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Functionalised Capacitive Microfluidic Force Sensors for Orthopaedic Implants

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INTRODUCTION

- The average age of a patient requiring a hip replacement is decreasing¹, so implants must survive greater activity levels and higher stresses than those exerted by older, less active patients.
- Quantitative force feedback during surgery could provide more accurate implant positioning, increasing the average lifetime and reducing the need for revision surgery^{2,3,4}.
- However, there are currently no commerciallyavailable force sensors capable of providing this information within the small and complex hip joint.



Microfluidic chip: made from elastomer (such as PDMS or Formlabs' Flexible Resin) and produced using a stereolithography (SLA) 3D-printed mould, or by directly 3D-printing the chip.

Interdigitated electrodes: produced by aerosol-jet printing onto a Kapton (polyimide, PI) film using silver nanoparticle ink, as per the group's previous work^{4,5}. An insulating PI layer was printed on top of the electrodes.

Assembly: the microfluidic chip and electrode layer were bonded using a primer and silicone glue. Once the glue dried, the reservoir was filled with a 2:1 by volume glycerol-water mixture.

Mock implant geometry: two cups were fabricated using SLA 3D printing. The sensors were placed into grooves within the outer cup.

DESIGN AND OPERATION

- An elastomeric layer with the reservoir and microchannel was bonded to a Kapton layer with aerosol-jet printed interdigitated electrodes (Fig. 1a).
- Applied force to reservoir displaced fluid along the channel.
- Fluid overlap increases the capacitance of the electrodes.
- Sensors operational at same curvature as hip joint.

Figure 1: sensor design and operation. (a) Schematic of microfluidic force sensor, showing the design of each layer. (b,c) Photographs of the sensor, showing its flexibility.



CONCLUSIONS

- A flexible, conformable, microfluidic force sensor was developed using low-cost, scalable additive manufacturing techniques.
- Sensors were incorporated into a mock hip implant geometry and loaded up to 100 N. Load transfer can be seen between sensors, indicating that they could be used to determine balance within a joint.
- Maximum force reached = 100 N, without failure.
- Sensitivity = 0.06 pF N⁻¹ with r^2 = 0.95.
- Fatigue life = 100 cycles, without failure.

- Fig. 2a).

Figure 2: sensor calibration. (a) Linear motor setup. (b) Calibration of sensor up to 20 N to determine sensitivity (shaded area = 95% confidence interval). (c) Fatigue life: at least 100 cycles without significant change in device performance.



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² Ullmark, G. (2016). The unstable total hip arthroplasty. EFORT Open Reviews, 1(4), 83– 88. https://doi.org/10.1302/2058-5241.1.000022 ³ Hip and Knee Replacements in Canada, 2017–2018: Canadian Joint Replacement Registry Annual Report. (2019).

⁴ MacDessi, S. J., et al. (2020). Surgeon-defined assessment is a poor predictor of knee balance in total knee arthroplasty: a prospective, multicenter study. Knee Surgery, Sports Traumatology, Arthroscopy. https://doi.org/10.1007/s00167-020-05925-6

⁵ Ćatić, N., et al. (2020). Aerosol-jet printing facilitates the rapid prototyping of microfluidic devices with versatile geometries and precise channel functionalization. Applied Materials Today. https://doi.org/10.3390/w9120928

CALIBRATION

Calibration up to 25 N achieved using a linear motor (LinMot,

• Linear capacitance-force relationship was observed (Fig. 2b). • Linear regression obtained sensitivity of 0.06 F N⁻¹, $r^2 = 0.95$. • Fatigue life of sensors exceeded 100 cycles (0-10 N applied force) without significant change in device performance (Fig. 2c).

REFERENCES

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