



Designation: F86 – 13

Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants¹

This standard is issued under the fixed designation F86; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope*

1.1 This practice provides a description of surface characteristics, methods of surface preparation, and methods of marking for metallic surgical implants. Marking nomenclature and neutralization of endotoxin are not specified in this practice (see X1.3). Surface requirements and marking methods included in the implant specification shall take precedence over requirements listed in this practice, where appropriate.

1.2 The values stated in inch-pound units are to be regarded as standard. The values given in parentheses are mathematical conversions to SI units that are provided for information only and are not considered standard.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*²

A380 Practice for Cleaning, Descaling, and Passivation of Stainless Steel Parts, Equipment, and Systems

A967 Specification for Chemical Passivation Treatments for Stainless Steel Parts

B600 Guide for Descaling and Cleaning Titanium and Titanium Alloy Surfaces

F983 Practice for Permanent Marking of Orthopaedic Implant Components

3. Significance and Use

3.1 The surface treatments documented in this practice are intended to improve the corrosion resistance of metallic

surgical implants manufactured from iron, cobalt, titanium, and tantalum base materials.

3.2 Iron particles, ceramic media, and other foreign particles may become smeared over or imbedded into the surface of implants during processing operations such as forming, machining, tumbling, bead blasting, and so forth. These particles should be removed to minimize localized rust formation and superficial blemishes.

3.3 The various chemical and electrochemical surface treatments specified in this practice are intended to remove objectionable surface contaminants and to restore maximum corrosion resistance to the passive oxide film.

3.4 The need for an additional implant surface treatment such as secondary passivation in nitric acid should be evaluated for localized implant surfaces that have electrochemical or laser product markings created after the final surface treatment.

4. Description of Acceptable Surface Characteristics

4.1 Metallic implants, when inspected in accordance with this practice, shall be free of surface imperfections such as toolmarks, nicks, scratches, cracks, cavities, burrs, and other defects that would impair the serviceability of the device. The surfaces shall be cleaned to minimize the presence of foreign material.

4.2 Specific finish requirements such as texture, surface roughness, or additional surface treatments shall be included in the implant production specification.

4.3 The implants shall be given an appropriate final surface treatment according to Section 6.

5. Cleaning

5.1 The surface of the implants shall be cleaned to minimize foreign material.

5.2 The cleaning operations used shall relate to the following as appropriate:

5.2.1 A method such as organic solvent degreasing for the removal of oils, greases, and other loose surface contaminants.

NOTE 1—Anhydrous methanol and other solvents known to cause environmentally assisted cracking of titanium and its alloys should be avoided.

¹ This practice is under the jurisdiction of ASTM Committee F04 on Medical and Surgical Materials and Devices and is the direct responsibility of Subcommittee F04.12 on Metallurgical Materials.

Current edition approved June 1, 2013. Published July 2013. Originally approved in 1984. Last previous edition approved in 2012 as F86 – 12a. DOI: 10.1520/F0086-13.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

*A Summary of Changes section appears at the end of this standard