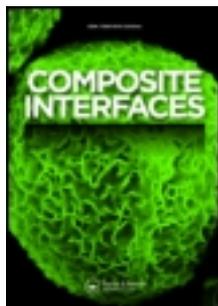


This article was downloaded by: [Piyali Basak]

On: 05 September 2013, At: 08:04

Publisher: Taylor & Francis

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Composite Interfaces

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tcoi20>

### Synthesis and characterization of polyether urethane coatings for preventing implant infection

Neha Arora<sup>b</sup>, Asif Ali<sup>a</sup>, Sohini Sen<sup>a</sup>, Nandan Kumar Jana<sup>b</sup> & Piyali Basak<sup>a</sup>

<sup>a</sup> School of Bioscience and Engineering, Jadavpur University, Kolkata, India

<sup>b</sup> Department of Biotechnology, Heritage Institute of Technology, Kolkata, India

Published online: 05 Sep 2013.

To cite this article: Composite Interfaces (2013): Synthesis and characterization of polyether urethane coatings for preventing implant infection, Composite Interfaces

To link to this article: <http://dx.doi.org/10.1080/15685543.2013.831276>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

## Synthesis and characterization of polyether urethane coatings for preventing implant infection

Neha Arora<sup>b</sup>, Asif Ali<sup>a</sup>, Sohini Sen<sup>a</sup>, Nandan Kumar Jana<sup>b</sup> and Piyali Basak<sup>a\*</sup>

<sup>a</sup>School of Bioscience and Engineering, Jadavpur University, Kolkata, India; <sup>b</sup>Department of Biotechnology, Heritage Institute of Technology, Kolkata, India

(Received 29 December 2012; accepted 13 May 2013)

The common complication associated with implants is microbial infection due to biofilm formation. Among bacterial infections *Staphylococcus aureus* remains a major challenge. This threat posed by implant associated infection affects a large percentage of population. One of the strategies to combat this risk is to coat the implant surface with polymers loaded with antibiotics. The antibiotics release at implantation site will prevent microbial infection. We have synthesized polyether urethane membrane using biocompatible isocyanate. Synthesis of the polyether urethane membrane was confirmed through Fourier transform infrared spectroscopy analysis. The membranes were further characterized by X-ray diffraction, swelling study (in water, simulated body fluid, tetrahydrofuran), drug release study, and antibiotic assay. Information of swelling study is used for drug loading and explanation of drug release from the membranes. We have used antibiotics for drug release study as they find application to combat infections. From the results, it was observed that antibiotic-loaded implant coatings may find application for preventing implant infection.

**Keywords:** swelling property; drug release; antibiotic assay; biofilm

### 1. Introduction

The major complication associated with implants is microbial infection due to biofilm formation. Biofilms are remarkably resistant to both the immune response and systemic antibiotic therapies, and thus their development is the primary cause of implant-associated infection.[1] Once formed, a biofilm is extremely difficult to eradicate, even with vigorous antibiotics treatment.[2] Unfortunately, the lack of a suitable treatment often leaves extraction of the contaminated device as the only viable option for eliminating the biofilm.[1] Therefore, inhibiting biofilm formation is the most crucial step in preventing implant-associated infection. Among different infection-causing bacteria, *Staphylococcus epidermidis* and *Staphylococcus aureus* (gram negative bacteria) are the most difficult ones to handle and are responsible for most of the implant-related infection.[3–5] Development of appropriate biodegradable polymer coating for medical devices to entrap antibiotics, has gained importance in recent research.[6] Antibiotic would release from the coating in the implantation site and this released antibiotic will prevent the bacterial infection. Among different polymers used as implant coating,

---

\*Corresponding author. Email: piyali\_bioengg@school.jdvu.ac.in

polyurethane elastomers are among the high-performing medical-grade polymers.[7] Chemical, mechanical, and biological properties of polyurethane make them suitable to be used in a diverse range of implantable medical devices. This owes to their unique combination of toughness, durability, flexibility, hydrophobic–hydrophilic balance, biocompatibility, and biostability.[7] Many research activities have been undertaken to resist bacterial adhesion on implant surface, where antibiotic loaded polymer coatings have shown significant preventive strategy by arresting the biofilm formation.[8] Therefore, polymers can be used for coating implants and other medical devices for preventing microbial infection.

We have synthesized a polyurethane coat by using biocompatible isocyanate (PUBI). *In vitro* drug release study was carried out in simulated body fluid (SBF) and water. Antibiotic was loaded in the synthesized polyurethane. Antibiotic-loaded polyurethane membranes were assessed for their capability of preventing microbial growth through antibiotic assay.

## 2. Experimental

### 2.1. Materials

Tetrahydrofuran (THF) and Polyethylene glycol (PEG) 400, Merck India Ltd. Hexamethylene diisocyanate (HDI), Sigma–Aldrich. Nutrient broth, Hi media. Bacterial culture (*S. aureus*). Streptomycin, Abbott Healthcare Pvt Ltd. Rifampicin, Central Drug House, India.

### 2.2. Method

#### 2.2.1. Synthesis of polyether urethane

The polyurethane membrane was synthesized by reacting PEG with HDI in THF medium at 80 °C for 1 h with controlled and continuous stirring. The reaction scheme is shown in Figure 1. Film was cast by pouring the solution in Petri plates. The membrane was then cured for 5 h at 80 °C in oven and after that swelled in water and THF. Finally, the membranes were oven-dried at 65 °C. Polyurethane membrane samples were washed with water to remove water soluble impurities, if any.

#### 2.2.2. Preparation of SBF

SBF solution has ionic composition and pH almost equal to that of human blood plasma. It does not contain any organic constituents and proteins. There are a large number of existing formulations for SBF. We have used the composition of Hanks' balanced salt solution.[9]

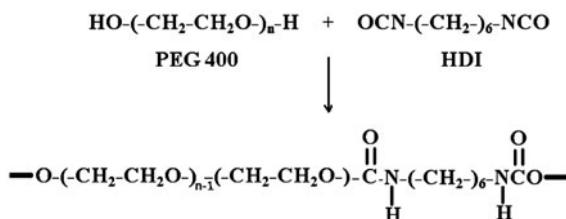


Figure 1. PUBI synthesis scheme.

### 2.2.3. Bacteria culture media preparation

For culturing bacteria, the media was prepared by dissolving 3.75 g nutrient broth and 5 g agar in 250 ml distilled water. The media was sterilized by autoclaving (15 lb/in<sup>2</sup>, 121 °C for 15 min).

## 2.3. Characterization

### 2.3.1. Swelling analysis

Dried and pre-weighed pieces of polyether membranes were immersed in THF, SBF, and water. The membranes were taken out of solution, gently wiped, and weighed from time to time. The total duration of swelling analysis was six h. The degree of swelling was calculated as follows:

$$\text{Degree of swelling} = \frac{(W_F - W_I)}{W_I} \times 100 \quad (1)$$

where  $W_F$  and  $W_I$  are the final wet and initial dry weights of the PUBI membranes, respectively.

### 2.3.2. FTIR analysis

FTIR analysis of PUBI membranes was performed by using Shimadzu FTIR instrument in the frequency range of 3000–500 cm<sup>-1</sup>. Before FTIR study, the PUBI membrane was prepared by cleaning with acetone to remove any impurity.

### 2.3.3. Degradation study

Degradation study of the membrane was carried out for 10 days in 20 ml of SBF. Dried and pre-weighed pieces of polyether membranes were immersed in SBF and then incubated at 37 °C. At different time intervals, the samples were taken out. The samples were then wiped, swelled in water, and oven-dried at 65 °C. After drying, the weight of the sample was noted. The weight loss was calculated as follows:

$$\text{Percentage weight loss} = \frac{(W_D - W_I)}{W_I} \times 100 \quad (2)$$

where  $W_D$  and  $W_I$  are the final and initial dry weights of the PUBI membranes, respectively.

### 2.3.4. Drug loading

One of the best approaches to improve the efficiency of conventional antibiotics is to release them at the site of implantation from a surface coating. Antibiotics used for studying drug release are streptomycin and rifampicin. Biocompatible polymer coatings (e.g. polyurethane, silicone rubber, polyhydroxyalkanoates, etc.) that actively release antibiotics represent the first class of local antibiotic delivery strategies.[4] The membrane samples were dipped in antibiotic solution to facilitate loading of the drug onto the membrane. Water was used as a solvent for all the loaded antibiotics. Concentration

of antibiotics solution used for loading was 1.2 and 200 mg/ml for rifampicin and streptomycin, respectively.

#### 2.3.5. Drug release study

Drug release study was conducted in both SBF and water medium. At regular intervals, the medium was assayed for drug release using UV-vis spectrophotometer. The amount of drug released was determined spectrophotometrically at 257 nm for rifampicin and 195 nm for streptomycin, with replacement of fresh solvent. The total duration of drug release study was 10 days. The concentration of drug released was determined from the standard plot of absorbance vs. concentration for the respective antibiotics.

#### 2.3.6. X-ray diffraction

X-ray diffraction (XRD) pattern was obtained for PUBI membrane using Rigaku mini-flex X-ray diffractometer, Ultima III with a Cu radiation. The measurements were performed in the  $2\theta$  range of 5–60°.

#### 2.3.7. Antibiotic assay

The culture media was autoclaved and poured in Petri dish, and was allowed to solidify. *S. aureus* culture was spread on the media. Membranes loaded with antibiotics were placed in the Petri dish. The antibiotic activity of rifampicin and streptomycin was determined by measuring the diameter of zone of inhibition. The Petri dishes were kept in incubator overnight at 37 °C. The zone of inhibition was recorded for one week. Ten  $\mu$ l of SBF was added on the PUBI membranes in one-day interval to facilitate the diffusion of antibiotic in the surrounding medium.

### 3. Results and discussion

#### 3.1. Swelling analysis of PUBI membrane

Results of swelling analysis of PUBI membrane are shown in Figure 2. Swelling of polyurethane membrane is higher in SBF than in both water and THF. This may be because SBF has a slight alkaline pH. This slightly alkaline pH of SBF might have triggered degradation resulting in disruption of polymer chains leading to an increase in solubility of polymers.[6] Overall swelling of membrane is (30–32%), (36–37%), and (32–34%) in THF, SBF, and water, respectively.

#### 3.2. FTIR analysis

The synthesis of the PUBI was confirmed by FTIR analysis (Figure 3). There is a strong peak at  $1714\text{ cm}^{-1}$  due to the carbonyl group of the urethane bond. Another peak observed at  $1642\text{ cm}^{-1}$  is due to a hydrogen-bonded carbonyl group of polyurethane. There is a characteristic peak at  $1110\text{ cm}^{-1}$  which confirms the C–O–C aliphatic ether linkage. Antisymmetric, symmetric stretching of C–O provides peaks at 1247 and  $1125\text{ cm}^{-1}$  in the FTIR curve. For aliphatic C–H, the stretching band appeared around  $2850\text{ cm}^{-1}$ .

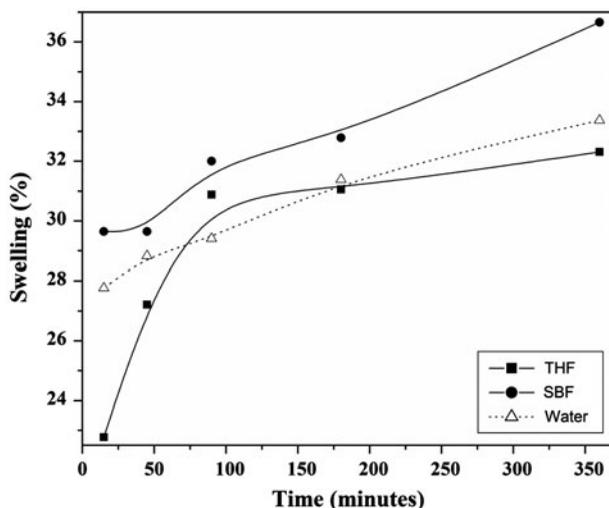


Figure 2. Swelling of PUBI in different medium.

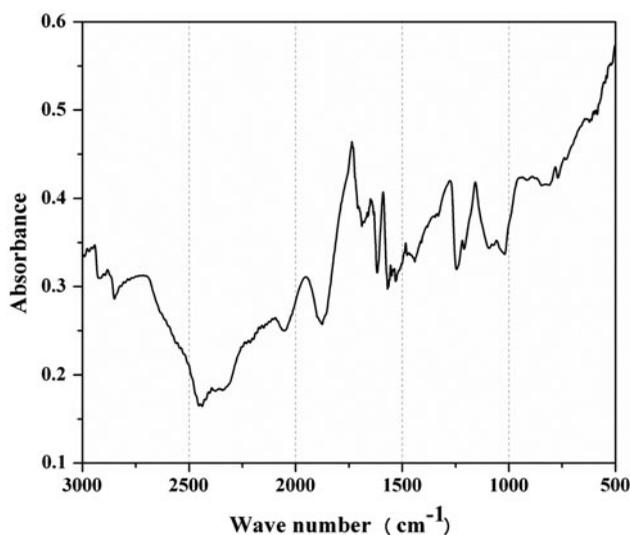


Figure 3. FTIR spectrum of PUBI.

### 3.3. Degradation study

Degradation of PUBI membrane was performed in SBF at 37 °C. The overall degradation of the membrane is 13.48% for a period of 10 days (Figure 4). Since degradation was carried out in SBF, only hydrolytic degradation is responsible for the weight loss of the membrane. The slight alkaline pH of SBF has facilitated the hydrolytic degradation.

### 3.4. In vitro drug release analysis

Figure 5 shows the release of rifampicin and streptomycin over a period of 10 days. It is observed that the release of the drug is more in water than in SBF for both the drugs.

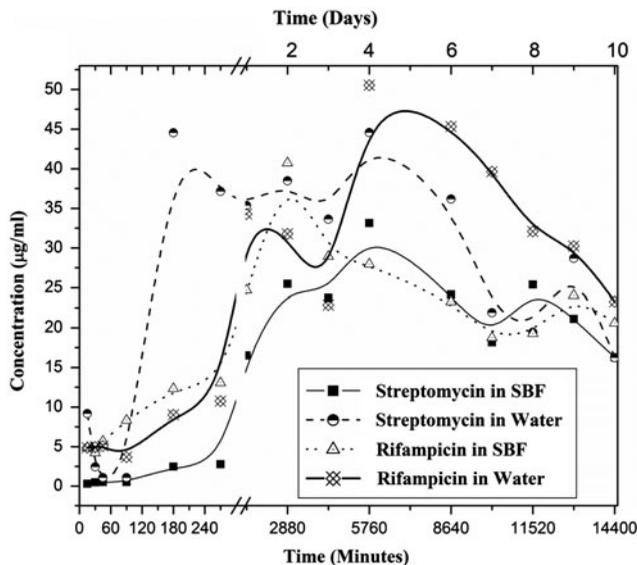


Figure 4. Degradation study of PUBI.

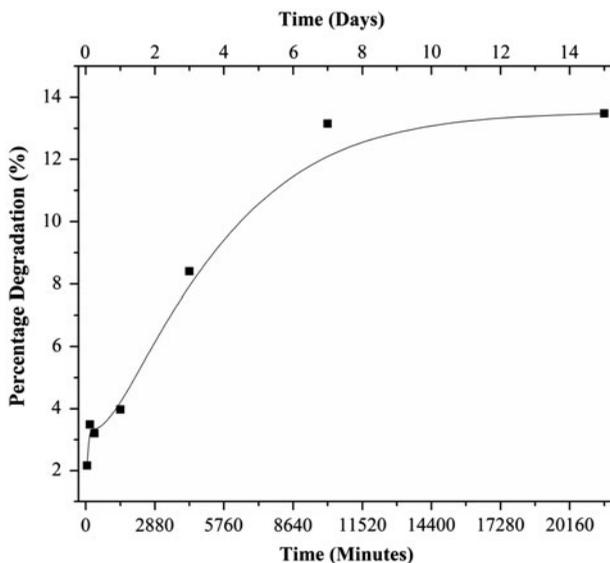


Figure 5. Release of antibiotics from PUBI.

This may be due to the difference in the ionic nature of the drug release medium. SBF is ionic in nature and ions may hinder the release of drug from the membrane, whereas drug diffuses out easily when the medium is water. Again, it is observed that the drug release rate decreased after the rate of degradation became constant (as per Figure 4). So, degradation may have facilitated drug release. However, antibiotic concentration in the release medium is more than its minimum effective concentration (MIC) (MIC for rifampicin and streptomycin are 1 and 16  $\mu\text{g/ml}$ , respectively), so they will be effective in the inhibition of bacterial infection.[10,11]

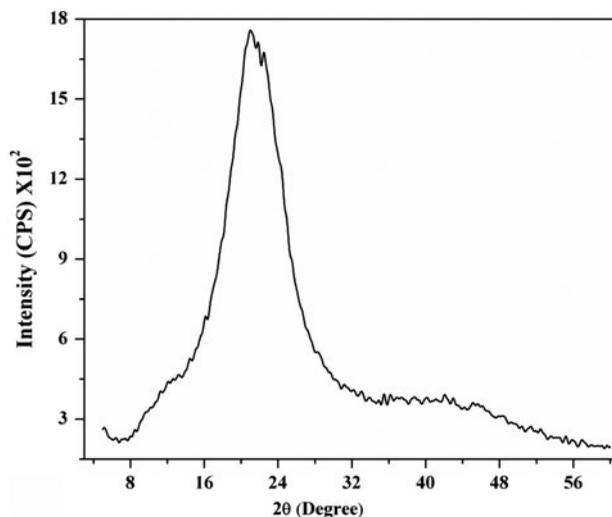


Figure 6. XRD pattern of PUBI.

### 3.5. XRD analysis

XRD pattern is shown in Figure 6. From the pattern, it appears that the PUBI membrane is amorphous in nature. During curing, cross-linking of the molecules is rapid and in a disordered fashion which facilitates the formation of amorphous region in the membrane.

### 3.6. Antibiotic assay

Antibiotic assay was carried out using rifampicin and streptomycin. Higher zone of inhibition was observed for rifampicin than for streptomycin as shown in Figure 7. Hence, rifampicin activity against the bacterial growth is better than streptomycin when

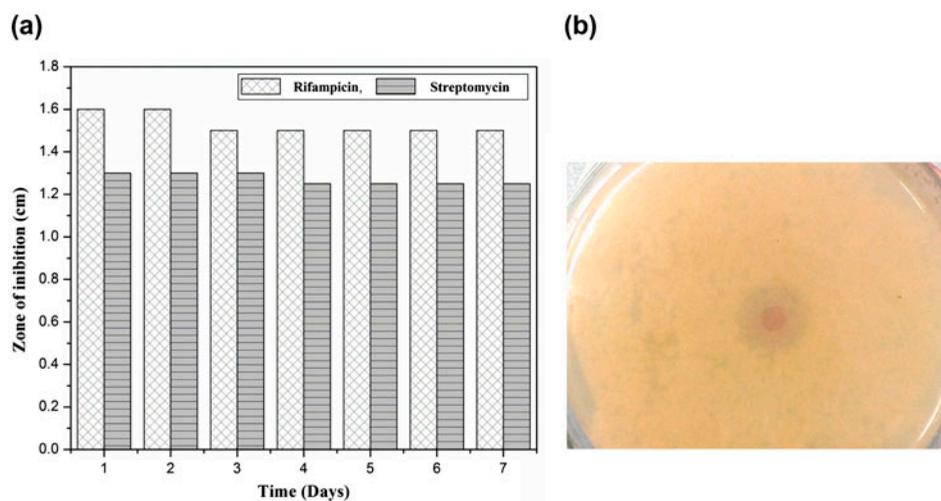


Figure 7. (a) Zone of inhibition of rifampicin and streptomycin. (b) Pictorial diagram of antibiotic assay (rifampicin).

loaded in the PUBI matrix. Zone of inhibition was maintained for one week's time with a small decrease in the diameter of inhibition after two days, for both the antibiotics. As SBF was added to PUBI, it helped in proper diffusion of antibiotics in the surrounding medium. Due to this, zone of inhibition has been maintained for one week's time.

#### 4. Conclusion

In summary, HDI-based polyether urethane was successfully synthesized. FTIR study confirms the synthesis of polyurethane bond. Swelling study reveals that this HDI-based polyurethane has similar swelling in all the three mediums, namely SBF, THF, and water. Both the drug release study and antibiotic assay were carried out for these PUBI membranes. From the results, it was observed that the loaded antibiotics had prevented the bacterial growth. So, these membranes can be used as a matrix for antibiotic loading to prevent bacterial infection. These membranes loaded with antibiotics should be subjected to antibiotic assay for a longer duration before going for animal trial. Degradation study reveals that the PUBI membranes were degraded in SBF. Hence, it can be concluded that the polyurethane membrane has the potential to be used as an implant-coating material to prevent biofilm formation, and due to biodegradable nature it will be excreted from the body slowly with time.

#### Acknowledgments

Authors would like to acknowledge Prof. Amit Dutta of Civil Engineering, Jadavpur University, for supporting the work of UV-vis studies. This work has been supported by The Institution of Engineers (India), 8 Gokhale Road, Kolkata-700020 under R&D Grant-in-Aid Scheme 2012–2013.

#### References

- [1] Schoenfisch MH, Hetrick EM. Reducing implant-related infections: active release strategies. *Chem. Soc. Rev.* 2006;35:780–789.
- [2] Kwok CS, Wan C, Hendricks S, Bryers JD, Horbett TA, Ratner BD. Design of infection-resistant antibiotic-releasing polymers: I fabrication and formulation. *J. Controlled Release.* 1999;62:289–299.
- [3] Schierholz JM, Fleck C, Beuth J, Pulverer G. The antimicrobial efficacy of a new central venous catheter with long-term broad-spectrum activity. *J. Antimicrob. Chemother.* 2000;46:45–50.
- [4] Schierholz JM, Steinhauser H, Rumps AFE, Berkels R, Pulverer G. Controlled release of antibiotics from biomedical polyurethanes: morphological and structural features. *Biomaterials.* 1997;18:839–844.
- [5] Gagnon RF, Richards GK, Subang R. Experimental *Staphylococcus epidermidis* implant infection in the mouse: kinetics of rifampin and vancomycin action. *ASAIO J.* 1992;38:596–599.
- [6] Basak P, Adhikari B. Effect of the solubility of antibiotics on their release from degradable polyurethane. *Mater. Sci. Eng., C.* 2012;32:2316–2322.
- [7] Khan I, Smith N, Jones E, Finch DS, Cameron RE. Analysis and evaluation of a biomedical polycarbonate urethane tested in an *in vitro* study and an ovine arthroplasty model. Part I: materials selection and evaluation. *Biomaterials.* 2005;26:621–631.
- [8] Basak P, Adhikari B, Banerjee I, Maiti TK. Sustained release of antibiotic from polyurethane coated implant materials. *J. Mater. Sci. Mater. Med.* 2009;20:S213–S221.
- [9] Hanks JH, Wallace RE. Relation of oxygen and temperature in the preservation of tissues by refrigeration. *Proc. Soc. Exp. Biol. Med.* 1949;71:196–200.
- [10] Sen PK, Roy BN, Chatterjee R. Rifampicin: biological values for action and intolerance. *Indian J. Tub.* 1985;32:81–85.
- [11] Sunde M, Norstrom M. The genetic background for streptomycin resistance in *Escherichia coli* influences the distribution of MICs. *Antimicrob. Chemother.* 2005;56:87–90.