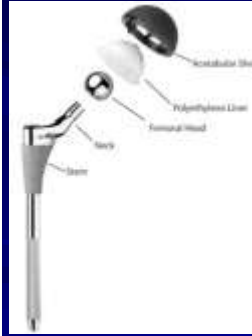


Tribology and Biotribology

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Overview of lecture



- Tribology and biotribology
- Fundamentals of friction, wear and lubrication
- Focus on total hip replacement (THR)
- Metal-on-Polyethylene THR
- Metal-on-Metal THR
- Ceramic-on-Ceramic THR
- Compliant layer THR
- Research at Newcastle

Tribology fundamentals

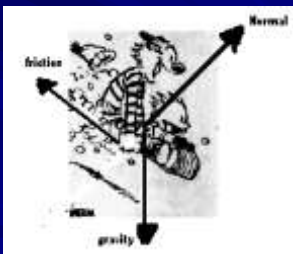
Jin et al, *Biotribology*, *Current Orthopaedics*, 2006, 20, 1, 32-40

Joyce, *Biopolymer Tribology*, in *Polymer Tribology*, Imperial College Press, 2009, 227-266

Definition of tribology

- Tribology, from the Greek *tribos* 'to rub'
- The science of interacting surfaces in relative motion, including friction, lubrication and wear
- Biotribology is this science related to the body
- Primarily synovial joints and replacement joints

Friction



Friction (1)

- Friction force is a resistance to motion
- With no lubricant:
 - Friction force is proportional to normal force $F = \mu N$
 - Friction is independent of velocity
 - Friction is independent of apparent contact area
 - Friction is dependent on real contact area (1 to 0.0001% of apparent contact area)

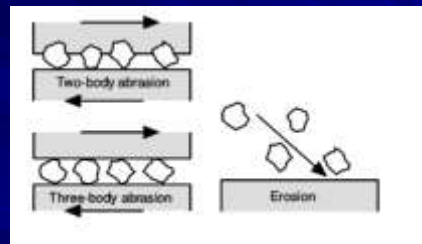
Friction (2)

■ Friction force (F) = $F_{\text{adhesion}} + F_{\text{ploughing}}$

Due to chemical bonding at the asperity contacts

Due to breaking and deforming of one asperity by another

Wear



Wear (1)

■ Wear is the progressive loss of material from a surface. Various wear regimes:

- Adhesive – due to bonding
- Abrasive – due to hard asperities
- Fatigue – due to cyclic stresses
- Erosive – due to relative motion with a fluid containing hard particles
- Corrosive – due to chemical reactions

May occur singly or in combination

Wear (2)

- Wear can be measured as a depth, but volume is much better
- Generally wear volumes:
 - Increase with load
 - Increase with sliding distance
 - Increase with surface roughness
 - Decrease with surface hardness
- However, many other factors can be involved in the wear process

(Archard) Wear Equation

- Volume loss (mm^3) = Wear factor k (mm^3/Nm) x Load (N) x Sliding distance (m)
- Volume loss is proportional to load and sliding distance
- In a hip sliding distance given by
- Arc length = Radius x θ
- So if we compare an implanted 22mm diameter Charnley THR with a 54mm diameter Birmingham Hip Resurfacing, what might we expect?

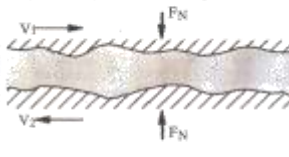
Lubrication



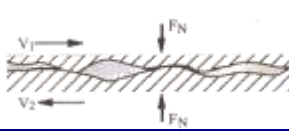
Adds a fluid film to separate surfaces

Lubrication regimes

Hydrodynamic regime



Boundary lubrication



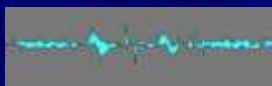
- Indicated by lambda ratio, λ
- Hydrodynamic lubrication ($\lambda > 3$)
- Mixed lubrication ($1 < \lambda < 3$)
- Boundary lubrication ($\lambda < 1$)
- Hydrodynamic lubrication ($\lambda > 3$) is to be preferred

Calculation of lubrication regimes

$$\lambda = \frac{h_{\min}}{\left[(R_{a1})^2 + (R_{a2})^2 \right]^{1/2}} \quad h_{\min} = 2.80 \left(\frac{\eta u}{E^* R_x} \right)^{0.65} \left(\frac{w}{E^* R_x^2} \right)^{-0.21}$$

- If roughness (R_a) increases, lambda decreases – lubrication gets worse
- R_{a1} and R_{a2} are the surface roughness values of each component, h_{\min} is the minimum effective film thickness, R_x is the equivalent radius (m), η is the viscosity of the lubricant (Pa s), u is the entraining velocity (m/s), E^* is the equivalent elastic modulus (Pa), and w is the load (N)

Surface roughness and lubrication



- Typical metal-on-polymer joint, polymer relatively rough
- Metal-on-metal joint under typical mixed lubrication
- Resurfacing metal-on-metal joint. Fluid film lubrication possible during gait

Different types of hip prostheses



- 22mm diameter stainless steel head: polished to better than $0.050\mu\text{m Ra}$
- Initially a low friction PTFE cup which wore quickly
- UHMWPE acetabular cup: roughness of $1.29\mu\text{m Ra}$, radial clearance 0.2mm

Lancet 2007

The operation of the century: total hip replacement

In the 1960s, total hip replacement revolutionized management of elderly patients crippled with arthritis, with very good long-term results. Today, many patients present for hip-replacement surgery hoping to ensure their quality of life, which typically includes physically demanding activities. Advances in engineering technology have driven development of hip prostheses. Both cemented and uncemented hips can provide durable fixation. Better materials and design have allowed use of large bore bearings, which provide an increased range of motion with reduced friction and very low wear. Minimally invasive surgery limits soft-tissue damage and facilitates accelerated discharge and rehabilitation. Short-term objectives must not compromise long-term performance. Computer-aided surgery will contribute to reproducible and accurate placement of implants. Universal economic constraints to healthcare systems dictate that further developments in total hip replacement will be generated by their cost-effectiveness.

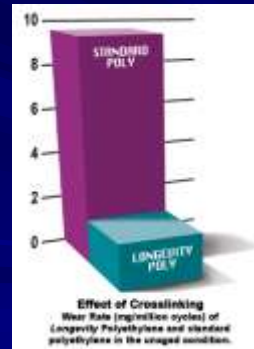
- 'Charnley LFA: a worldwide retrospective review at 15 to 20 years' (Older, J Arthroplasty, 2002, 675-680). 83% survival rate at 20 years
- UK National Joint Registry (NJR) 2011 - 97% survival rate at 7 years (cemented hips)

THR failure due to osteolysis

- UHMWPE wear particles
- Volume: > 550mm³ joint comes loose
- Size: majority in a range of 0.1-0.5µm
- Numbers: half a million particles at each step
- Provoke negative cascade of responses
- Loose prosthesis, radiolucent zones on X-ray, pain for the patient

Therefore minimise the wear

Improved polyethylenes



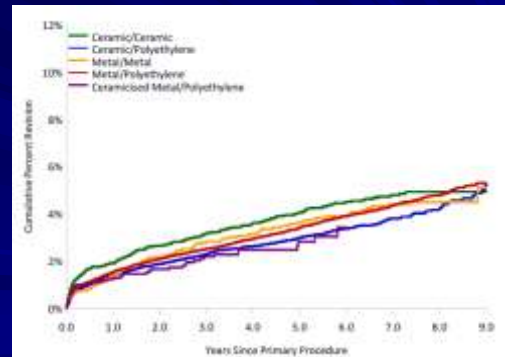
- Cross-linked polyethylene (XLPE)
- Clinical and in vitro trials suggest 50-80% reduction in wear
- 'Familiarity' for orthopaedic surgeons
- Polyethylenes are more 'forgiving' to malposition

Metal-on-Metal (MoM) THR



- 100 fold reduction in wear claimed compared with Metal-on-Poly
- Volumetric wear was reduced
- But particle size was smaller, typically 1nm rather than 1µm for UHMWPE
- Actual numbers of CoCrMo particles higher than UHMWPE
- Potential danger from metal particles?
- In US, 35% of THR were MoM (Bozic, 2009, JBJS)

Australian Joint Registry 2010 ≤28mm femoral head size



MoM resurfacing THR

- 46% patients under 55 years of age had a resurfacing implant (Steffen, JBJS, 2008)
- But since then the number of resurfacing operations has declined
- 'Pseudotumours' (Pandit et al JBJS 2008)
- Different resurfacing designs give different results



Ceramic-on-ceramic THR



- Femoral head and acetabular cup made of hard ceramic material
- Potential benefits – low wear
- Brittleness was a concern
- Fracture rates now less than 0.1%
- Squeaking?
- Expensive

Summary of key biotribological factors in THR

- Wear of PE leads to osteolysis and revision operations
- So reduce the wear
- Increase hardness: metal-on-metal, ceramic-on-ceramic
- Reduce surface roughness and maintain it
- Move from boundary to fluid film lubrication – increase head diameter, reduce surface roughness and radial clearance between head and cup

Compliant layer THR

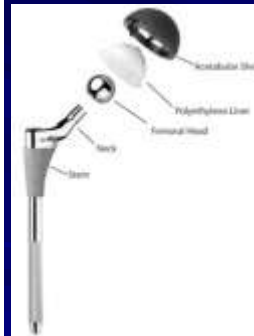
- Based on a concept of mimicking the superb natural joint with its compliant articular cartilage
- Polyurethane as the 'cartilage'
- Low friction and wear during motion
- But at 'start up'?
- Now in human trials



A provocative slide?

- "I only implant Delta Motions and BHRs, everything else is rubbish"
- "Implanting 100 Exeters well won't get me in JBJS"
- "Smith and Nephew won't fly me to the academy for putting in Charnleys"
- Cemented MoP 97% survival at 7 years (NJR 2011)

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