents





Even the 316L stainless steels may corrode in the body at highly stressed and oxygendepleted regions such as the contacts under the screws of a fracture plate

Thus they are suitable to use only in temporary implants such as fracture plates and hip nails

## CoCr alloys

There are two basic types:

- CoCrMo which is usually used for casting. Has been used for many decades in dentistry and recently for artificial joints
- CoNiCrMo alloy which is usually wrought by hot forging. It is used for making stems of prosthesis for heavily loaded joints such as knee and hip



There are also CoCrWNi and CoNiCrMoWFe wrought alloys that are less commonly used as implants

Element	CoCrMo (F75)		CoCrWNi (F90)		CoNiCrMo (F562)		CoNiCrMoWFe (F563)	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximun
Cr	27.0	30.0	19.0	21.0	19.0	21.0	18.00	22.00
Мо	5.0	7.0			9.0	10.5	3.00	4.00
Ni		2.5	9.0	11.0	33.0	37.0	15.00	25.00
Fe	Marganet Law	0.75	h	3.0	-	1.0	4.00	6.00
С		0.35	0.05	0.15		0.025		0.05
Si	_	1.00	_	1.00		0.15		0.50
Mn		1.00		2.00		0.15		1.00
N			14.0	16.0			3.00	4.00
)						0.015		
			_			0.010		0.010
ï						1.0	0.50	3.50
20			Balance					

The two basic elements of the CoCr alloys form a solid solution of up to 65% Co

Mo is added to produce finer grains which result in higher strength after casting or forging

Advantages of CoNiCrMo

- Highly corrosion resistant to seawater under stress
- Cold working can increase the strength considerably but requires high stresses
- Superior fatigue and tensile strength

Disadvantages

- Large implants such as hip joint stems can only be made by hot-forging
- Poor frictional properties with itself and other metals

Overall the wrought CoNiCrMo alloy is suitable for applications that require long service life without fracture or stress fatigue such as stems of hip joint prosthesis

The modulus of elasticity for the CoCr alloys do not change much with the composition. It is between 220-234 GPa which is higher than other metals such as stainless steels

This may result in different load transfer modes to the bone in artificial joint replacements due to the stress shielding effect

TABLE 40.4 Mechanical Proper	ty Requirements o	f CoCr Alloys			
			Wrought CoNiCrMo (F562)		
Property	Cast CoCrMo (F75)	Wrought CoCrWNi (F90)	Solution Annealed	Cold Worked and Aged	
Tensile strength, MPa	655	860	793-1000	1793 min	
Vield strength (0.2% offset), MPa	450	310	240-655	1585	
Elongation, %	8	10	50.0	8.0	
Reduction of area, %	8		65.0	35.0	
Fatigue strength, MPa*	310				



#### Titainium and its alloys

The first titanium implant was used in cat femurs in late 1930s

Titanium's lightness and good mechanochemical properties make it suitable for implants

Metal	Density
Titanium	4.5
316 stainless steel	7.9
CoCrMo	8.3
CoNiCrMo	9.2

It derives its resistance to corrosion by the formation of a solid oxide layer. Under in vivo conditions  $TiO_2$  layer forms a thin adherent film and passivates the material

There are four grades of commercially pure titanium for implant applications Oxygen has a great influence on the ductility and strength

11101010 1010	Silennear compositions of Thamamana in Thor						
Element	Grade 1	Grade 2	Grade 3	Grade 4	Ti6Al4V*		
Nitrogen	0.03	0.03	0.05	0.05	0.05		
Carbon	0,10	0.10	0.10	0.10	0.08		
Hydrogen	0.015	0.015	0.015	0.015	0.0125		
Iron	0.20	0,30	0.30	0.50	0.25		
Oxygen	0.18	0.25	0.35	0.40	0.13		
Titanium			balance				

TABLE 40.5 Chemical Compositions of Titanium and Its Alloy

Titanium is an allotropic material which exists as hcp  $\alpha$ -Ti up to 882 C and bcc  $\beta$ -Ti above that temperature

Addition of alloying elements enables it to have a wide range of properties:

- Aluminum stabilizes the  $\alpha$  -phase
- Vanadium stabilizes the  $\beta$  -phase

The lpha -alloys have single phase microstructure which promotes weldability

High Al alloys of Ti also have high strength and oxidation resistance at high temperatures

The precipitates of the  $\beta$  -phase are formed below the transformation temperature when vanadium is present. These alloys can be heat treated for strengthening and give the highest strength of Ti alloys

Higher V amount (13% in Ti13V11Cr3Al) results in a microstructure that consists of  $\beta$  only

Another Ti alloy (Ti13Nb13Zr) results in martensite structure which shows high corrosion resistance and low modulus

Properties	Grade 1	Grade 2	Grade 3	Grade 4	Ti6AI4V	Ti13Nb13Zr
Tensile strength, MPa	240	345	450	550	860	1030
Yield strength (0.2% offset), MPa	170	275	380	485	795	900
Elongation, %	24	20	18	15	10	15
Reduction of area, %	30	30	30	25	25	45

**TABLE 40.6**Mechanical Properties of Ti and Its Alloys

In general higher alloying content in Ti leads to higher strength and lower ductility

Their strengths vary from a value much lower than that of 316 SS or the CoCr to a value equal that of cast CoCrMo alloy

However titanium alloys are superior to other alloys used in implant production in terms of specific strength

The shear strength and friction wear resistance of Ti alloys are low which prevent its use in bone screws, plates and similar applications under shear stress





#### Exotic Titanium alloys

Ti-Ni alloy has shape memory effect which enables it to snap back to its previous shape when deformed prior to a heat treatment

Especially 1:1 atomic ratio Ti-Ni alloy reverts back to its original shape as the temperature is raised, if it is plastically deformed below the transformation temperature (480-510 C)

This shape memory effect is generally related to a diffusionless martensitic phase transformation which is thermoelastic in nature



Applications of these alloys are orthodontic dental archwires, intercranial aunerysm clips, vascular filters, contractile artificial muscles and orthopedic implants

55-Nitinol (55 wt% or 50 at% Ni) has a single phase and mechanical memory, acoustic damping, thermomechanical conversion, good fatigue and ductility properties

Shape recovery capability decreases and precipitation strengthening capability increases rapidly as the Ni content is increased to 60%

Both 55- and 60-Nitinol have low modulus of elasticity and are tougher than stainless steel, NiCr, or CoCr alloys

NiTi alloys also have good biocompatibility and corrosion resistance in vivo









#### **Dental metals**

Amalgam is an alloy made of liquid mercury and other solid metal particulate alloy made of silver, tin, copper

The solid alloy is mixed with liquid mercury in a mechanical mixer and the resulting material is packed into the tooth cavity

A solid alloy composed of 65% Ag, 29% Sn, 6% Cu, 2% Zn, 3% Hg reacts with liquid Hg accordingly: Alloy + Hg (I) =  $Ag_3Sn + Ag_2Hg_3 + Sn_7Hg$ 

Fully set in about one day, the final composition of dental amalgam typically contains 45-55% Hg, 35-45% Ag, 15% Sn





Gold and its alloys are useful in dentistry because of their durability, stability and corrosion resistance

Gold alloys have superior mechanical properties than those of pure gold. They are used for cast restorations

Corrosion resistance of gold alloys are good if they contain >75% gold and other noble metals

Copper alloying significantly increases the strength of gold

Platinum alloying also improves strength but the melting temperature of the alloy increases excessively above 4% Pt

Small amount of Zinc is useful to lower the melting temperature and as a flux to remove oxides

Softer gold alloys containing >83% gold are used for inlays in tooth cavities which are not subjected to high stresses



Other metals subjected to specialized implant applications are:

Tantalum – Biocompatible but poor mechanical properties (Tensile strength 207<>517 MPa, E Modulus = 190 GPa, Elongation < 30%) and high density (16.6 g/cc)

Only applications are wire sutures and radioisotope for bladder tumors

Platinum – Pt and other noble metals in the platinum group are very resistant to corrosion but have poor mechanical properties

Only application is electrodes such as pacemaker tips

Ni-Cu alloys – 70-30% alloy has thermoseed property. They provide a continuous heat source through resistive heating of the material, upon application of an alternating magnetic field

Used in hyperthermia therapy



