
**Implants for surgery — In vitro evaluation
for apatite-forming ability of implant
materials**

*Implants chirurgicaux — Évaluation in vitro de la capacité de formation
d'apatite des matériaux d'implants*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

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Introduction

It has been revealed that materials of various kinds bind to living bone through a layer of apatite. It has been shown that this apatite layer can be reproduced on their surfaces in an acellular and protein-free simulated body fluid (SBF) with ion concentrations nearly equal to those of human blood plasma, and that apatite thus formed is very similar to the bone mineral in its composition and structure.

This evaluation of apatite-forming ability on implant material in SBF is useful for evaluating its *in vivo* bone-bonding ability preliminary to animal experiments. When a bioactive material is implanted in a living body, a thin layer rich in Ca and P forms on its surface. The material then connects to the living tissue through this apatite layer without a distinct boundary. It has been shown that this apatite layer can be reproduced on the surfaces of materials in SBF as well, and that apatite thus formed is very similar to bone mineral in its composition and structure. As bioactivity increases, apatite forms on the material surface in a shorter time in proportion to this increase. The formation of apatite layers can be detected by thin film X-ray diffraction spectrometry and/or scanning electron microscopy.

NOTE 1 The material which forms apatite on its surface *in vivo* can bond to living bone, since this apatite is biologically active. Their *in vivo* apatite deposition can be reproduced on their surfaces even *in vitro* in SBF. For example, *in vivo* calcification on surfaces of Bioglass®, CaO-SiO₂ glasses, Na₂O-CaO-SiO₂ glasses, Cerabone®A-W, Ceravital®-type glass-ceramic, sintered hydroxyapatite and alkali-heat-treated titanium metal, are correlated with *in vitro* calcification in SBF. However, this does not exclude the possibility that materials, which do not form apatite on their surfaces *in vivo*, bond to living bone. For example, it is reported that such resorbable materials as beta-tricalcium phosphate (Ca₃(PO₄)₂) and calcium carbonate bond to living bone without forming an apatite layer on their surfaces.

NOTE 2 It has been reported that glasses with different compositions in the system Na₂O-CaO-SiO₂ show a correlation between bone-forming ability of materials implanted into a bone defect of a rabbit and apatite-forming ability on its surface in SBF.

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Implants for surgery — In vitro evaluation for apatite-forming ability of implant materials

1 Scope

This International Standard describes the method for detecting apatite formed on a surface of a material in simulated body fluid (SBF).

2 Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 3696:1987, *Water for analytical laboratory use — Specification and test methods*

ISO 14630:2005, *Non-active surgical implants — General requirements*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 14630 and the following apply.

3.1

apatite

group of calcium-phosphates including bone mineral and the main inorganic constituent of bones and teeth similar to hydroxyapatite, which has the composition $\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_2$

NOTE Bone mineral also contains ions such as CO_3^{2-} , F^- , Na^+ and Mg^{2+} .

3.2

apatite-forming ability

capability to develop apatite on the surface

3.3

bioactivity

property that elicits a specific biological response at the interface of the material, which results in the formation of a bond between tissue and material

3.4

induction period

time to detect apatite formation on a surface of a specimen after soaking the specimen in simulated body fluid

3.5

simulated body fluid

SBF

inorganic solution having a similar composition to human plasma without organic components

3.6 standard glass for evaluating apatite-forming ability

class of standard glasses with certain chemical compositions showing given apatite-forming abilities in SBF and when implanted in an animal body

**3.7 thin film X-ray diffraction spectrometry
TF-XRD**

method for detecting minerals in a thin layer at the surface of a material from a diffraction pattern obtained by X-ray with small glancing angle against the surface of the sample

4 Apparatus

- 4.1 **Electric balance**, capable of measuring a mass with an accuracy of ± 1 mg.
- 4.2 **Water bath equipped with magnetic stirrer**, to maintain temperature of the solution within the range 36,0 °C to 40,0 °C.
- 4.3 **pH meter**, capable of measuring the pH of a solution with an accuracy of $\pm 0,01$.
- 4.4 **Thin film X-ray diffraction spectrometer**, capable of detecting apatite formed in a thin layer at the surface of a material.
- 4.5 **Scanning electron microscope**, capable of observing apatite grains and/or layers formed on a plain surface of a material with a magnification up to $\times 10\ 000$.

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5 Test specimen

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5.1 Specimen configuration and size

This International Standard allows specimens of any configuration and size derived from implant parts and devices to be used. However, a disc or rectangular plate specimen is highly recommended, because bioactivity of a material is evaluated by confirmation of apatite formed on the surface of the material using TF-XRD and/or SEM. Recommended specimen dimensions are shown in Figure 1.

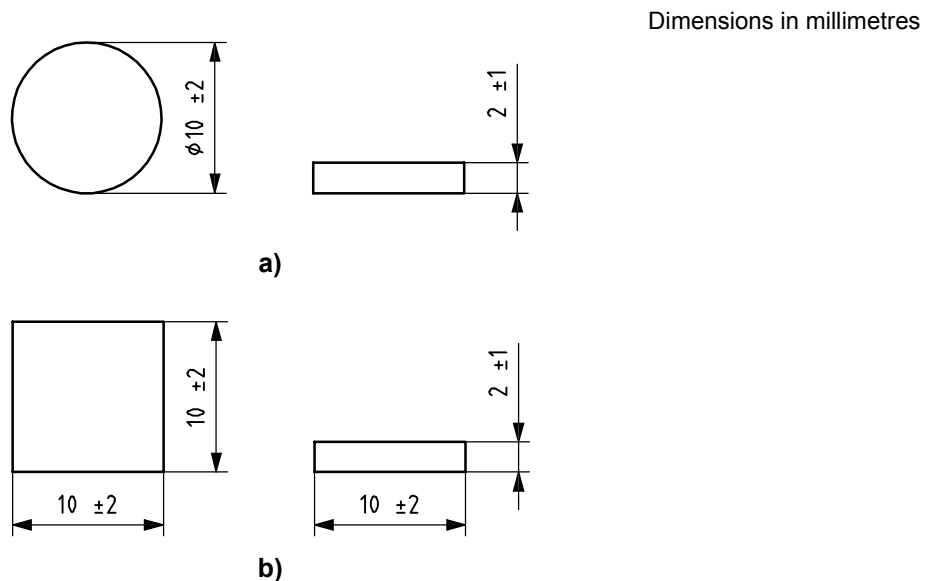


Figure 1 — Recommended specimen dimensions for (a) disc specimen and (b) rectangular specimen

5.2 Specimen preparation

5.2.1 General

This International Standard allows several options for specimen preparation. The specimens should be machined, if necessary, to alter the configurations of original implants.

5.2.2 Basic machining procedure

In the case of a rectangular thin plate specimen as shown in Figure 1 b), the following procedure shall be used. Specimens shall be ground using a diamond wheel of grit size between 120 and 400. Conditions such as depth of cut per pass, wheel speed and others depend on the ground material. Water soluble materials, such as bioactive standard glasses, shall be machined under non-aqueous conditions.

Where a customary machining procedure has been developed that is completely satisfactory for apatite-forming ability testing, this customary procedure can be used.

6 Simulated body fluid

6.1 General

Simulated body fluid (SBF) as defined in Table 1 shall be used.

NOTE 1 For SBF as defined in Table 1, a correlation was observed between *in vivo* bone ingrowth and *in vitro* apatite-forming ability.

NOTE 2 Other kinds of SBFs have been proposed in the literature.

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6.2 Reagents for SBF

The following powder reagent grade chemicals shall be stored in a desiccator. Water in accordance with ISO 3696:1987, grade 2, shall be used for the preparation of SBFs.

- a) sodium chloride (NaCl)
- b) sodium hydrogen carbonate (NaHCO₃)
- c) potassium chloride (KCl)
- d) di-potassium hydrogen phosphate trihydrate (K₂HPO₄·3H₂O)
- e) magnesium chloride hexahydrate (MgCl₂·6H₂O)
- f) calcium chloride (CaCl₂)
- g) sodium sulfate (Na₂SO₄)
- h) tris-hydroxymethyl aminomethane (TRIS): ((HOCH₂)₃CNH₂)
- i) hydrochloric acid solution, *c*(HCl) = 1 mol/l.
- j) pH standard solutions, (pH 4, 7 and 9)

6.3 Ion concentrations and pH of SBF

The ion concentrations and pH of SBF are shown in Table 1.

Table 1 — Ion concentrations of SBF and human blood plasma

Ion	Concentration (10^{-3} mol) in	
	SBF (pH 7,40)	Blood plasma (pH 7,2 to 7,4)
Na ⁺	142,0	142,0
K ⁺	5,0	5,0
Mg ²⁺	1,5	1,5
Ca ²⁺	2,5	2,5
Cl ⁻	147,8	103,0
HCO ₃ ⁻	4,2	27,0
HPO ₄ ²⁻	1,0	1,0
SO ₄ ²⁻	0,5	0,5

6.4 Preparation of SBF

6.4.1 General

Since SBF is supersaturated with respect to apatite, an inappropriate preparation method can lead to the homogeneous precipitation of apatite in the solution.

During its preparation the solution shall remain colourless, transparent and without deposit on the surface of the bottle. If any precipitation occurs, stop preparing SBF, abandon the solution and restart by washing the apparatus.

In Table 2, the reagents for the preparation of 1 l of SBF are given in the required order of dissolution.

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Table 2 — Order, amount, weighing container, purity and formula weights of reagents for preparing 1 l of SBF

Order	Reagent	Amount g	Container	Purity	Formula weight u
1	NaCl	8,035	weighing paper	99,5 %	58,443 0
2	NaHCO ₃	0,355	weighing paper	99,5 %	84,006 8
3	KCl	0,225	weighing bottle	99,5 %	74,551 5
4	K ₂ HPO ₄ ·3H ₂ O	0,231	weighing bottle	99,0 %	228,222 0
5	MgCl ₂ ·6H ₂ O	0,311	weighing bottle	98,0 %	203,303 4
6	c(HCl) = 1 mol/l	39	graduated cylinder	—	—
7	CaCl ₂	0,292	weighing bottle	95,0 %	110,984 8
8	Na ₂ SO ₄	0,072	weighing bottle	99,0 %	142,042 8
9	TRIS	118	weighing paper	99,0 %	121,135 6
10	c(HCl) = 1 mol/l	0 to 5	syringe	—	—

6.4.2 Step 1

Put 700 ml of ion-exchanged and distilled water, with a stirring bar, into a 1 l plastic beaker. Set it in the water bath (4.2) on the magnetic stirrer and cover it with a watch glass or plastic wrap. Heat the water in the beaker to 36,5 °C ± 1,5 °C whilst stirring. Annex A shows an example of apparatus for preparing SBF.

6.4.3 Step 2

Dissolve the reagents in the solution at $36,5\text{ °C} \pm 1,5\text{ °C}$ in the order given in Table 2, whilst considering the following.

- a) Glass containers should be avoided. A plastic container, with a smooth surface and without any scratches, is recommended, because apatite nucleation can be induced at the surface of a glass container or the edges of scratches.
- b) Dissolve a reagent only after the preceding one (if any) is completely dissolved.
- c) The reagent CaCl_2 is usually available in granular form and has great effect on the precipitation of apatite. Dissolve the CaCl_2 granule by granule.
- d) Rinse the graduated cylinder with 1M-HCl before measuring the volume of 1M-HCl.
- e) Measure the hygroscopic reagents such as KCl, $\text{K}_2\text{HPO}_4 \cdot 3\text{H}_2\text{O}$, $\text{MgCl}_2 \cdot 6\text{H}_2\text{O}$, CaCl_2 , Na_2SO_4 as quickly as possible.

6.4.4 Step 3

Insert the electrode of the pH meter (4.3) into the solution. Just before dissolving the TRIS, the pH of the solution should be $2,0 \pm 1,0$.

6.4.5 Step 4

Set the temperature of the solution at $(36,5 \pm 1,5)\text{ °C}$. If the amount of the solution is smaller than 900 ml, add distilled water up to 0,9 l in total.

6.4.6 Step 5

With the solution temperature between 35 °C and 38 °C , preferably $36,5 \pm 0,5\text{ °C}$, dissolve TRIS into the solution little by little, taking careful note of the pH change. After adding a small amount of TRIS, wait until the reagent is dissolved completely and the pH has become constant. Then add another small amount of TRIS.

It is recommended not to add a large amount of TRIS into the solution all at once, because the radical increase in local pH of the solution could lead to the precipitation of apatite. The following procedure is recommended: If the solution temperature is not within $(36,5 \pm 0,5)\text{ °C}$, add TRIS to raise the pH to $7,3 \pm 0,05$, then stop adding and wait for the solution temperature to reach $(36,5 \pm 0,5)\text{ °C}$. With the solution at $(36,5 \pm 0,5)\text{ °C}$, add more TRIS to raise the pH to under 7,45. The pH should not increase to over 7,45 at $(36,5 \pm 0,5)\text{ °C}$, taking account of the pH decrease with increasing solution temperature [the pH falls about 0,05 at $(36,5 \pm 1,5)\text{ °C}$].

6.4.7 Step 6

Make sure that the temperature of the solution is maintained at $(36,5 \pm 0,5)\text{ °C}$. When the pH has risen to $7,45 \pm 0,01$, stop dissolving TRIS, then add the hydrochloric acid solution, preferably using a syringe to lower the pH to $7,42 \pm 0,01$, taking care that the pH does not decrease to below 7,40. After the pH has fallen to $7,42 \pm 0,01$, dissolve the remaining TRIS little by little until the pH has risen to $\leq 7,45$. If any TRIS remains, add the 1M-HCl and TRIS alternately to the solution. Repeat this process until the whole amount of TRIS is dissolved keeping the pH within the range of 7,42 to 7,45. After dissolving the whole amount of TRIS, adjust the temperature of the solution to $(36,5 \pm 0,2)\text{ °C}$. Adjust the pH of the solution by adding the hydrochloric acid solution little by little at a pH of $7,42 \pm 0,01$ at $(36,5 \pm 0,2)\text{ °C}$ and then finally adjust it to 7,40 exactly at $36,5\text{ °C}$ on condition that the rate of solution temperature increase or decrease is less than $0,1\text{ °C/min}$.

6.4.8 Step 7

Remove the electrode of the pH meter from the solution, rinse it with distilled water and add the washings to the solution.