

Osteochondral Transplant Delivery System

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Overview

- Client Overview
- Problem Statement
- Surgical Procedure
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- Procedure Challenges
- Previous Design Work
- Design Ideas
- Proposed Final Design
- Fabrication
- Testing



Client Overview



- **Dr. Brian Walczak, DO**
 - Orthopedic Surgeon
 - Faculty, University of Wisconsin School of Medicine and Public Health
- **Specialties**
 - Joint Preservation
 - Knee Arthroscopy
 - Pediatric Sports Medicine



University of Wisconsin Hospitals and Clinics Authority,
“Brian E. Walczak, DO,” *UW Health*. [Online].

Problem Statement

- Osteochondral allograft (**OCA**) transplantation **repairs defects** in cartilage and subchondral bone
- Etiologies include trauma, osteonecrosis, osteoarthritis, and osteochondritis dissecans [1]
- Number of surgeries performed is **increasing by 5% annually** with an expected **3500 annual procedures by 2020**. [2]
- **Overall failure rate is 18%** [3]
- Impaction method **reduces chondrocyte viability** and **limits vertical adjustment** [1]
- Chondrocyte **viability of 70%** is the threshold for procedure success [4]
- Propose a **screw-in allograft** to replace the current press-fit method

Approach:

Design a device to allow easy insertion of the graft into a prepared recipient site while minimizing chondral damage



“Osteochondral Allograft Transplantation (OCA),” *Illinois Sports Medicine and Orthopaedic Centers*. [Online]. Available: [Accessed: 05-Oct-2017].

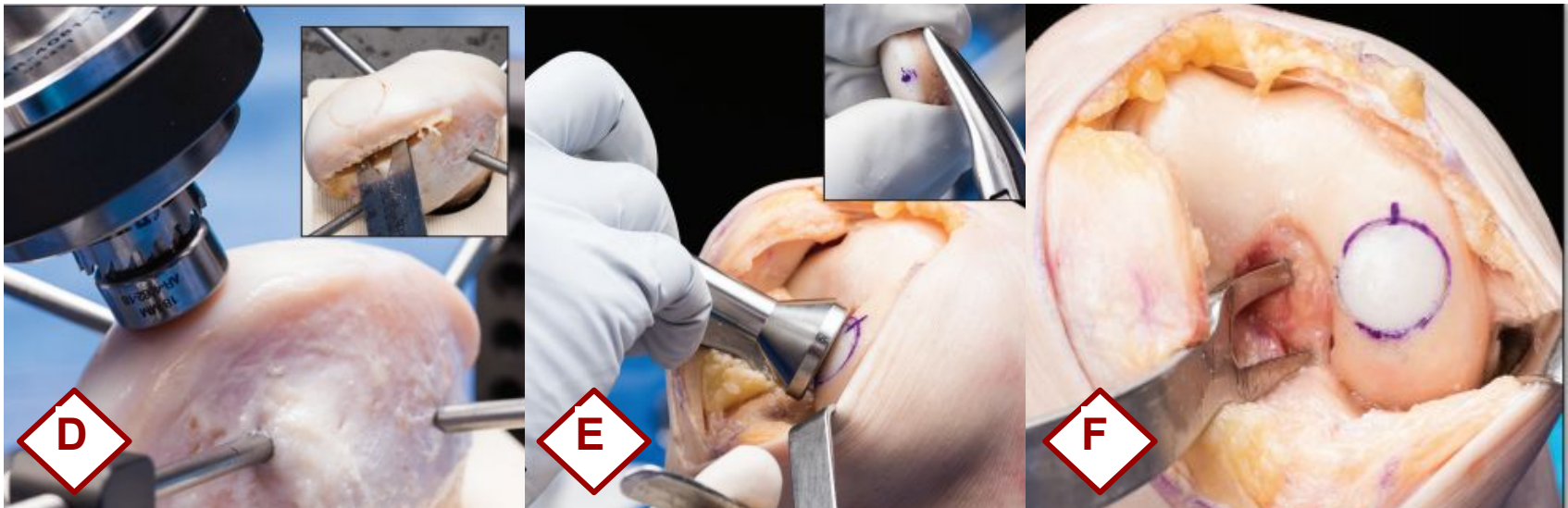
Current Surgical Procedure

- Chondral defect exposed and measured to determine appropriate tool size (A)
- Guidewire is drilled into the center of the defect and surgical reamer removes defective tissue (B)
 - Depth markings on the reamer allow surgeon to drill to the proper depth
- Depth measurements taken about donor hole (C)



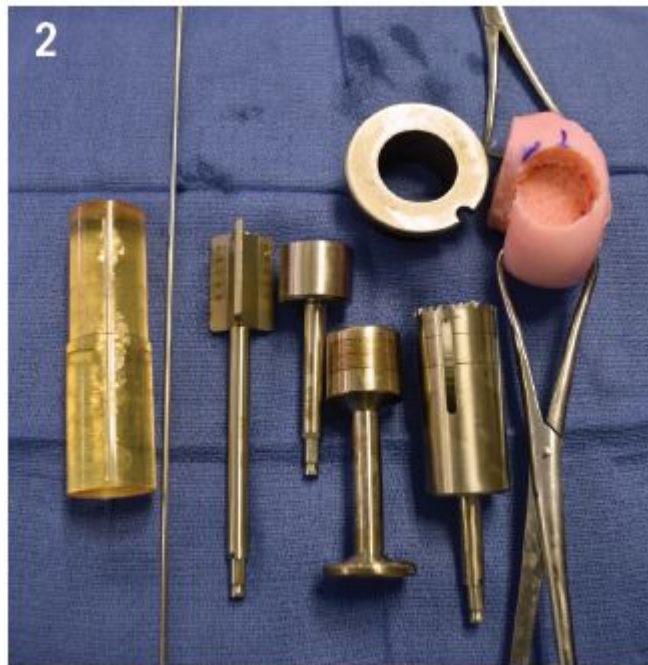
Current Surgical Procedure

- Allograft harvested from cadaver condyle using hole-saw and oscillating saw (D)
 - Graft height trimmed to match depth of receiving hole
- Impaction rod and hammer secure the donor graft in the receiving hole (E)
- Donor graft aligned within ± 1 mm of native cartilage (F)

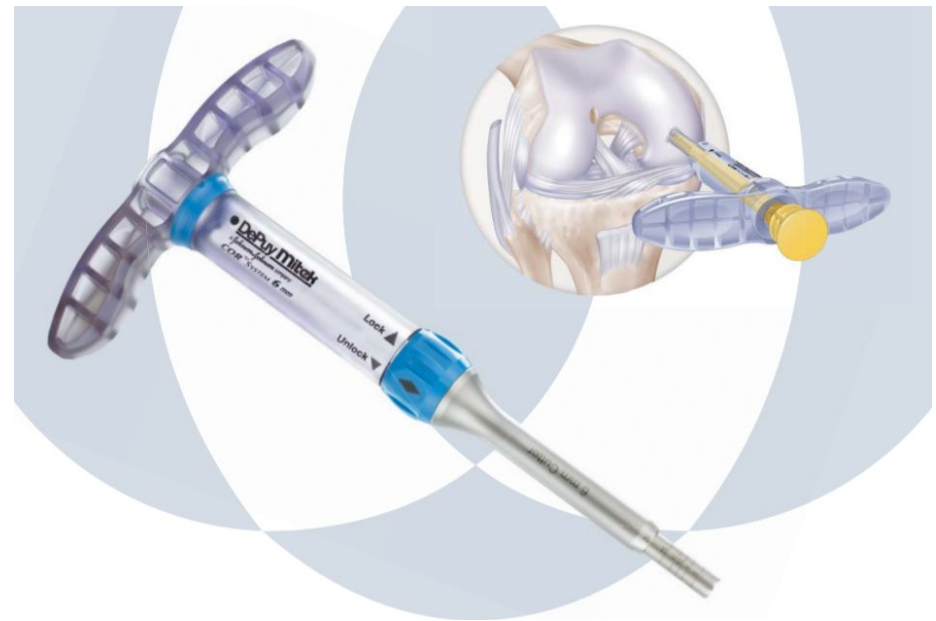


Current Surgical Systems

Arthrex Osteochondral
Allograft Transfer
System (OATS)



DePuy Synthes COR[®]
Precision Targeting
System



Procedure Challenges

- Impaction is deleterious to chondrocyte viability [5]
 - Reducing impulse during impaction prevents chondrocyte damage
 - Number of strikes not correlated with chondrocyte death
- Donor chondrocyte viability is a key determinant of OCA success [4]
 - Promote graft integration, and maintain biomechanical function
 - All successful grafts showed viability >70% (t = 6 months)
 - Success factors included hyaline cartilage maintenance, subchondral graft integration, and lack of fibrous tissue infiltration

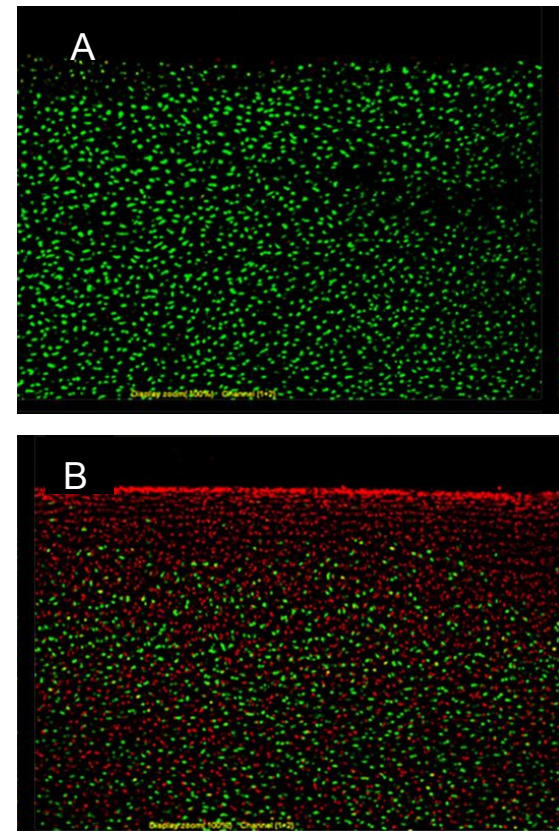


Figure 1. Live/dead stain after chondral impaction [5]

A: Control B: 300 N
Live: **Green** Dead: **Red**

BME 300 Design Work

Design

- Machined tap and die system
- Hand screwed in allografts

Testing

- Live/dead assay of implanted bovine tissue
 - Fluorescence Microscopy
 - ImageJ Analysis

Experimental Group	Threaded Graft Chondrocyte Viability	Impacted Graft Chondrocyte Viability
1	93%	61%
2	99%	61%
3	99%	48%
4	97%	51%
Mean	97%	55%
σ	3.3%	20.4%
p-value	1.86*10 ⁻⁵	



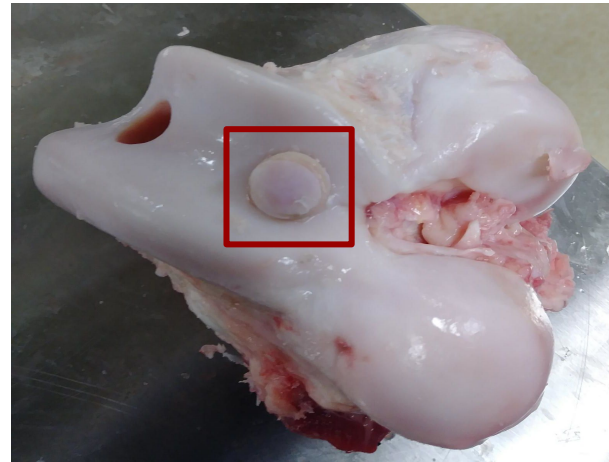
BME 300 Design Work

Shortcomings

- Unable to fully screw allograft flush to native tissue
- Die was inefficient at initiating threads on donor graft

Solution

- Develop tool to ensure full graft insertion
- Refine die and tap to ease thread formation



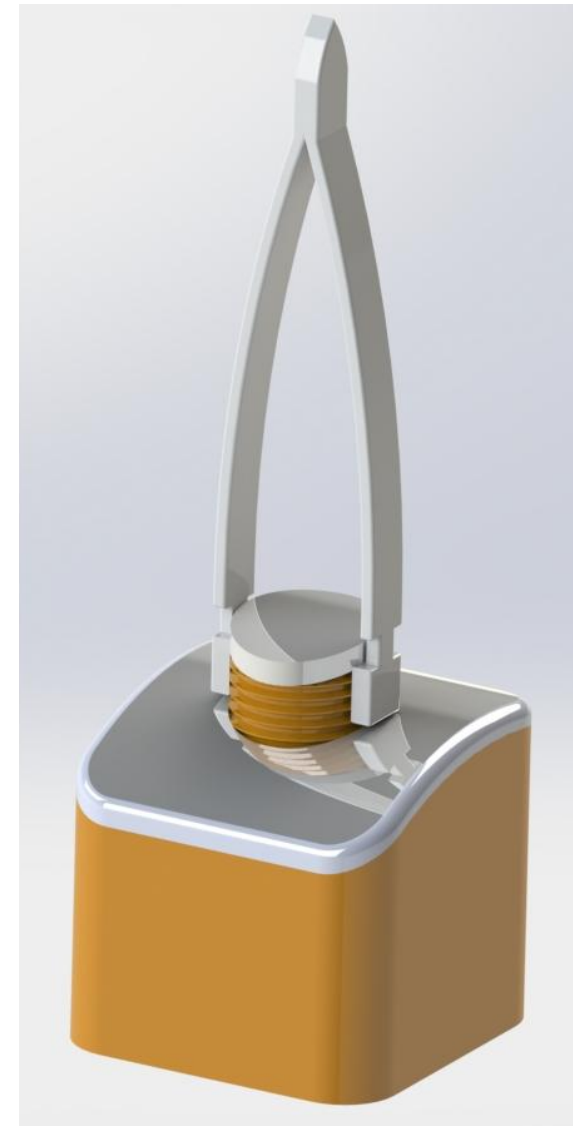
Suction Cup

<i>Criteria</i>	<i>Weight</i>	<i>Rank</i>	<i>Score</i>
Tool Strength	20	2/5	8
Chondrocyte Viability Maintenance	20	4/5	16
Ease of Use (Procedure Integration)	15	2/5	6
Procedure Time	15	3/5	9
Sterilizability	10	5/5	10
Safety	10	4/5	8
Manufacturing Time	5	4/5	4
Cost	5	4/5	4
Total	100		65



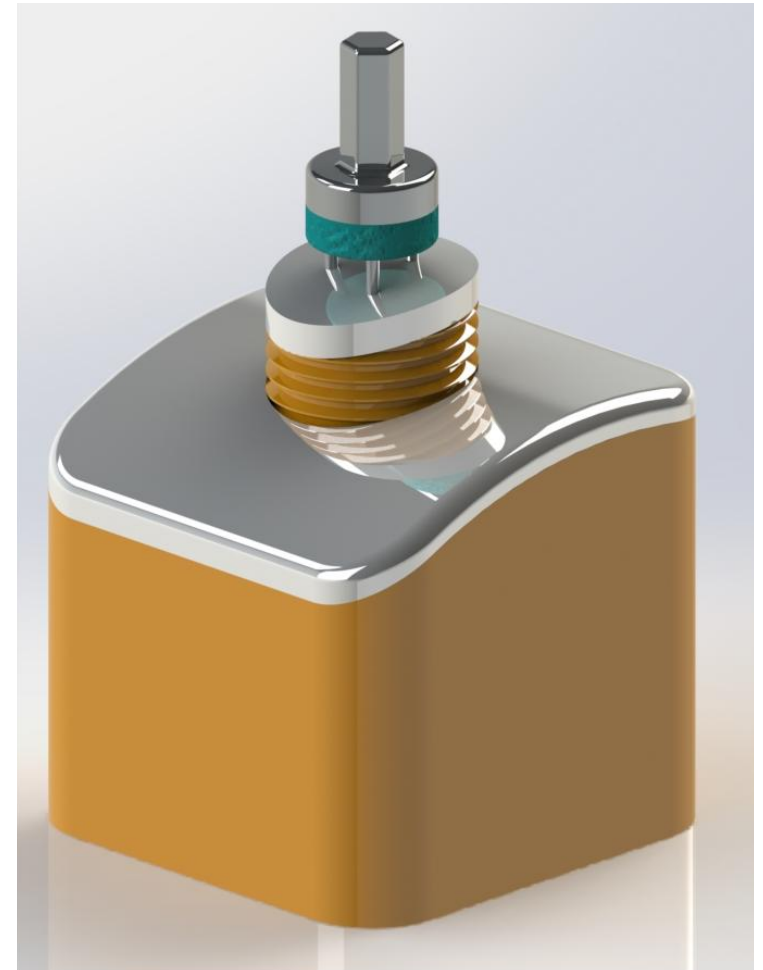
Tweezers

<i>Criteria</i>	<i>Weight</i>	<i>Rank</i>	<i>Score</i>
Tool Strength	20	3/5	12
Chondrocyte Viability Maintenance	20	5/5	20
Ease of Use (Procedure Integration)	15	5/5	15
Procedure Time	15	3/5	9
Sterilizability	10	5/5	10
Safety	10	3/5	6
Manufacturing Time	5	2/5	2
Cost	5	4/5	4
Total	100		78

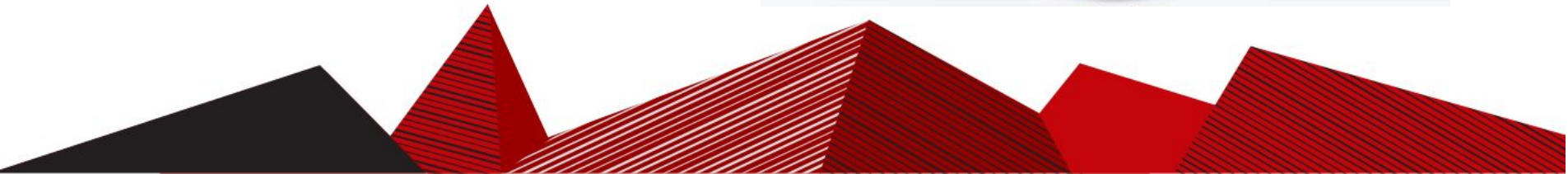
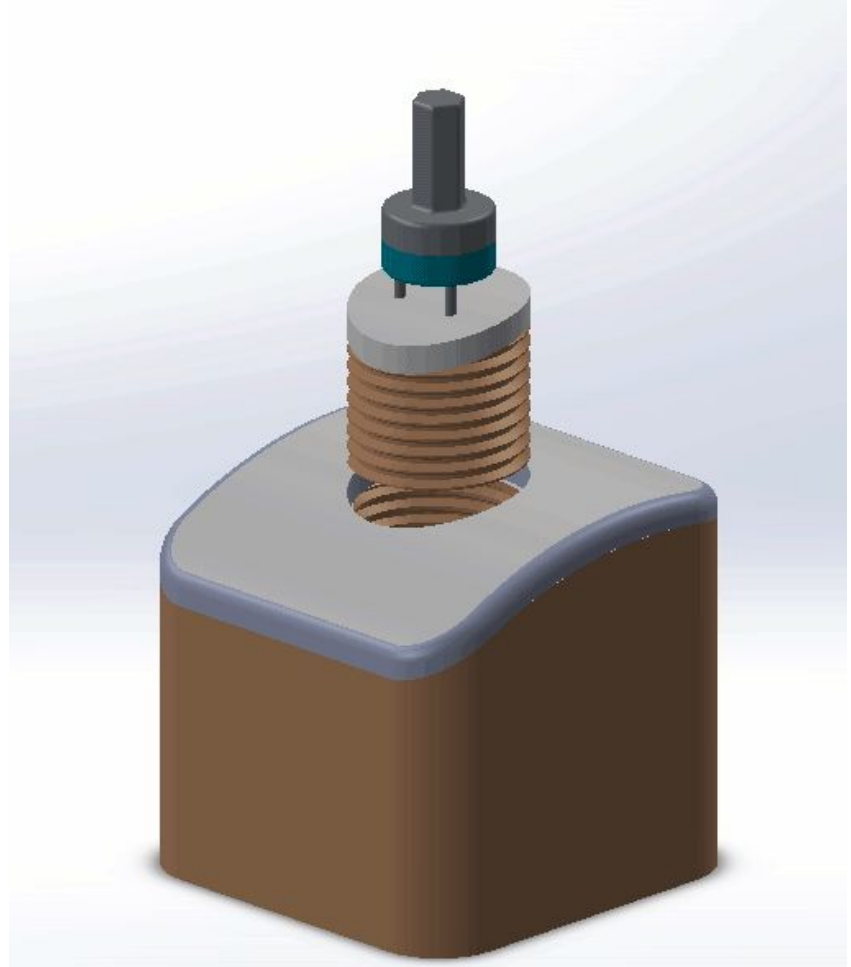
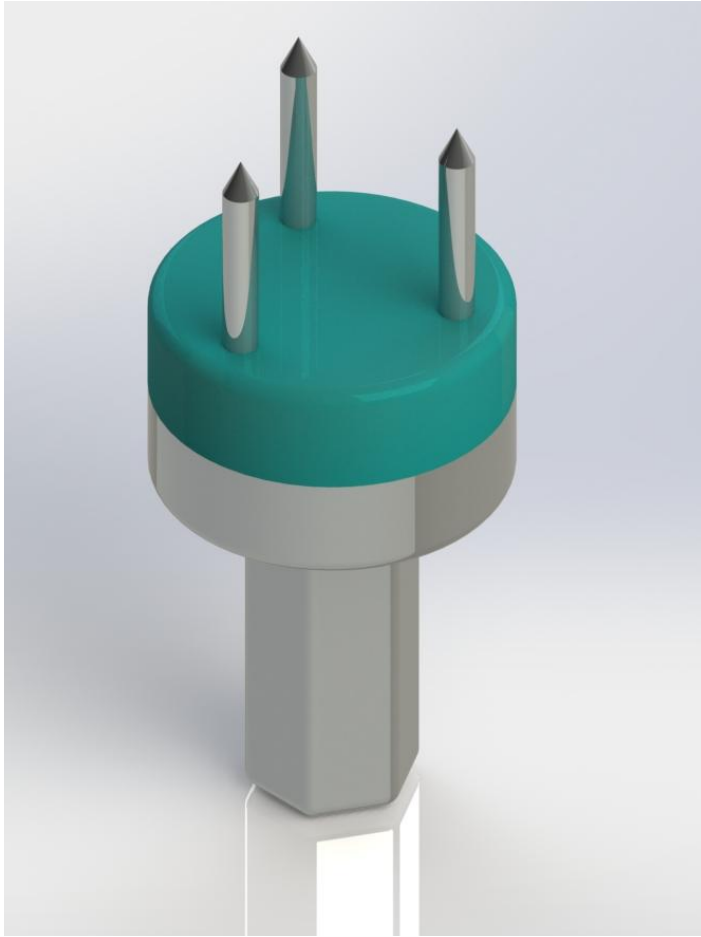


Trident

<i>Criteria</i>	<i>Weight</i>	<i>Rank</i>	<i>Score</i>
Tool Strength	20	5/5	20
Chondrocyte Viability Maintenance	20	4/5	16
Ease of Use (Procedure Integration)	15	5/5	15
Procedure Time	15	4/5	12
Sterilizability	10	5/5	10
Safety	10	4/5	8
Manufacturing Time	5	3/5	3
Cost	5	4/5	4
Total	100		88



Proposed Final Design



Testing

Surgical Protocol

- Fresh porcine tissue will be obtained from the Clinical Sciences Center
- Subsequent OCA transplant procedures will be performed on porcine knees
 - Standard impaction procedures
 - Threading procedures
 - Control samples
- Chondral biopsy taken from each sample

Confocal Imaging

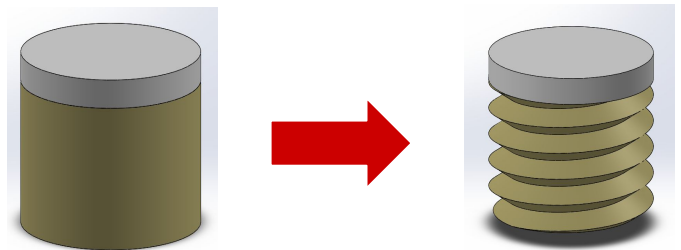
- Samples will be stained with a Calcein AM (live cells) and Ethidium Homodimer-1 (dead cells) to assay cell viability
- Nikon A1RS Confocal Laser Microscope at the UW-Madison Imaging Core

Power Statistics

- Two-sided paired t-test ($\alpha = 0.05$)
- 6 replicate sets
- Sample size equation:

$$n = \left(\frac{t_{\alpha/2, n-1} * \sigma}{\bar{x}} \right)^2$$

- $n = 3$ sets
- Doubled this value to increase confidence



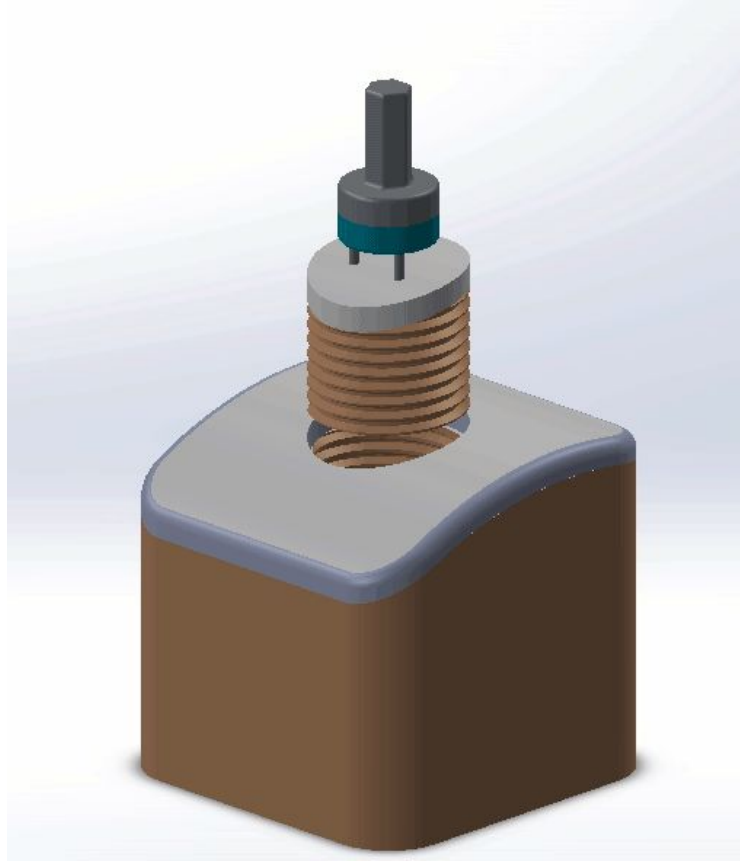
Acknowledgements

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Thank you!



Questions?



References

- [1] A. M. Torrie, W. W. Kesler, J. Elkin, and R. A. Gallo, "Osteochondral allograft.," *Curr. Rev. Musculoskelet. Med.*, vol. 8, no. 4, pp. 413–22, Dec. 2015.
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- [3] Chahal JI, Gross AE, Gross C, Mall N, Dwyer T, Chahal A, Whelan DB, Cole BJ.(2013). Outcomes of osteochondral allograft transplantation in the knee. [Arthroscopy](#). 2013 Mar;29(3):575-88. doi: 10.1016.
- [4] Cook JL, Stannard JP, Stoker AM, et al. Importance of donor chondrocyte viability for osteochondral allografts. *Am J Sports Med.* 2016 May;44(5):1260-1268
- [5] Kang RW, Friel NA, Williams JM, Cole BJ, Wimmer MA. Effect of impaction sequence on osteochondral fraut damage: the role of repeated and varying loads. *Am J Sports Med.* 2010 Jan;38(1):105-113.

