



**Laboratoire MATEIS**  
Matériaux : Ingénierie et Science  
Materials Engineering and Science

UMR CNRS 5510

# *The answer of bioceramics to mechanical demands (towards complex microstructures and architectures)*

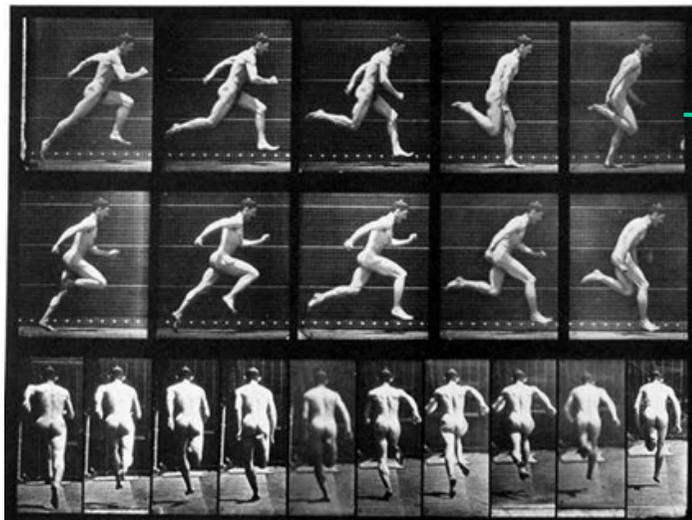
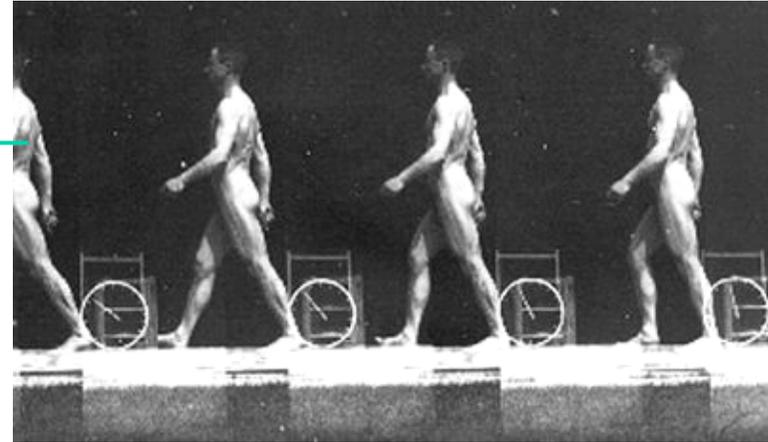
*J. Chevalier*  
*MATEIS, UMR CNRS 5510, INSA-LYON, France*

**SUMMER SCHOOL**  
CERAMIC & GLASS SCIENCE & TECHNOLOGY,  
APPLICATION TO BIOCERAMICS & BIOGLASSES

## *Implants : the quest towards long lasting implants with improved performances*

- “Neither surgeons nor engineers will ever make an artificial hip-joint which will last thirty years and at the same time in this period enable the patient to play football”

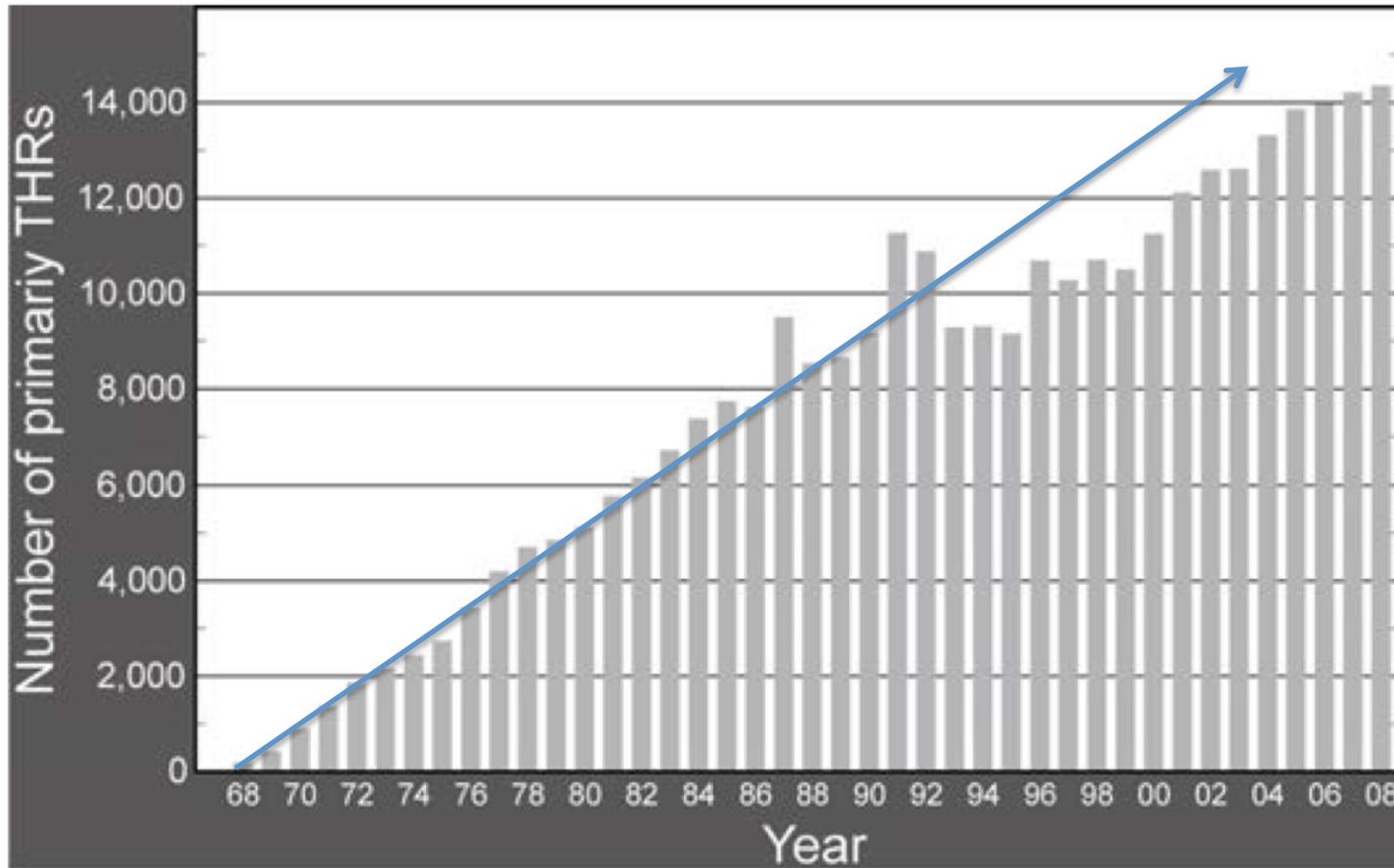
Charnley J., Arthroplasty of the hip.  
A new operation, Lancet May 27 **1961**



“The challenge today is to develop new bearing surfaces that have the ability to function at a high level for a long time, particularly since THA is now routinely being used in younger, more active patients”

Capello et Al., Ceramic-on Ceramic Total Hip Arthroplasty: Update,  
*The Journal of Arthroplasty* Vol. 23 n° 1,  
**2008**

*In the future, we will certainly use increasingly tissue engineering strategy but 'traditional' synthetic implants will continue to be widely used*

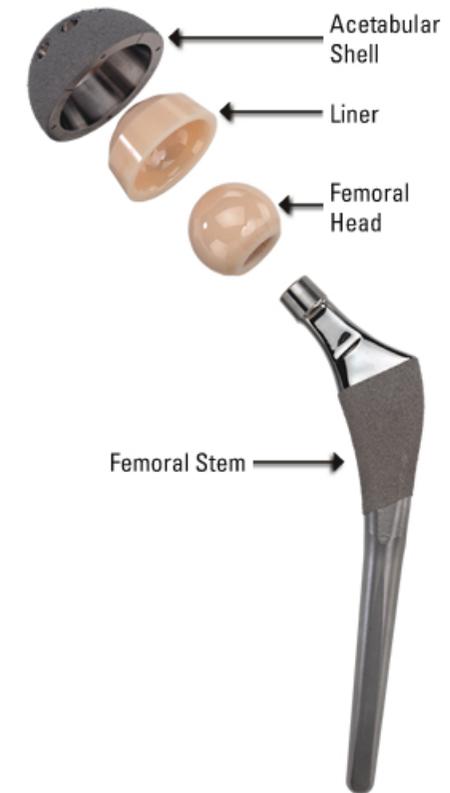
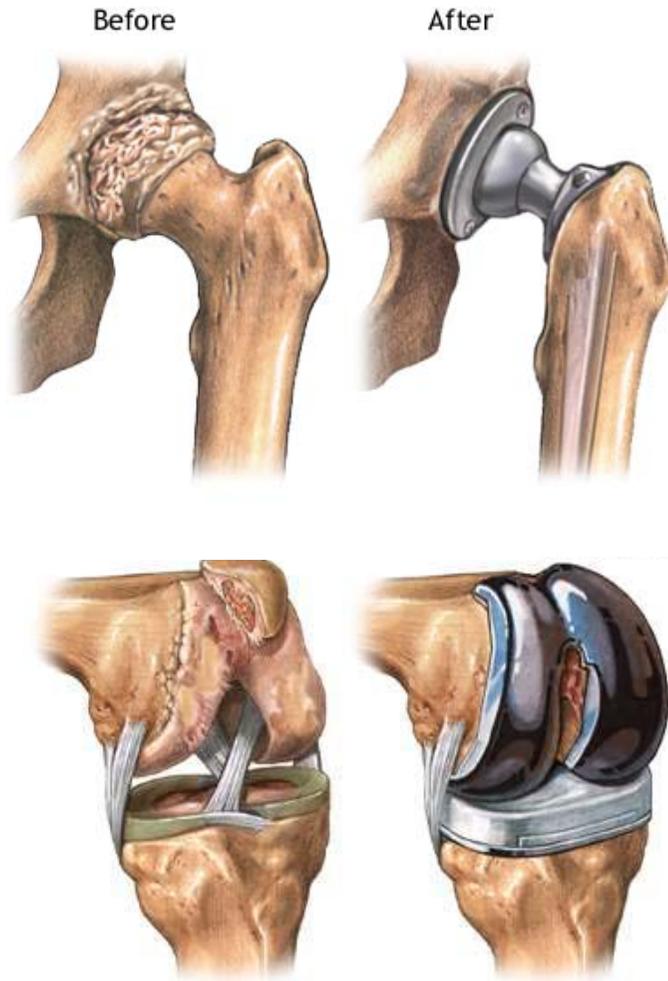


*Number of THRs per year in Sweden (adapted from Pezzotti, 2013)*

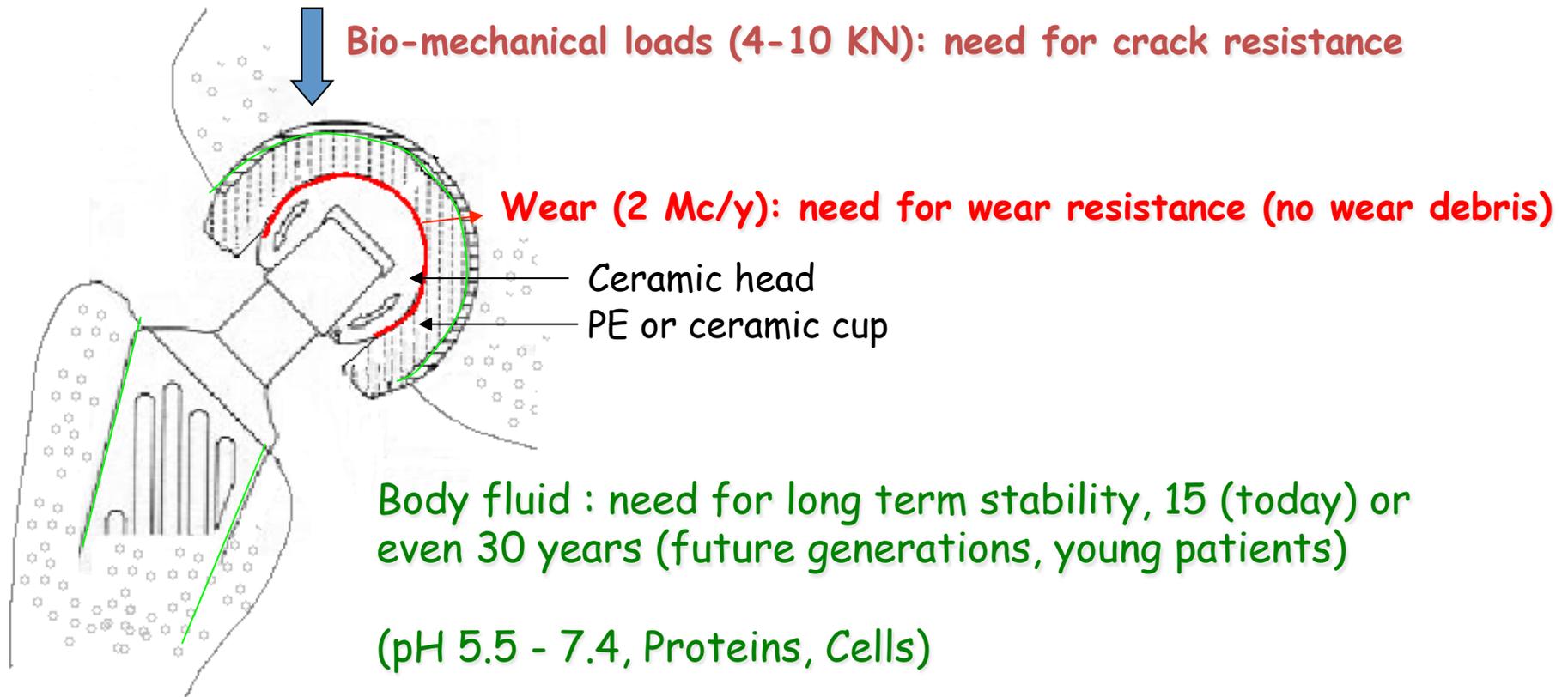


*The place of ceramics for biomedical implants*

# 'Bio-inert' ceramics for hip (knee) joint prosthesis applications

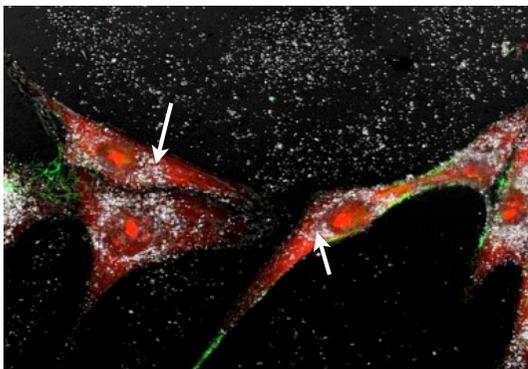
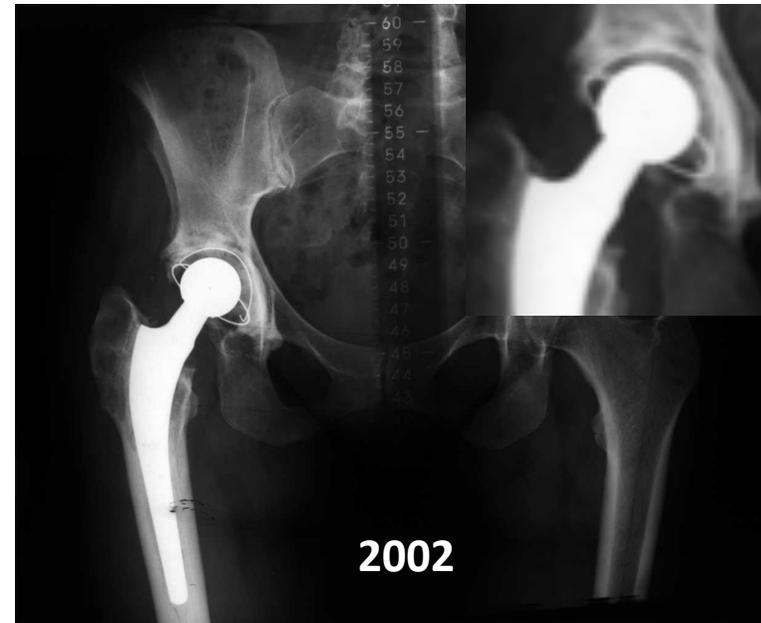
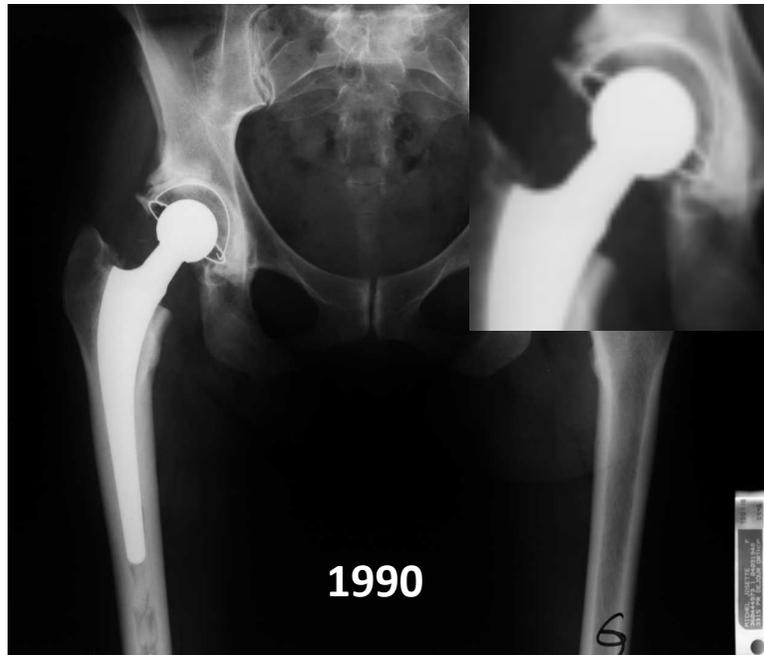


# 'Bio-inert' ceramics for hip (knee) joint prosthesis applications specifications



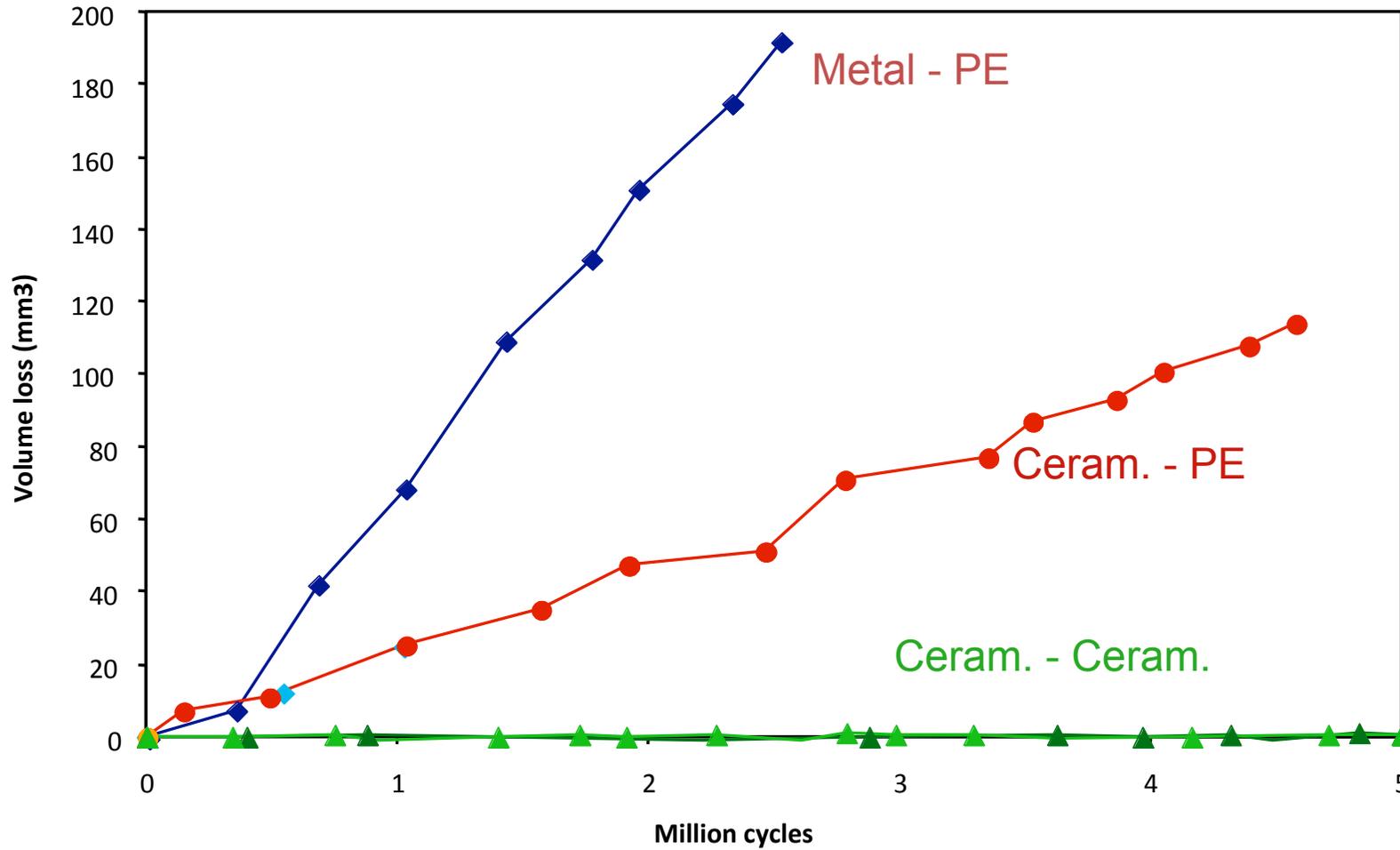
# 'Bio-inert' ceramics for hip (knee) joint prosthesis applications

## Main advantage of ceramics : wear



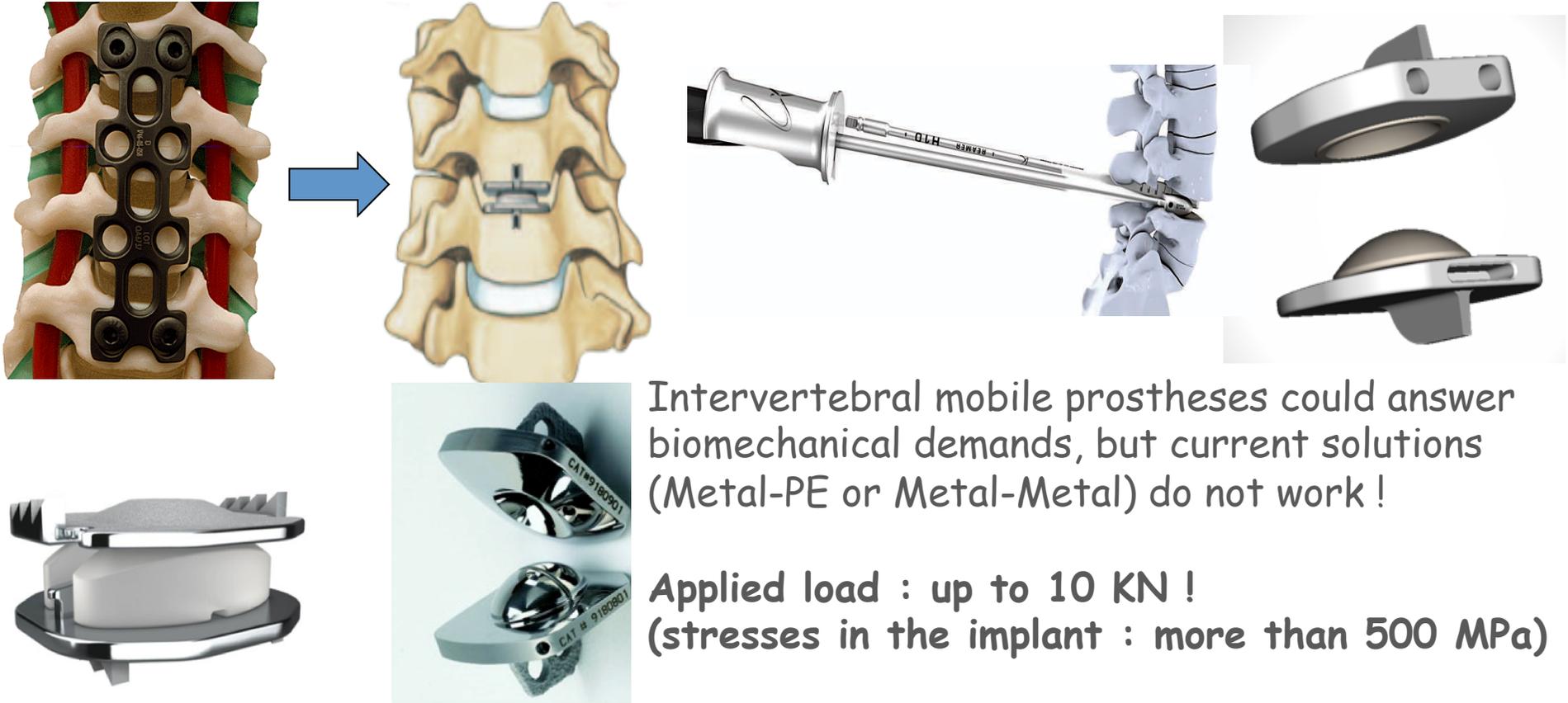
*Aseptic Loosening : by far  
the main cause of revision*

*'Bio-inert' ceramics for hip (knee) joint prosthesis applications*  
*Main advantage of ceramics : wear*



## The current need for 'Bio-inert' ceramics in other orthopedic applications

Spine : Intervertebral mobile prostheses, as a new option for surgeons

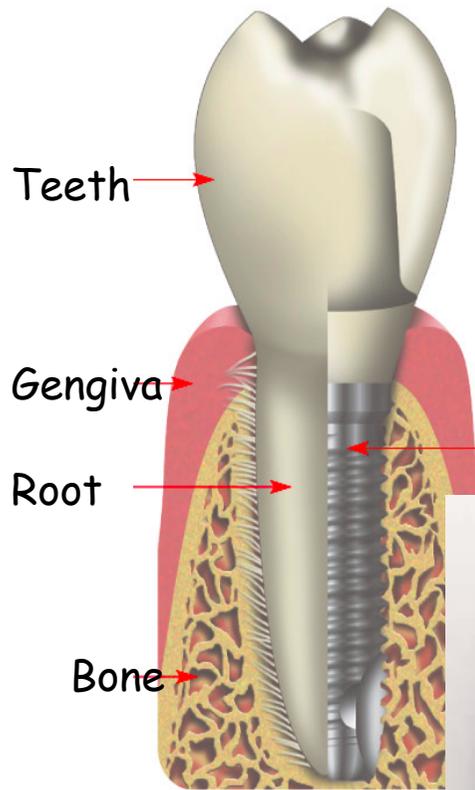


Intervertebral mobile prostheses could answer biomechanical demands, but current solutions (Metal-PE or Metal-Metal) do not work !

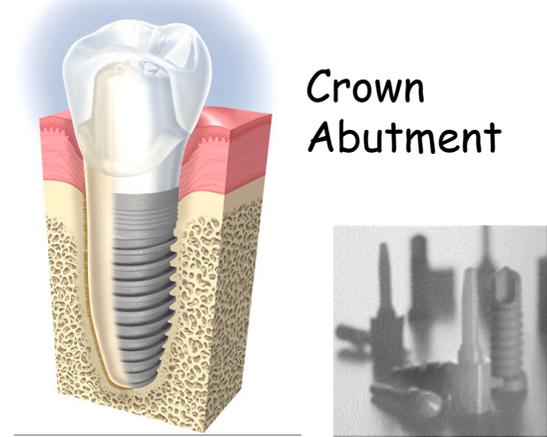
Applied load : up to 10 KN !  
(stresses in the implant : more than 500 MPa)

Current situation : fusion of the two vertebrae remains the standard, even if not fully satisfying. Need for prostheses with a longer lifetime.

# The current need for 'Bio-inert' ceramics in dental applications



Zirconia bridge



Crown Abutment



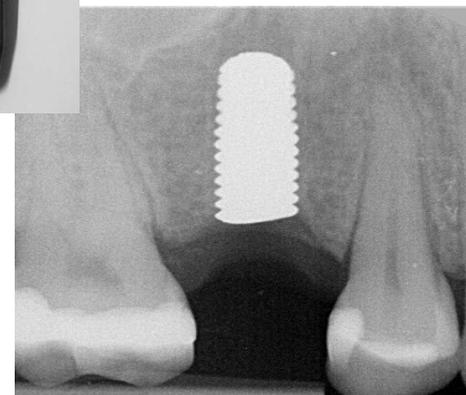
Implant

Zirconia implants  
(6 large producers  
But few % of the market)

**Average biting force : 150 N**  
**Max. voluntary biting force : 500 N**  
**Dental implants :**  
**need for strength > 600 MPa**

Market : **15.000 to 20.000 zirconia dental restorations** are made **every day**  
**Zirconia dental implants** few % of the market, but forecast **10% in 2020**

## Major drawback of ceramics



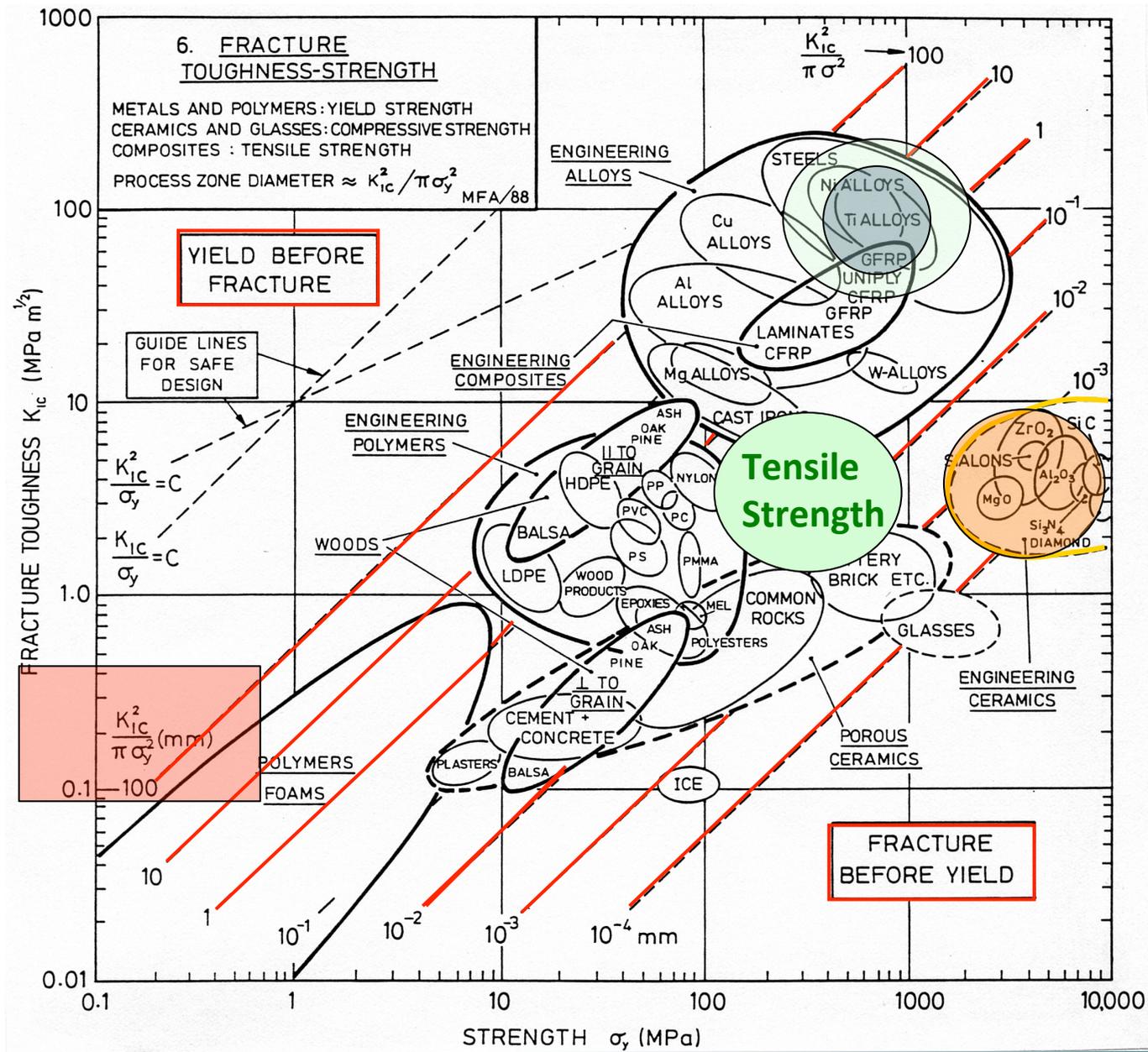
30 years ago : sometimes more than 10%.

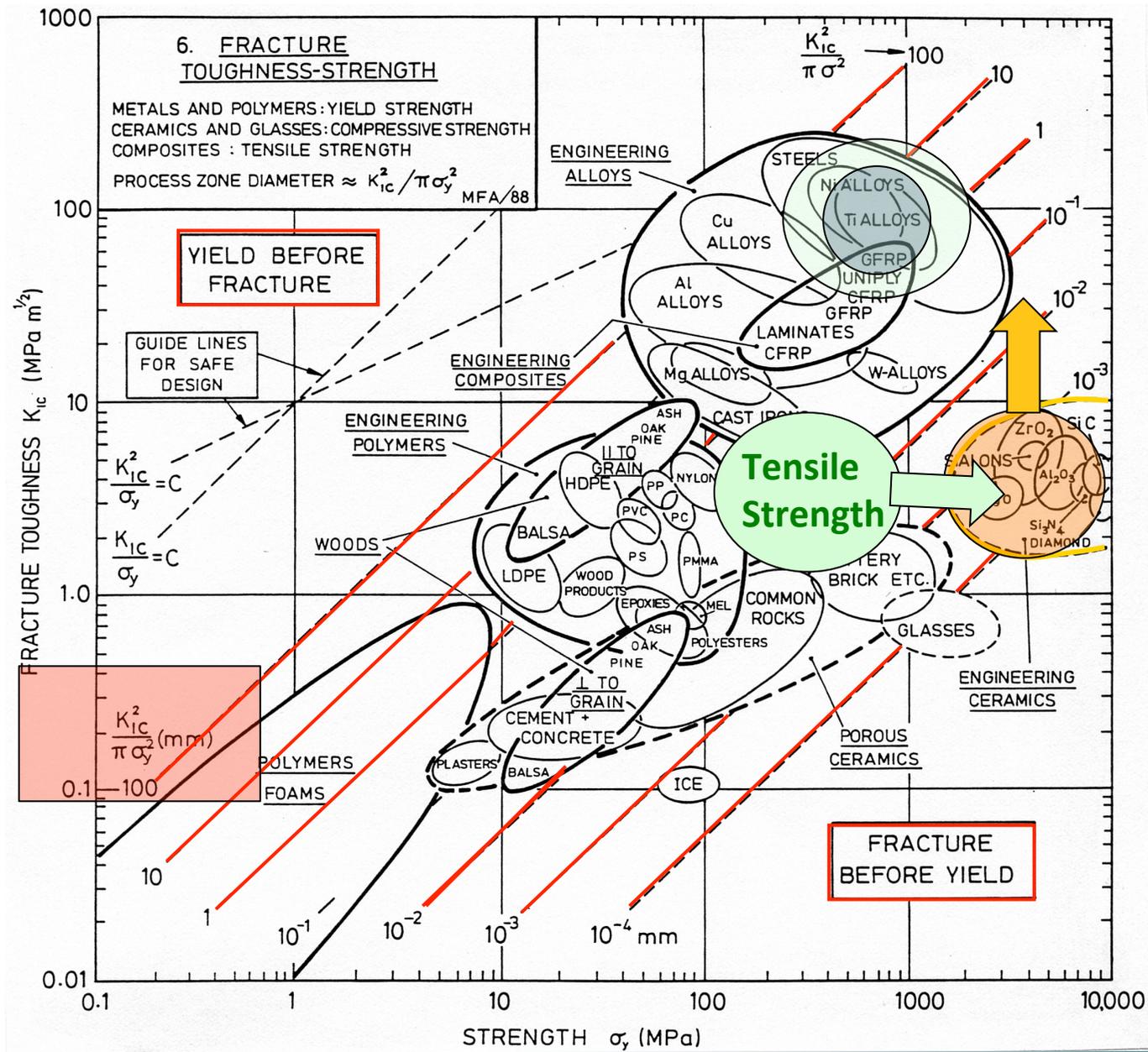
Today : less than 0.1% (much less than metallosis or aseptic loosening due to PE debris). Fatigue of metals also occurs

Today : sometimes more than 10%...

## *The historical answers of 'bio-inert' ceramics to the mechanical demands*

- *From strength improvement to toughness improvement*
- *From materials selection and improvement towards materials by design*





## *The two paradigms of improving (Bio)-ceramics mechanical performances*

**Two paradigms based on the same equation :**

$$\sigma_R = \frac{K_{IC}}{\sqrt{\pi \times a}}$$

**Increasing tensile strength :**

- Decreasing the processing/machining defect size for a given ceramic (alumina : approach of the 80's)

**Increasing the fracture toughness :**

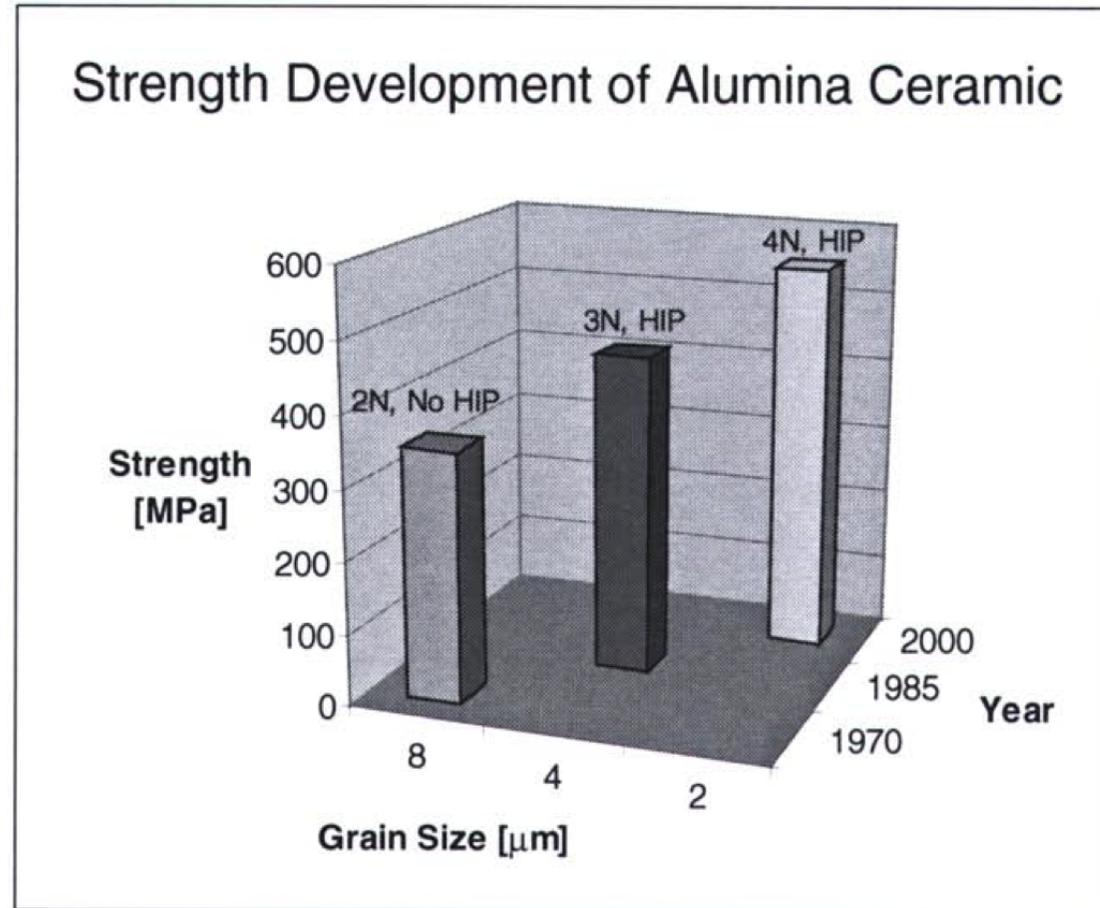
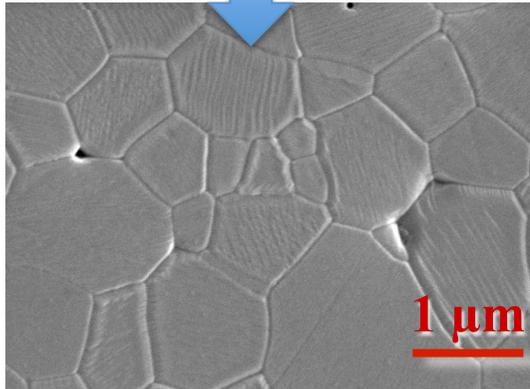
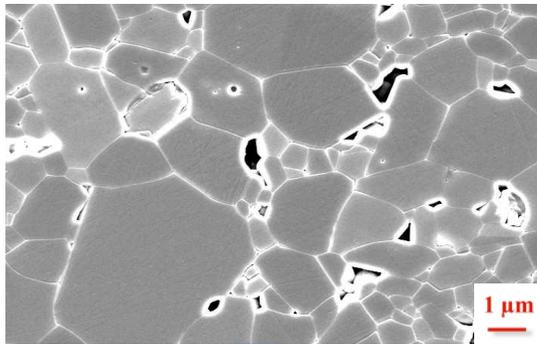
- Zirconia based materials : approach of the 90's

**Bridging the gap between the two strategies :**

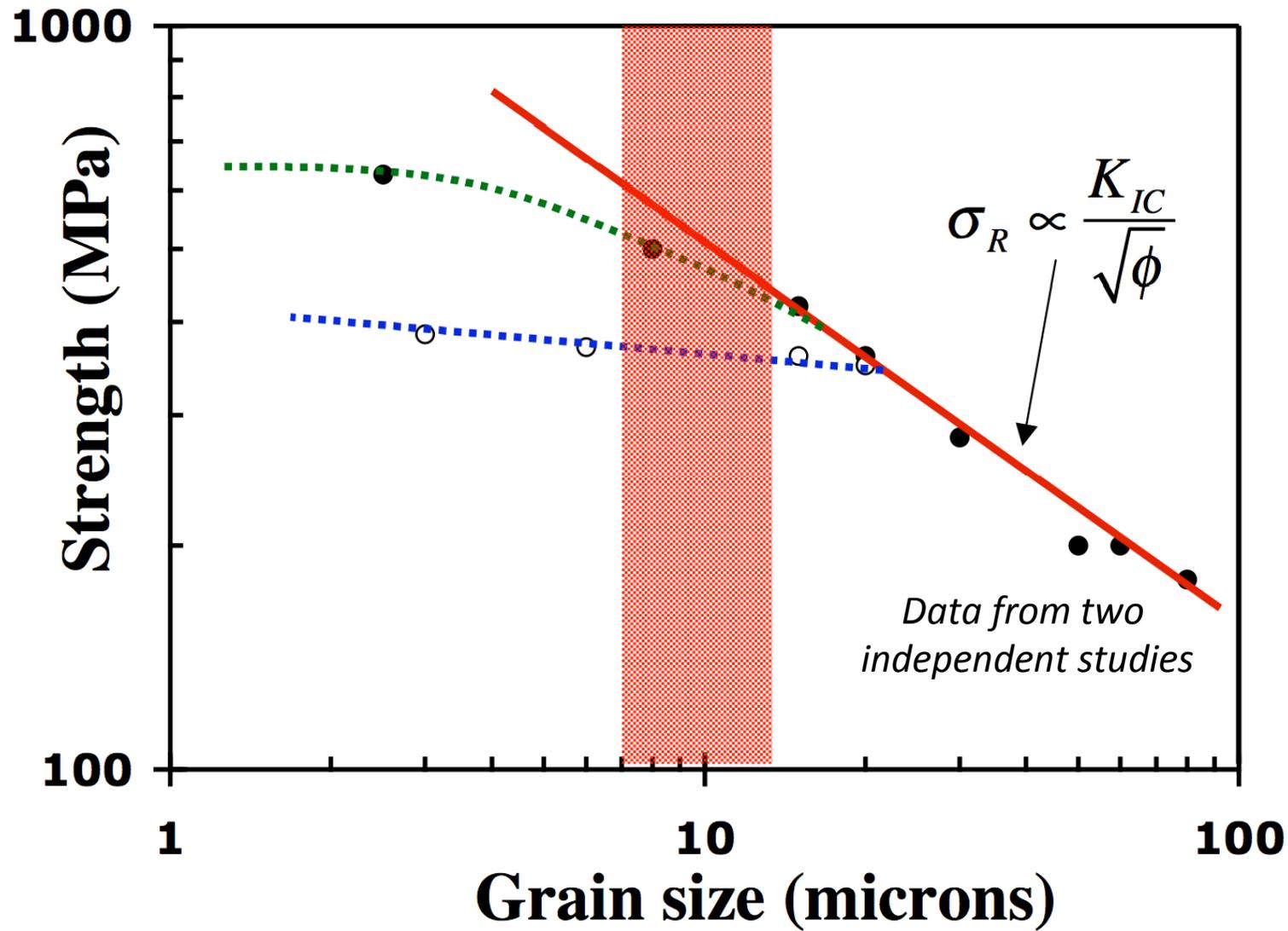
- Improving both strength and toughness with complex microstructures : approaches of today

*The 80's : The quest towards strong alumina ceramics  
Decreasing the grain size and microstructure heterogeneity*

*Increase of strength*

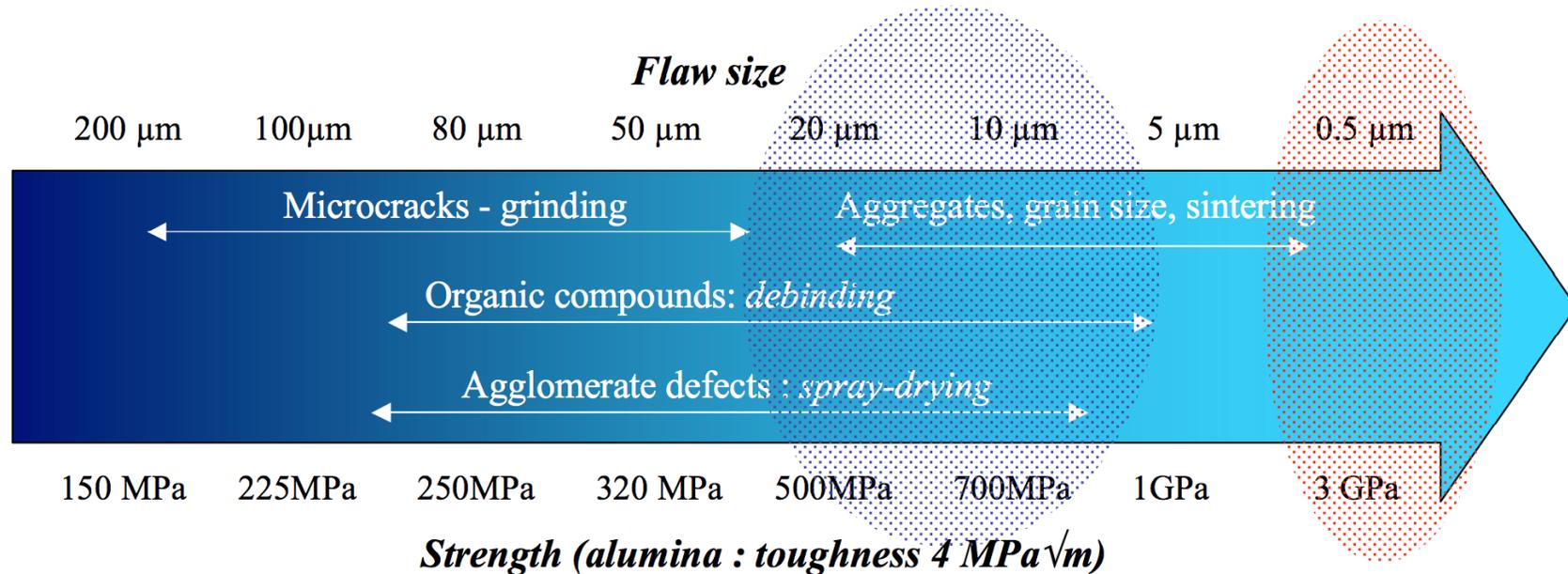


*The limits of strengthening strategy*



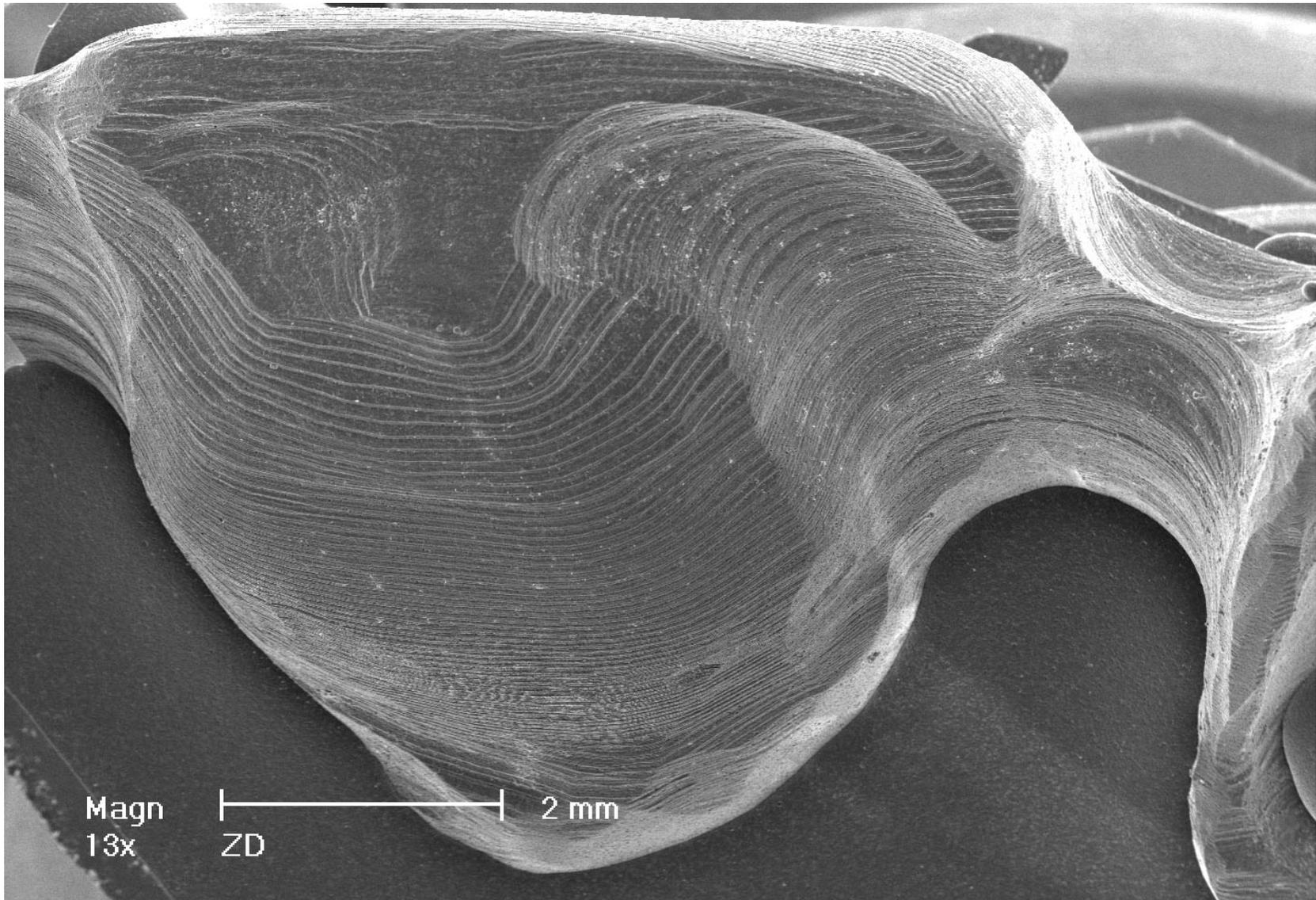
*Below some microns, decreasing the grain size does not provide significant strengthening*

## The limits of strengthening strategy



Flaws in ceramics : generally (much) larger than the grain size !!!

Limit of the strengthening by grain size reduction (other defects relevant)



*Crédit : Susanne Scherrer, Université de Genève*

# The 90's : The quest towards tough ceramics - zirconia

## Phase transformation toughening



Alumina  
 $K_{IC} = 4 \text{ MPam}^{1/2}$

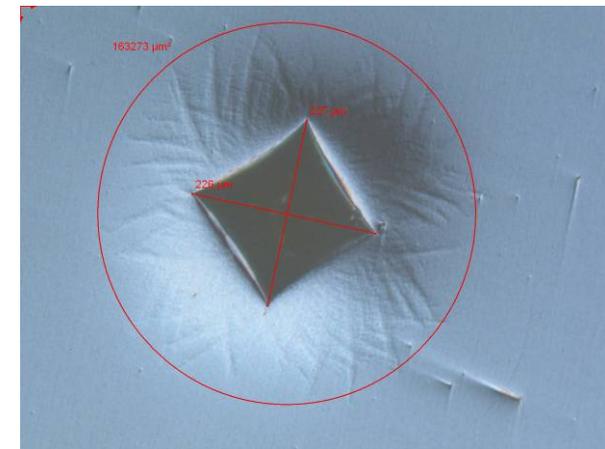
Mg-PSZ

3Y-TZP  
 $K_{IC} = 6 \text{ MPam}^{1/2}$

$\text{Al}_2\text{O}_3\text{-ZrO}_2$   
 $K_{IC} = 8 \text{ MPam}^{1/2}$

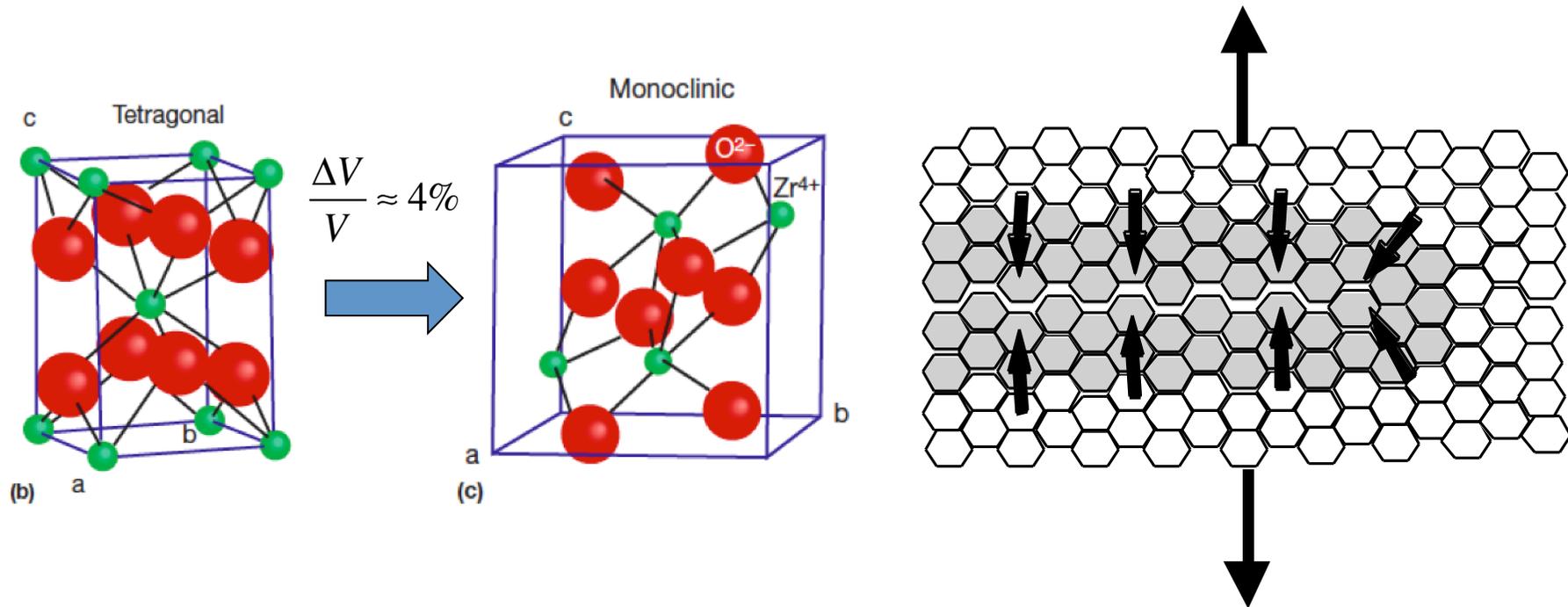
Ce-TZP (- $\text{Al}_2\text{O}_3$ )  
 $K_{IC} > 10 \text{ MPam}^{1/2}$

Garvie  
 (1975)



Transformation autour d'une indentation Vickers réalisée avec une charge de 30kg

## The quest towards tough ceramics : zirconia



'The ceramic steel' (Garvie, 1975) : t-m transformation at the crack tip (discovered fortunately)

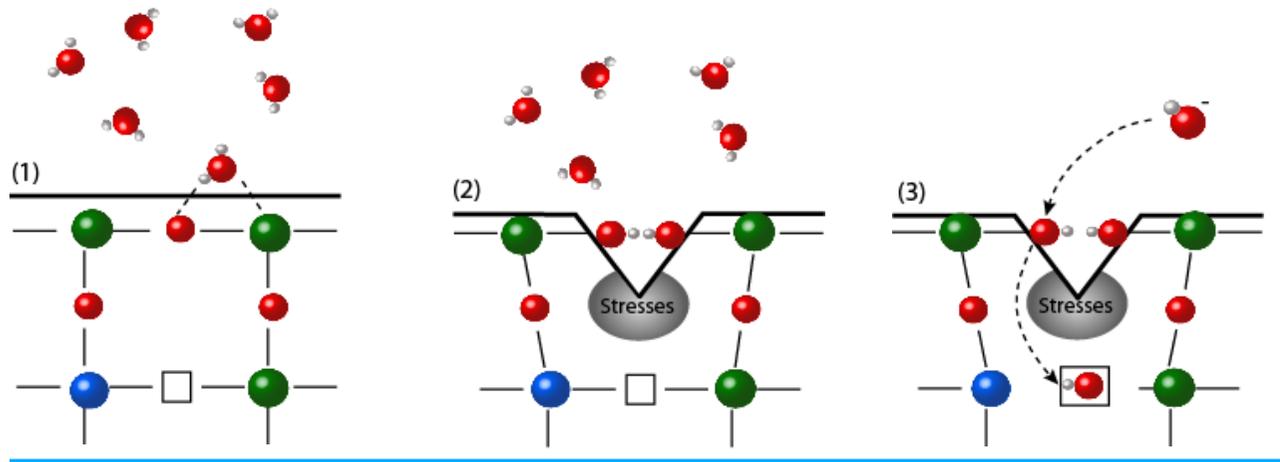
Consequence: Increased toughness (strength) and load to failure of implants

before 2001 : failure rates lower than 0,1% (alumina : 0.2 to 13,4%)

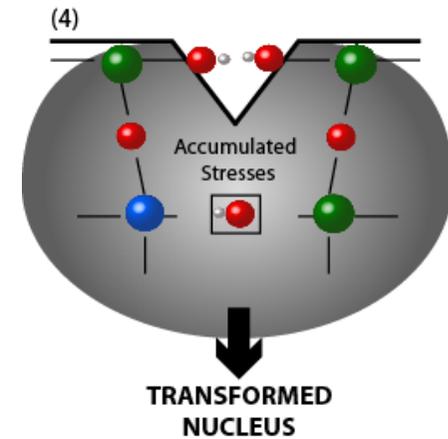
Small diameter heads (22 mm), knee joints (japan) (UCL twice that of alumina)

# The Achilles Heel: aging of zirconia ( $\gamma$ -TZP) ceramics

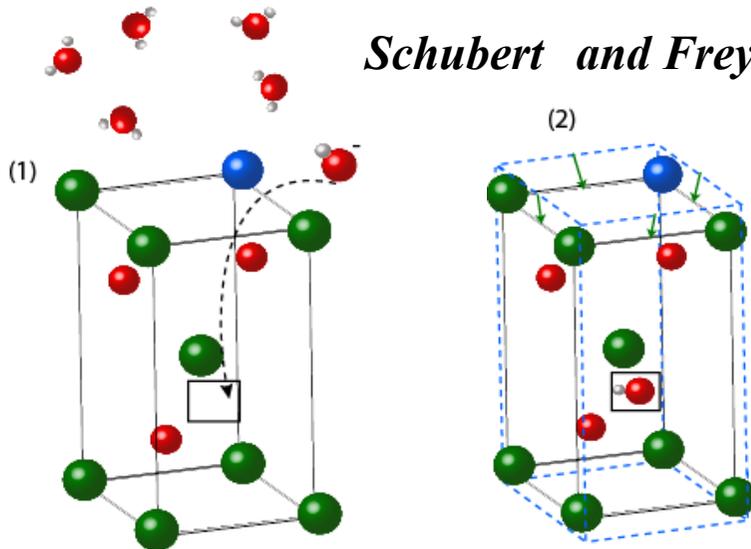
*Aging: Slow transformation at the surface of zirconia, initiated by water diffusion and stress accumulation*



*Yoshimura et al. 1987*



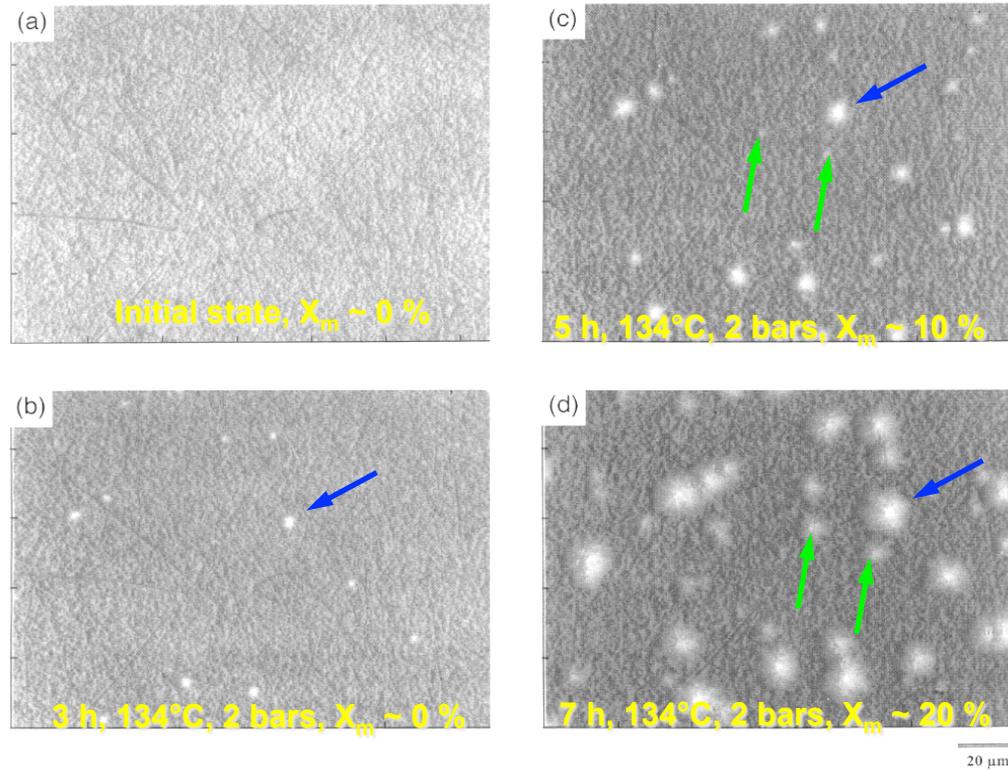
*Schubert and Frey 2004*



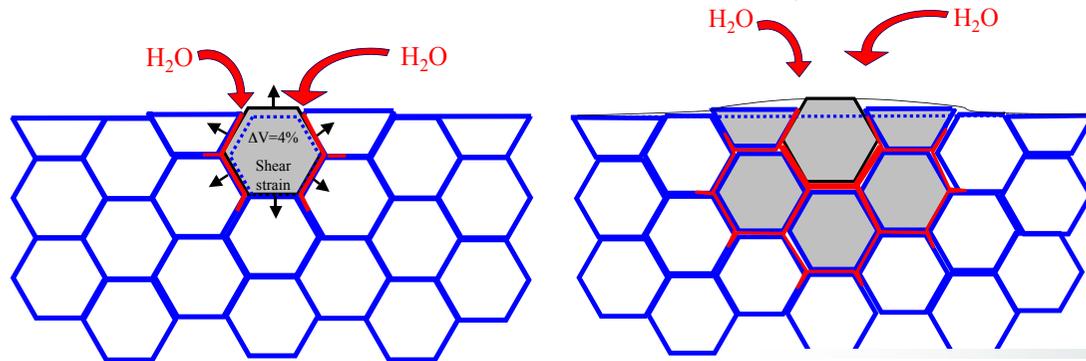
- accumulation of tensile stresses
- t-m transformation

Localized to the grains at the surface in contact with water

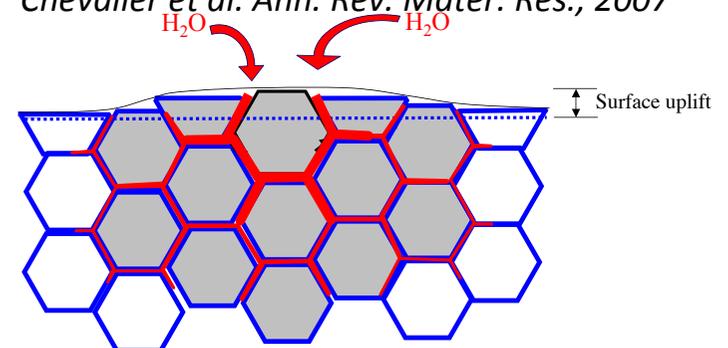
# Aging of zirconia, or a 'Slow Surface Degradation'

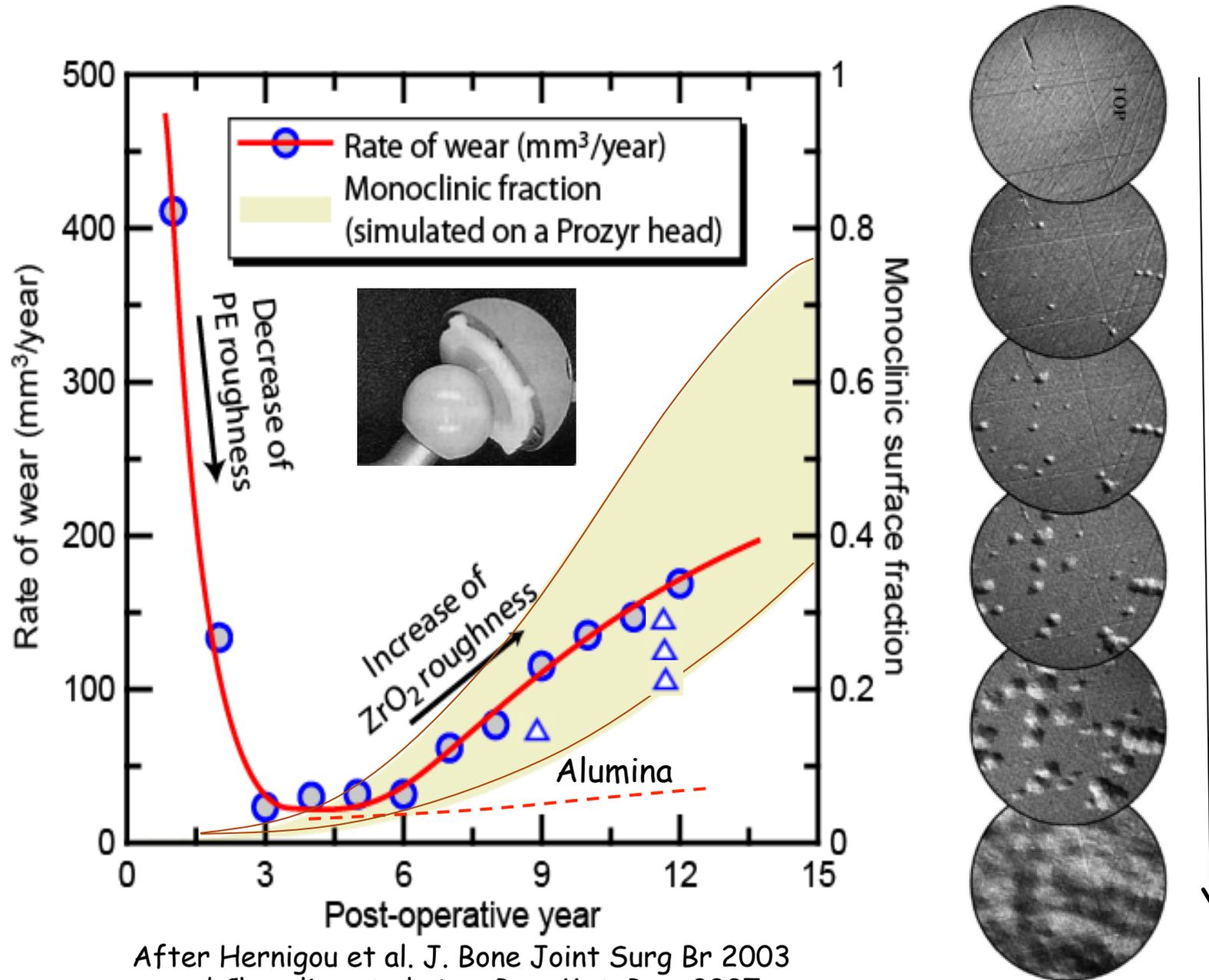


Chevalier et al. *J. Am. Ceram. Soc.*, 1999

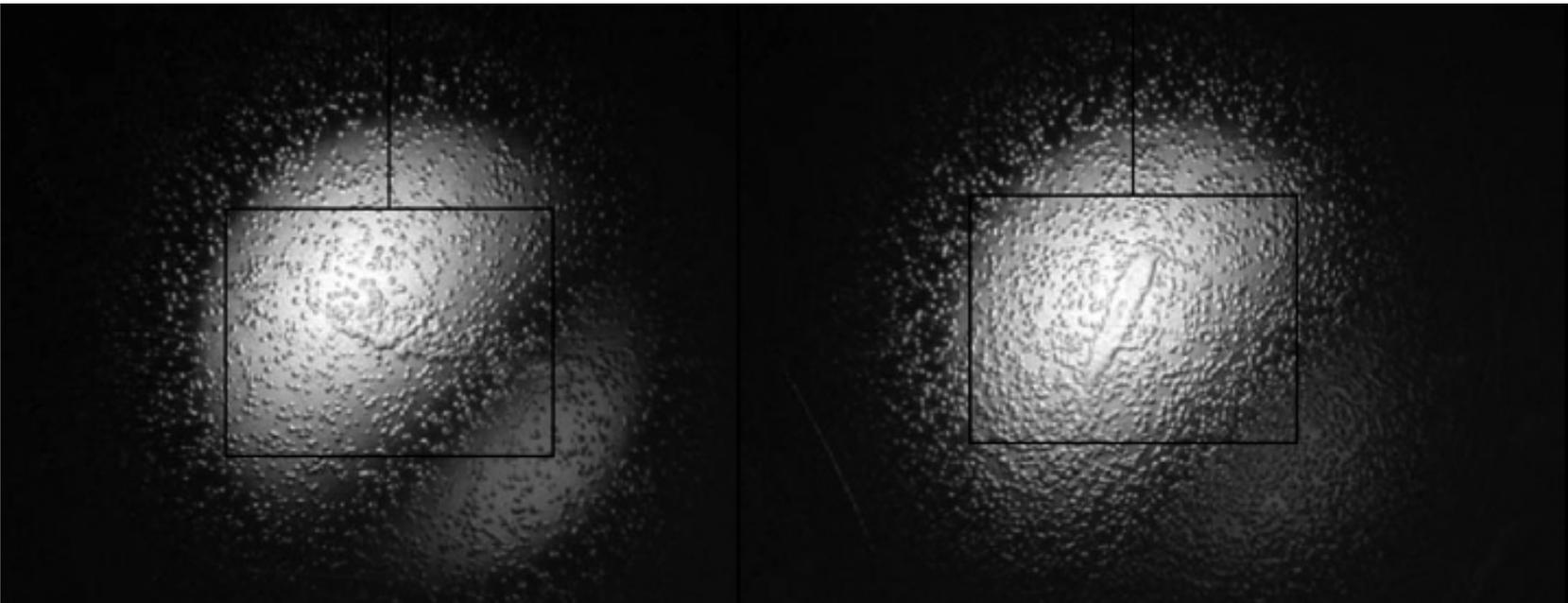


Chevalier et al. *Ann. Rev. Mater. Res.*, 2007

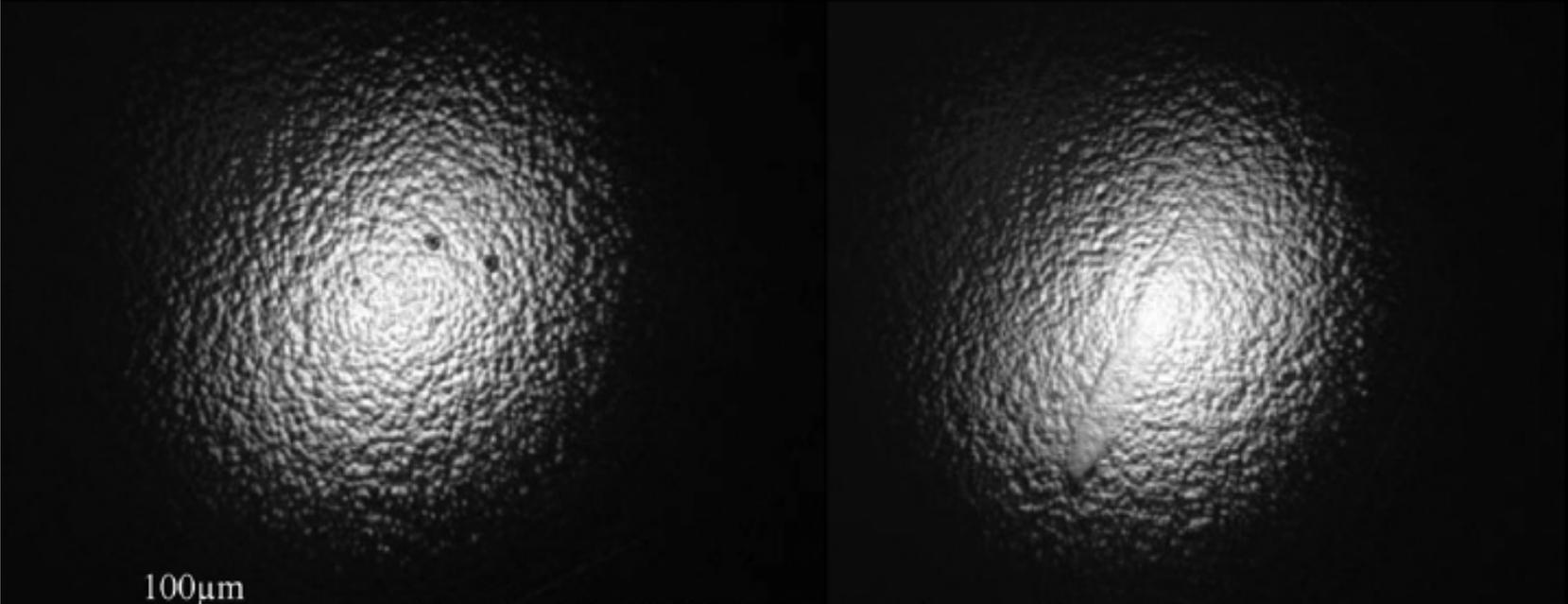




After Hernigou et al. J. Bone Joint Surg Br 2003  
and Chevalier et al. Ann. Rev. Mat. Res. 2007



Y-TZP - 12.5h at 134°C, 2bar – random positions

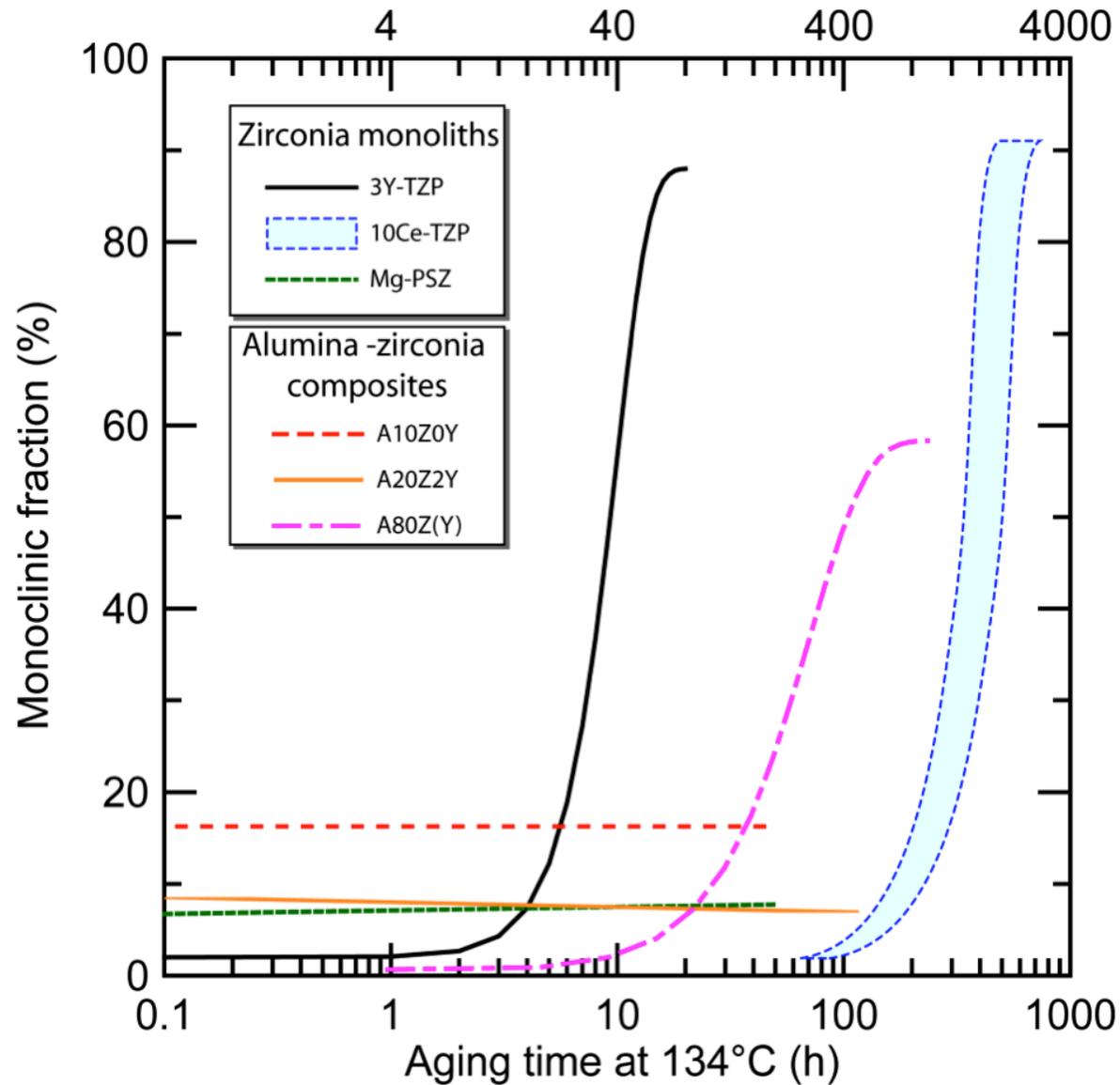


100μm

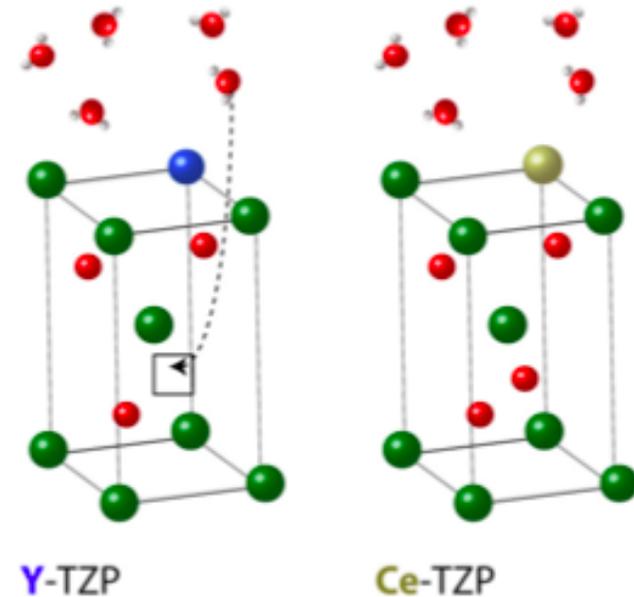
Y-TZP - 20h at 134°C, 2bar – random positions

# All zirconia based ceramics may degrade in vivo ?

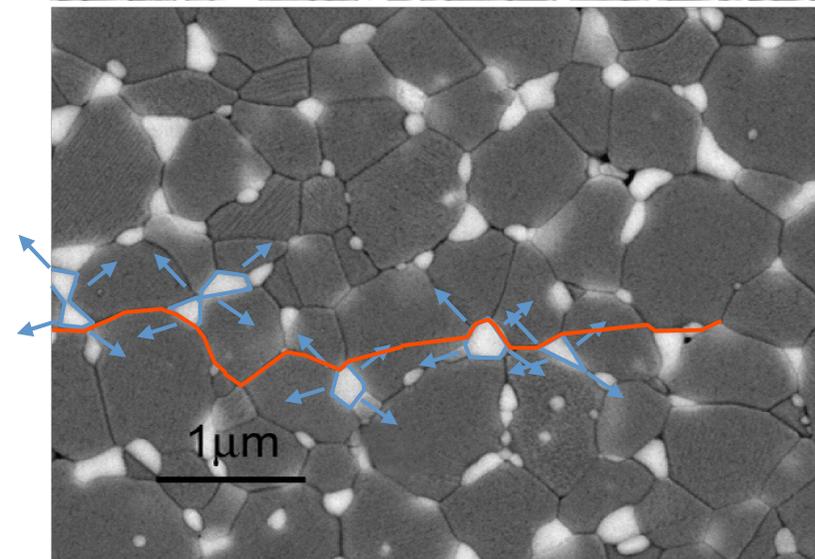
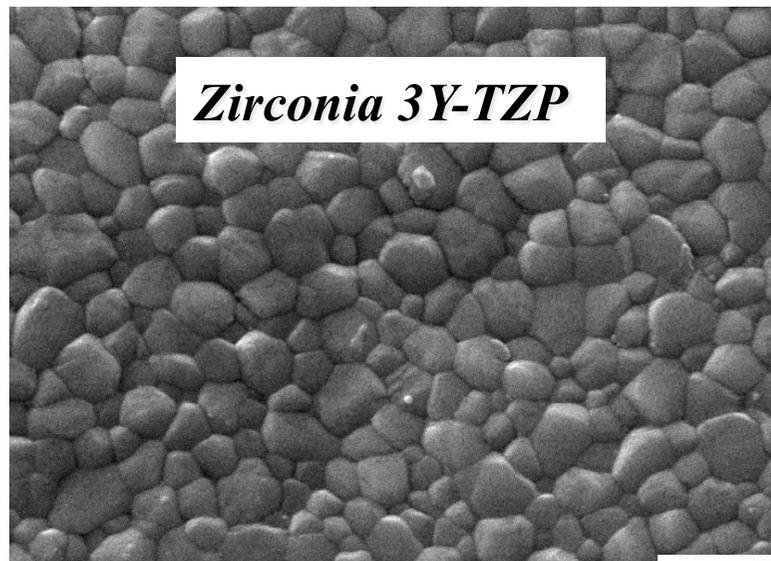
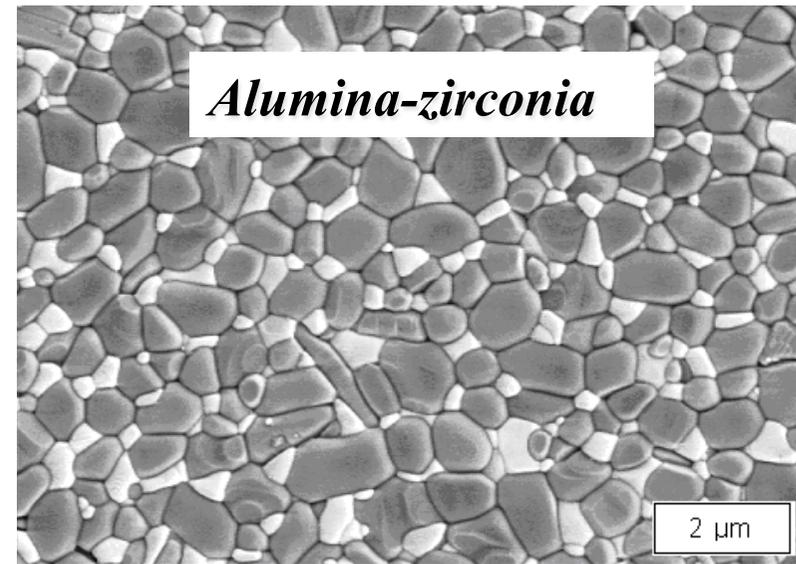
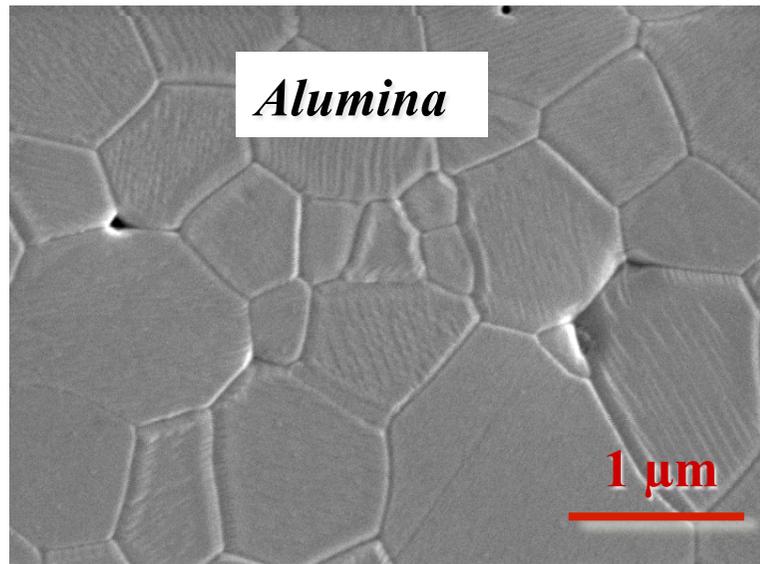
Extrapolated at 37°C (years)



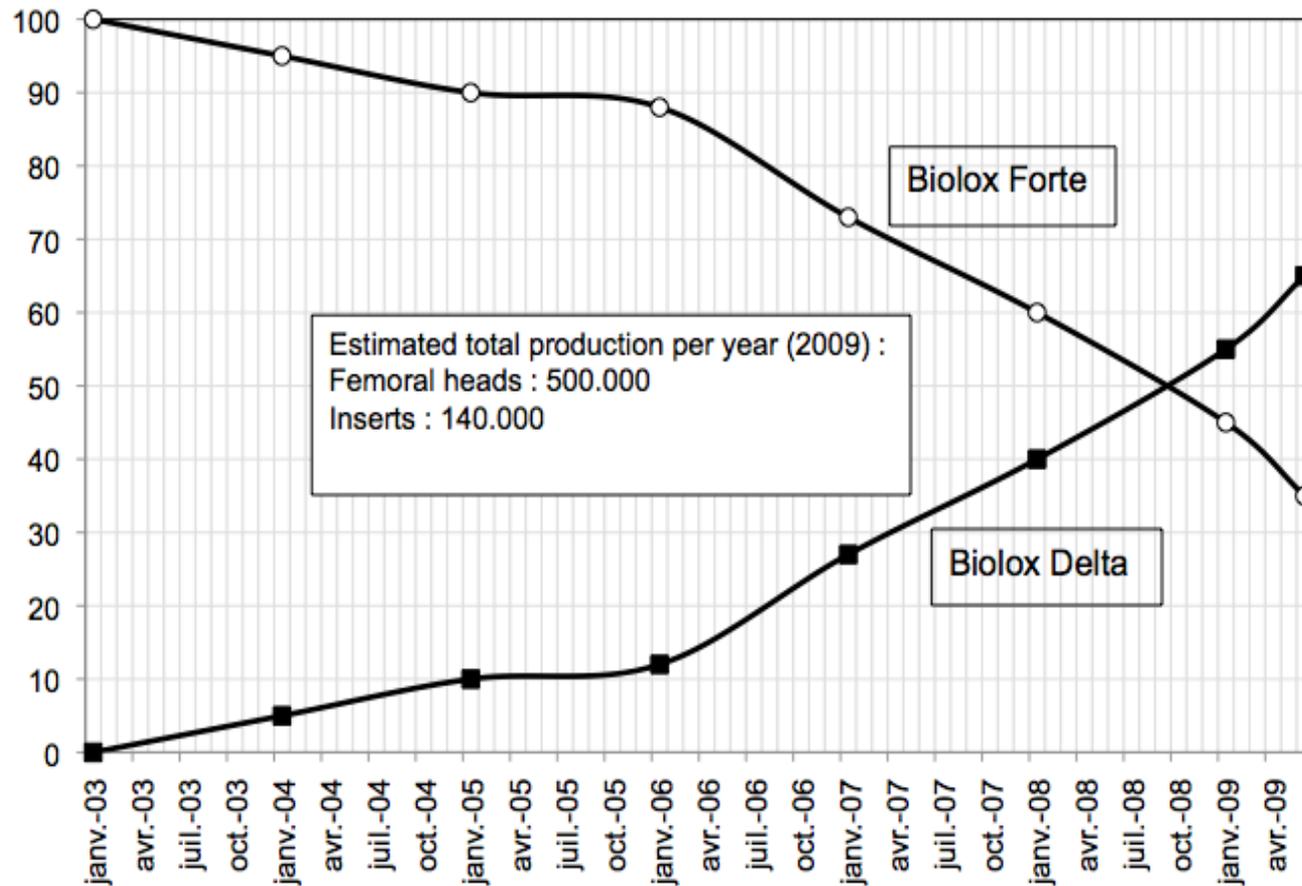
- **Ce-TZP** and **Mg-PSZ**
- **Alumina rich ZTA**  
(in which zirconia is not stabilized by yttria)



*A step further in efficiency (and microstructure complexity) : alumina – zirconia  
Strategy of composites : benefit from advantages without the drawbacks*

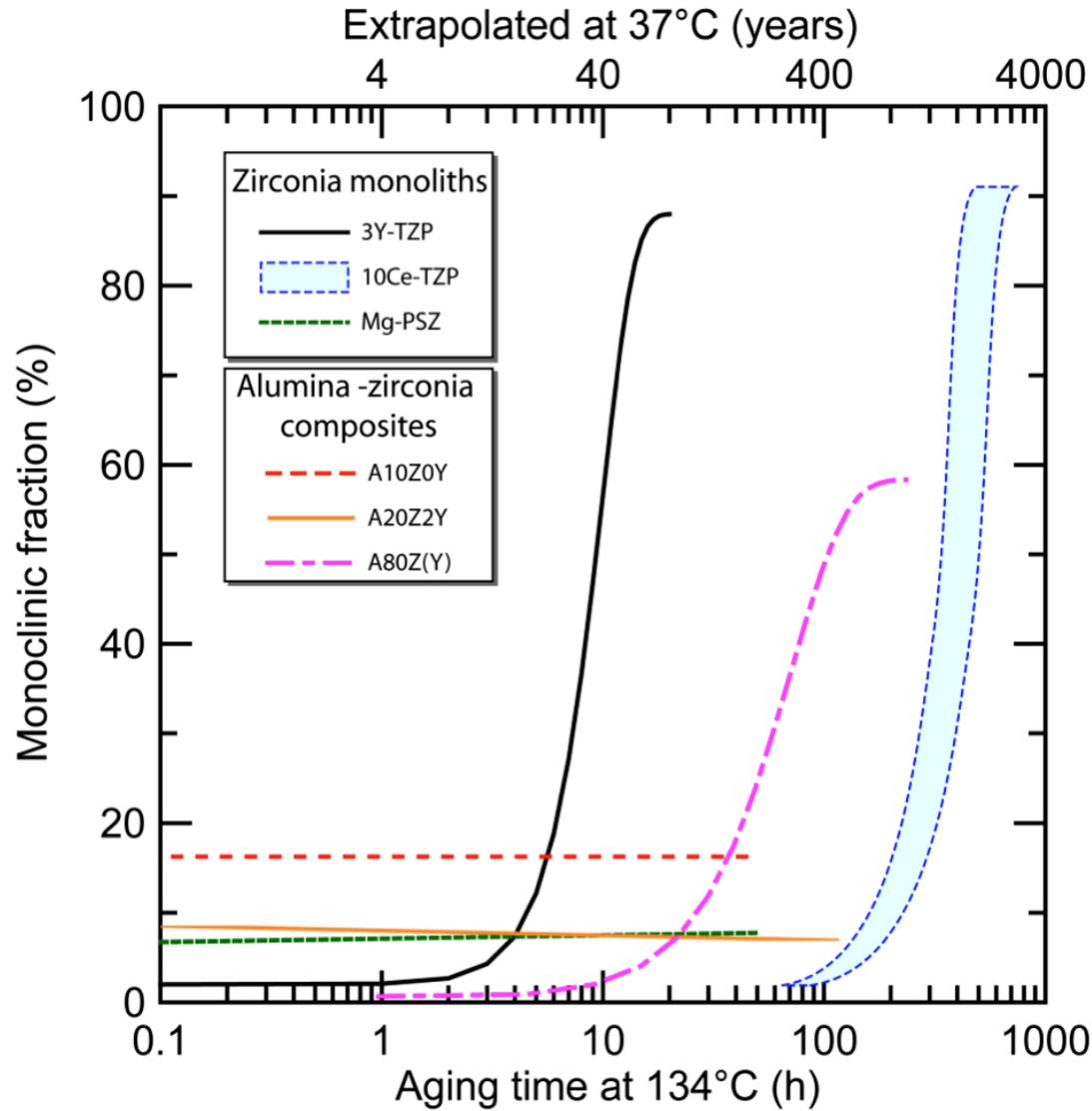


## Orthopaedics : Alumina-zirconia as the new standard

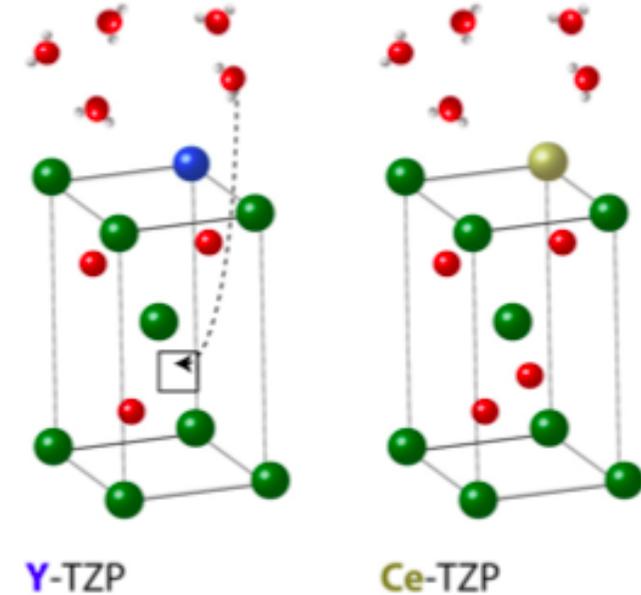


Market : more than 600.000 zirconia heads implanted between 1990 and 2002  
 No more zirconia (3Y-TZP) in the market (Saint Gobain Prozyr® story)  
 ZTA (BioloX Delta®) represents more than 70% of the market

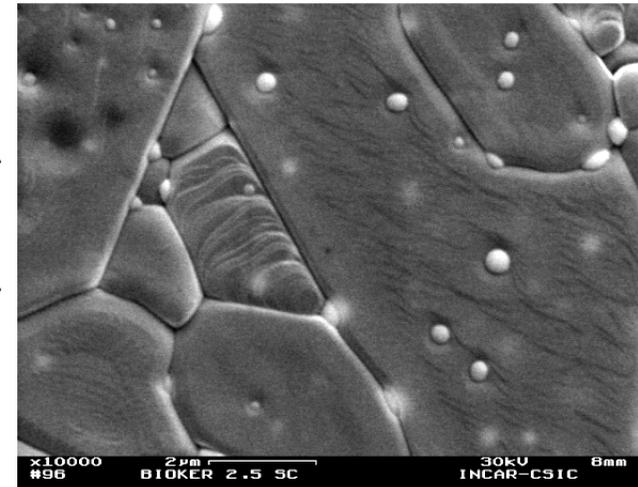
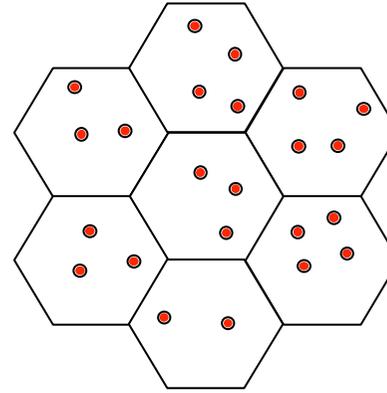
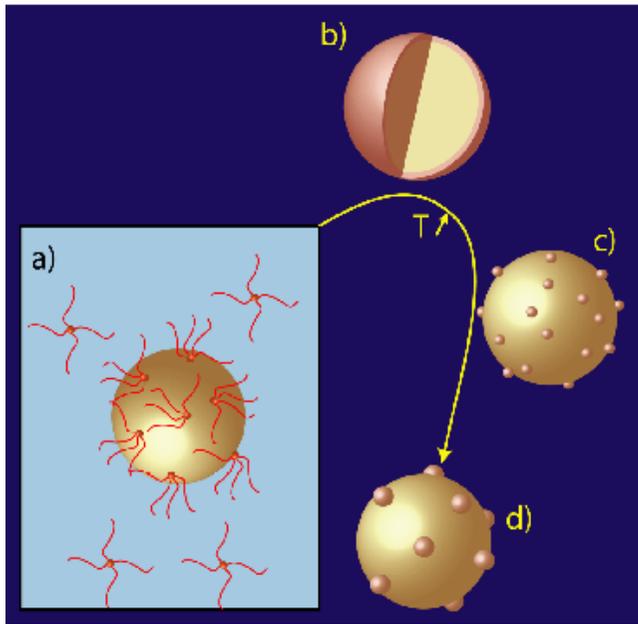
# Not all zirconia degrade in vivo !



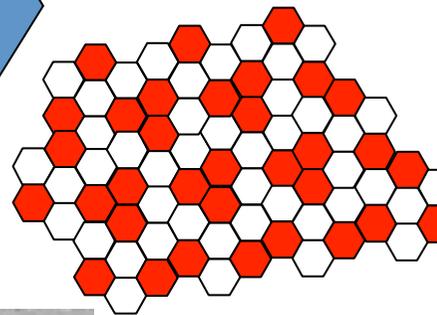
- **Ce-TZP** and **Mg-PSZ**
- **Alumina rich ZTA** (better if no Ytria)



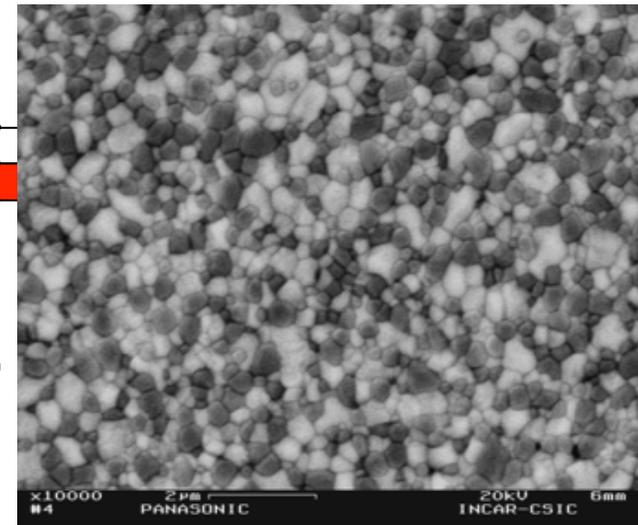
# Improving toughness and strength : Towards complex micro- and nano-structures



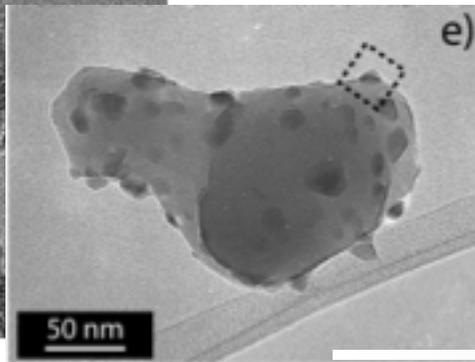
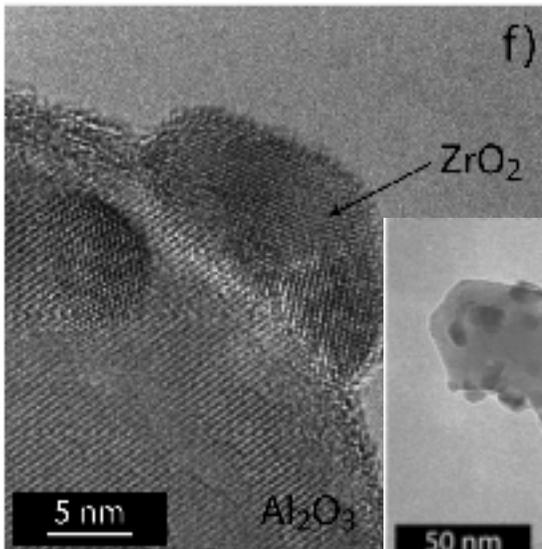
*Alumina - pure zirconia composite*



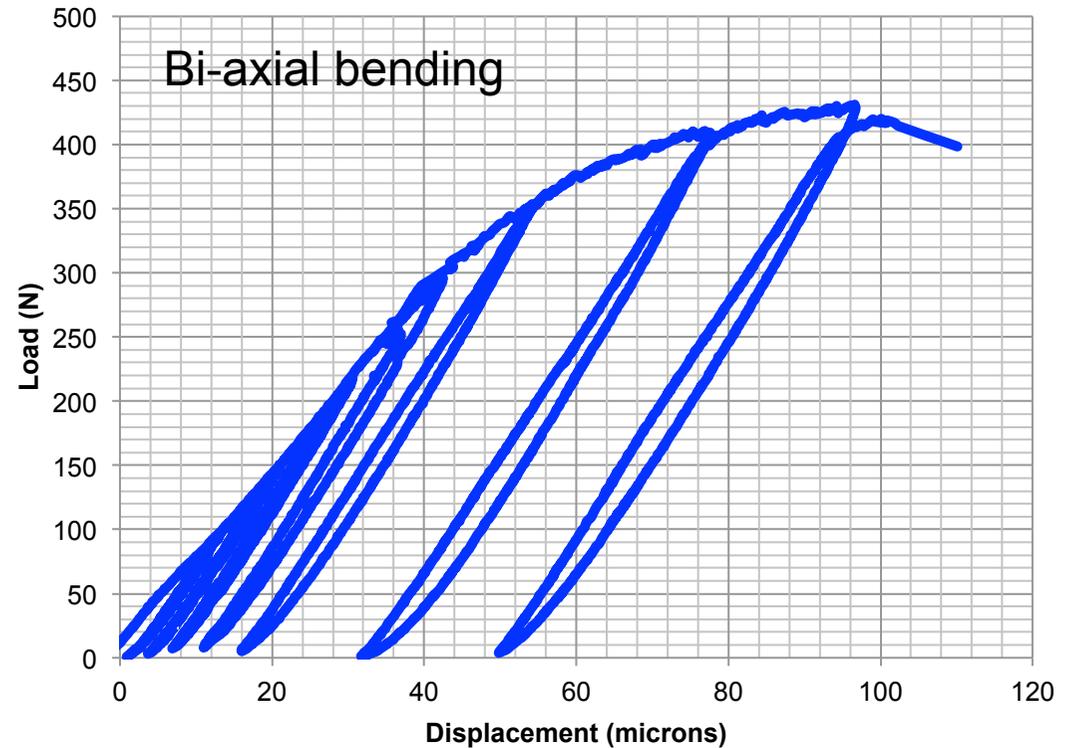
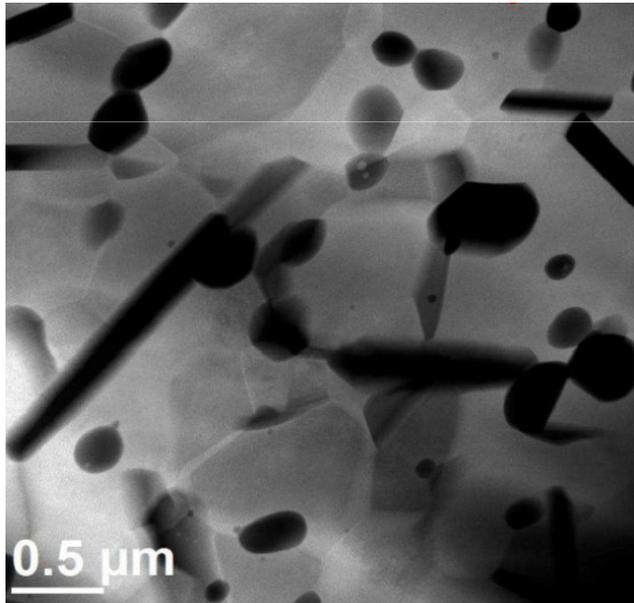
2 mm



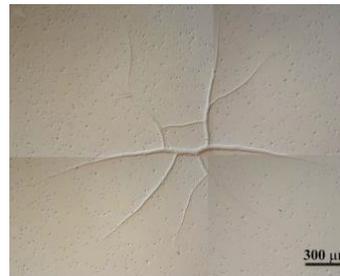
*Ce TzP - alumina composite*



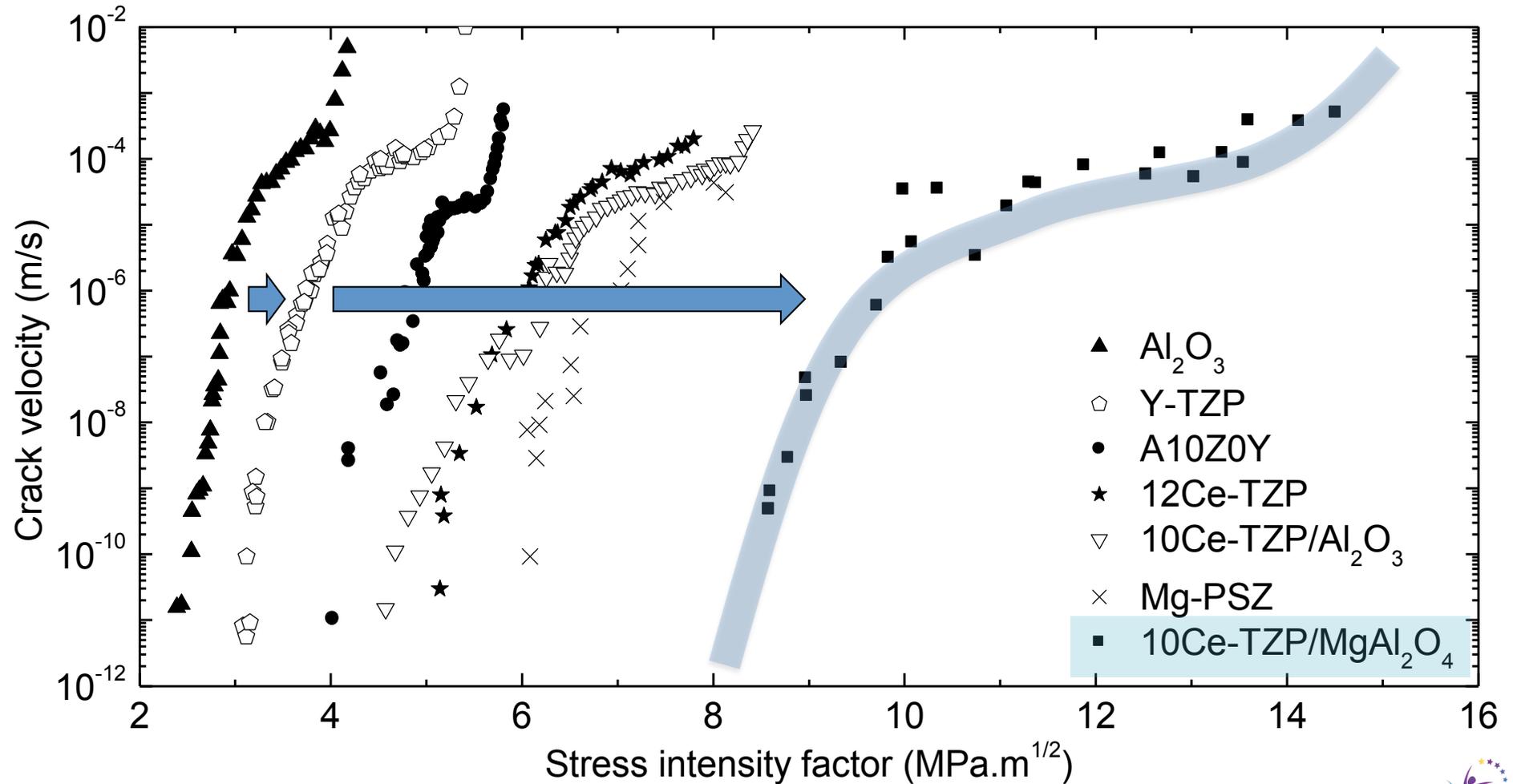
# Complex bio-ceramics at the nano-scale : Example of a tri-phasic system zirconia-alumina-aluminate



- Strengthening (1000 Mpa) by :  
Decrease of grain size
- Toughening (20 MPa.m<sup>1/2</sup>) by :  
Phase transformation toughening  
Crack deflection and bridging



# Crack resistance of nano-structured complex ceramic composites



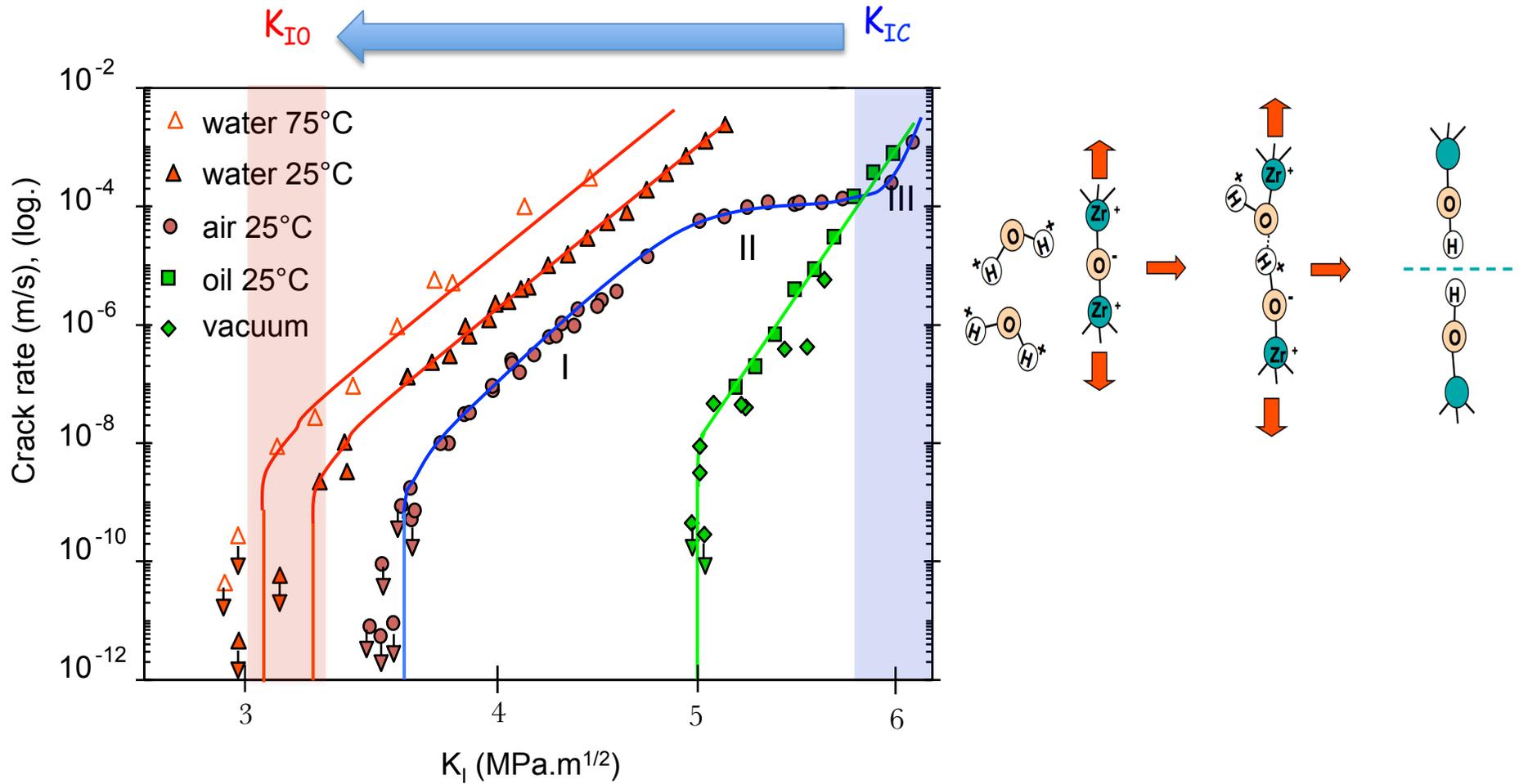
AND NO AGING !



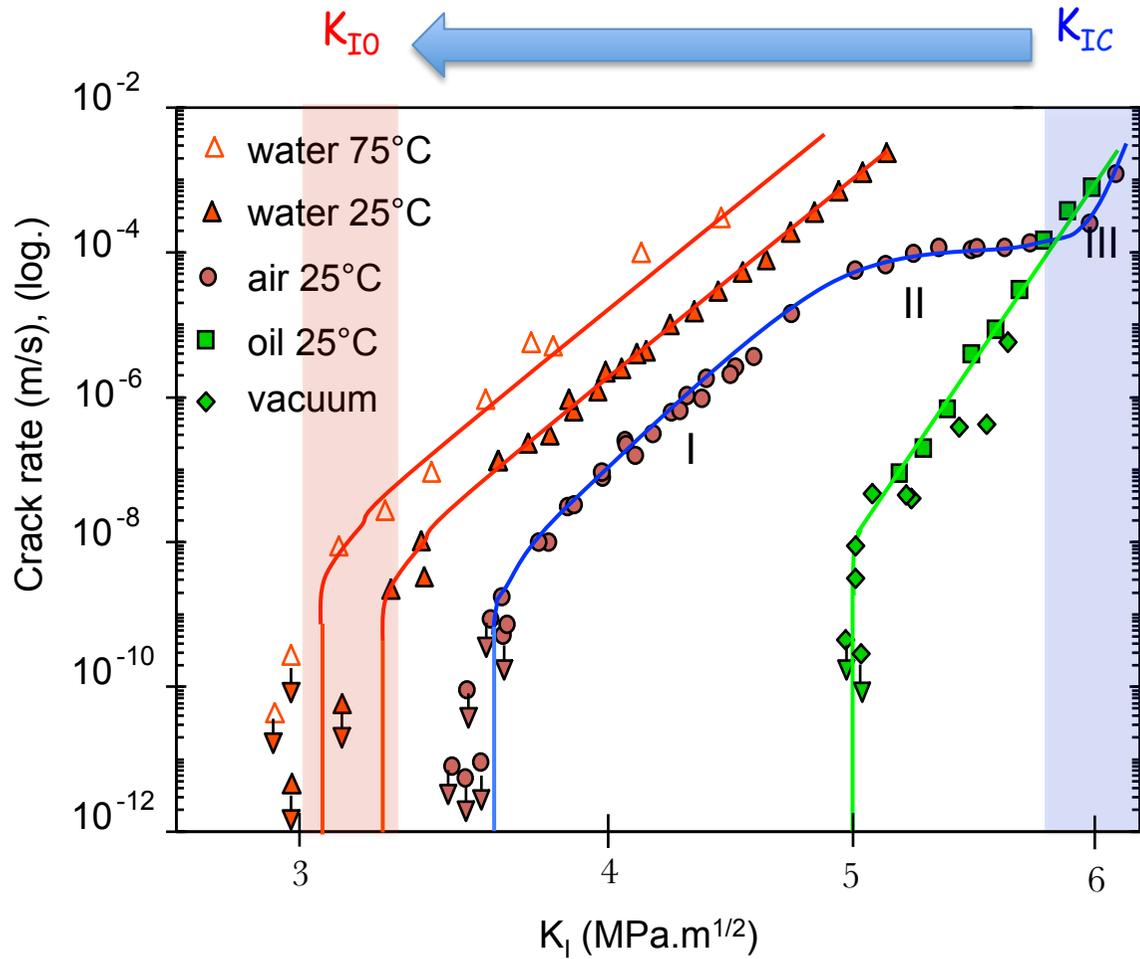
Tough, strong and stable ceramics !



# Susceptibility to Slow Crack Growth (Stress Corrosion Cracking), in all oxides



*V -  $K_I$  curves of Y-TZP in different environments*



$K_{IC}$  : fast fracture  
(vacuum conditions)



$K_{I0}$  : delayed failure

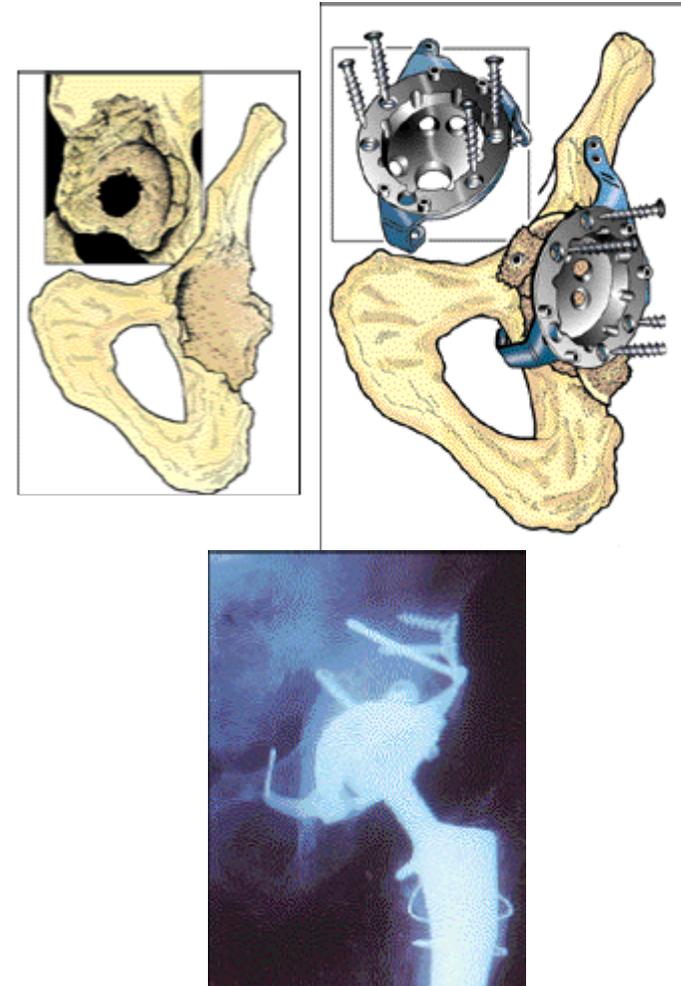
*In practical terms :*

*Load necessary for delayed failure is **half** of the load to failure under fast conditions*

*V -  $K_I$  curves of Y-TZP in different environments*

*The place of ceramics for bone substitute applications*

## *Clinical use of bone substitutes : revision surgery*



## *Clinical use of bone substitutes : other*



*Tumor resection  
(image RMN)*

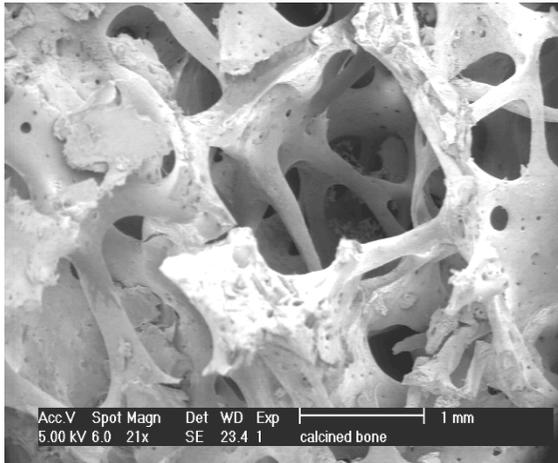
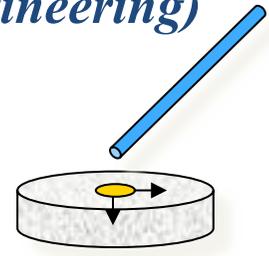


*Tibial osteotomy*

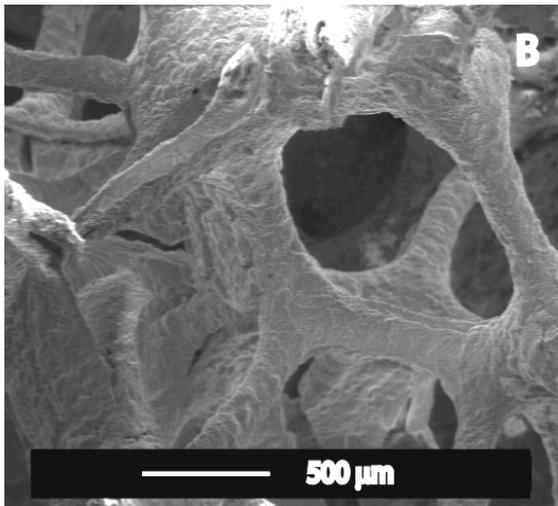


*Maxillo-facial  
reconstruction  
(Biom'up MATRI-BONE®)*

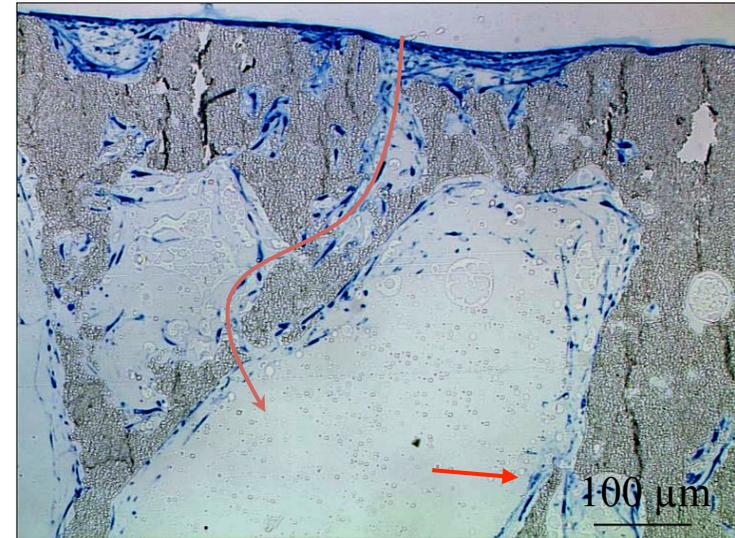
*'Bio-active' ceramics for bone substitutes applications (tissue engineering)*  
*Current clinical use of calcium phosphate ceramics*



*Natural bone (calcined)*

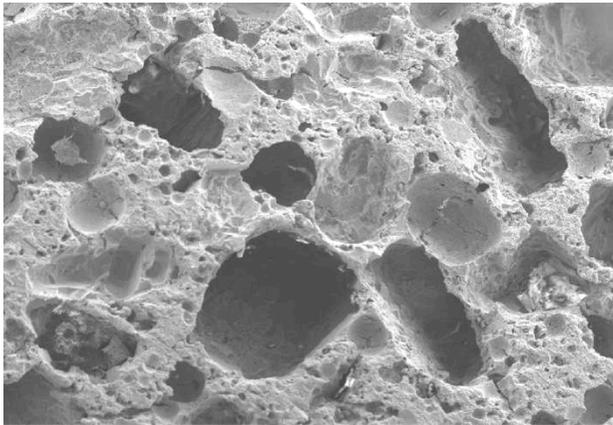


*Synthetic calcium phosphate bone substitute (Foam impregnation)*

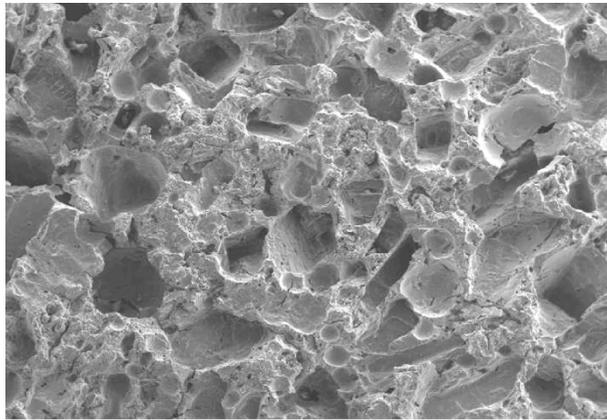


*HAP : Hydroxyapatite -  $\text{Ca}_{10}(\text{PO}_4)_6\text{OH}_2$*

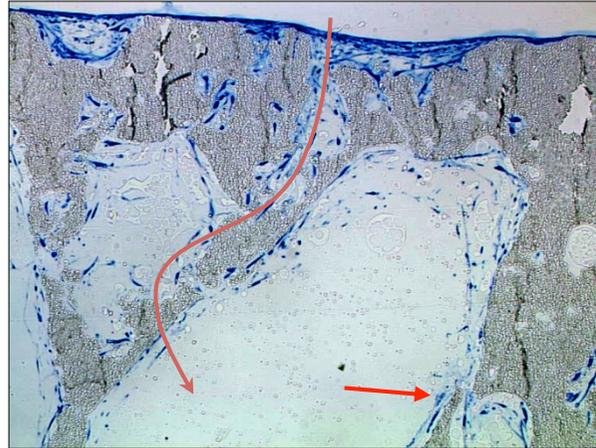
*HAP : Tri-calcium phosphate -  $\text{Ca}_3(\text{PO}_4)_2$*



*macro-interconnections*

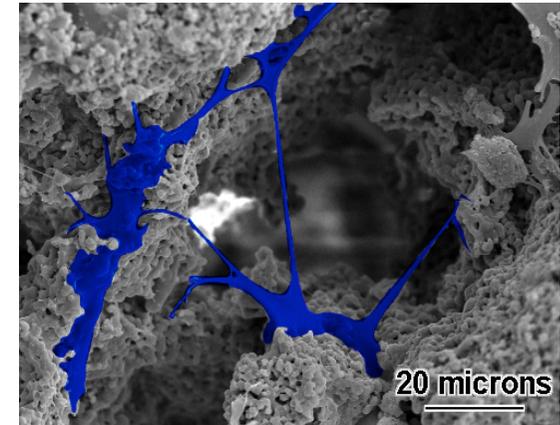


*Synthetic calcium phosphate  
bone substitute (Porogen addition, sintering)*

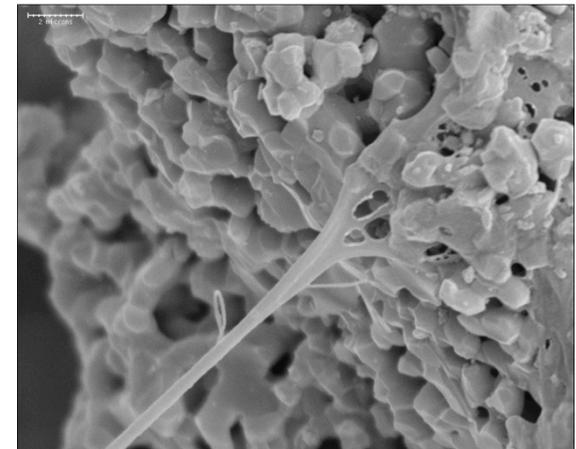


100  $\mu$ m

*Growth of a bone cell on a porous ceramic bone substitute*



*micro-porosity*



*Atlantik® bone substitutes  
Bignon, Chevalier et al. ,  
J. Biomed. Mater. Res. 2002*

## Current limitations of calcium phosphate ceramics

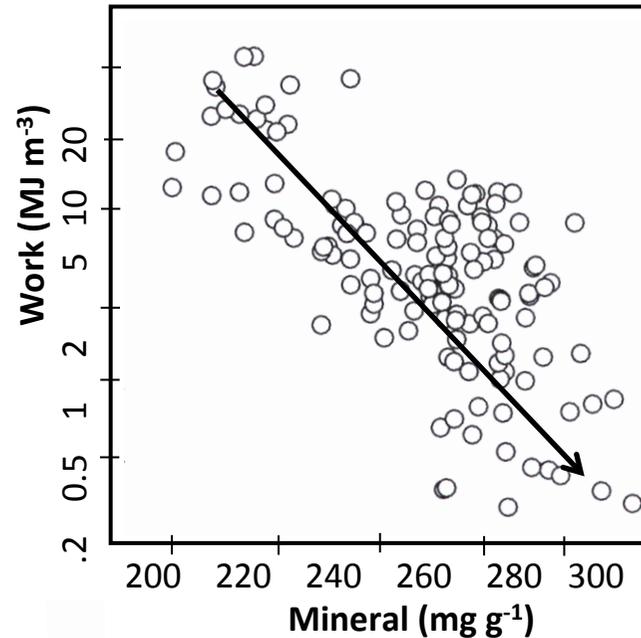
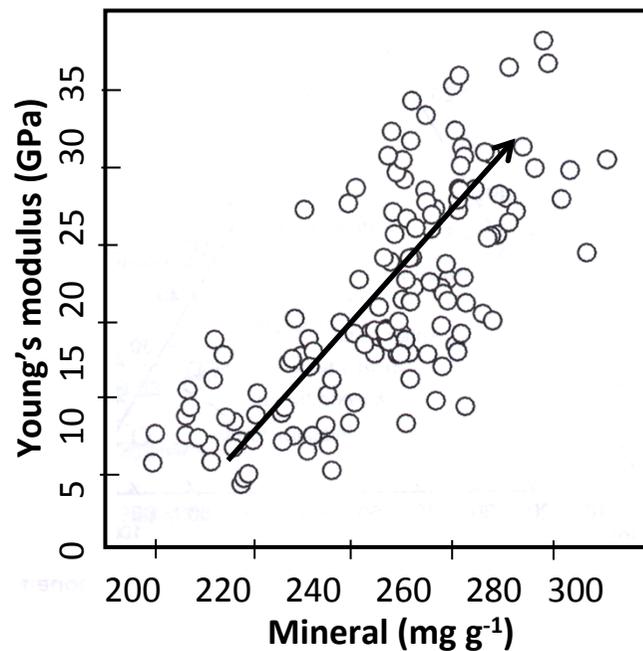
### Mechanical properties of CaP ceramics versus structural ceramics and composites

<b><u>MATERIAL</u></b>	<b><u>Toughness</u></b> ( $K_{IC}$ , MPa $\sqrt{m}$ )	<b><u>Threshold</u></b> ( $K_{I0}$ , MPa $\sqrt{m}$ )	<b><u>Strength</u></b> (MPa)	<b><u>Vickers Hardness</u></b>
Alumina	4.2	2.4	400-600	1800-2000
Zirconia	5.4	3.5	1000	1200-1300
A10Z0Y	5.8	4	700-900	1800
Hydroxyapatite	0.9	0.6	50-60	500
Tricalcium phosphate	1.3	0.8	50-60	900
Mg-PSZ	8	6	600	1000
12Ce-TZP	7.8	5.1	700	1000-1100
Micro-Nano Alumina-Zirconia	6	5	600	1800
Nano-Nano Ce-TZP-alumina	8.4	4.6	900	1300
Silicon Nitride	10 (*)	?	1000 (*)	2500

*Towards tougher bone substitutes ?  
Processing of organic-inorganic scaffolds*

# *Towards tougher bone substitutes ? Processing of organic-inorganic scaffolds*

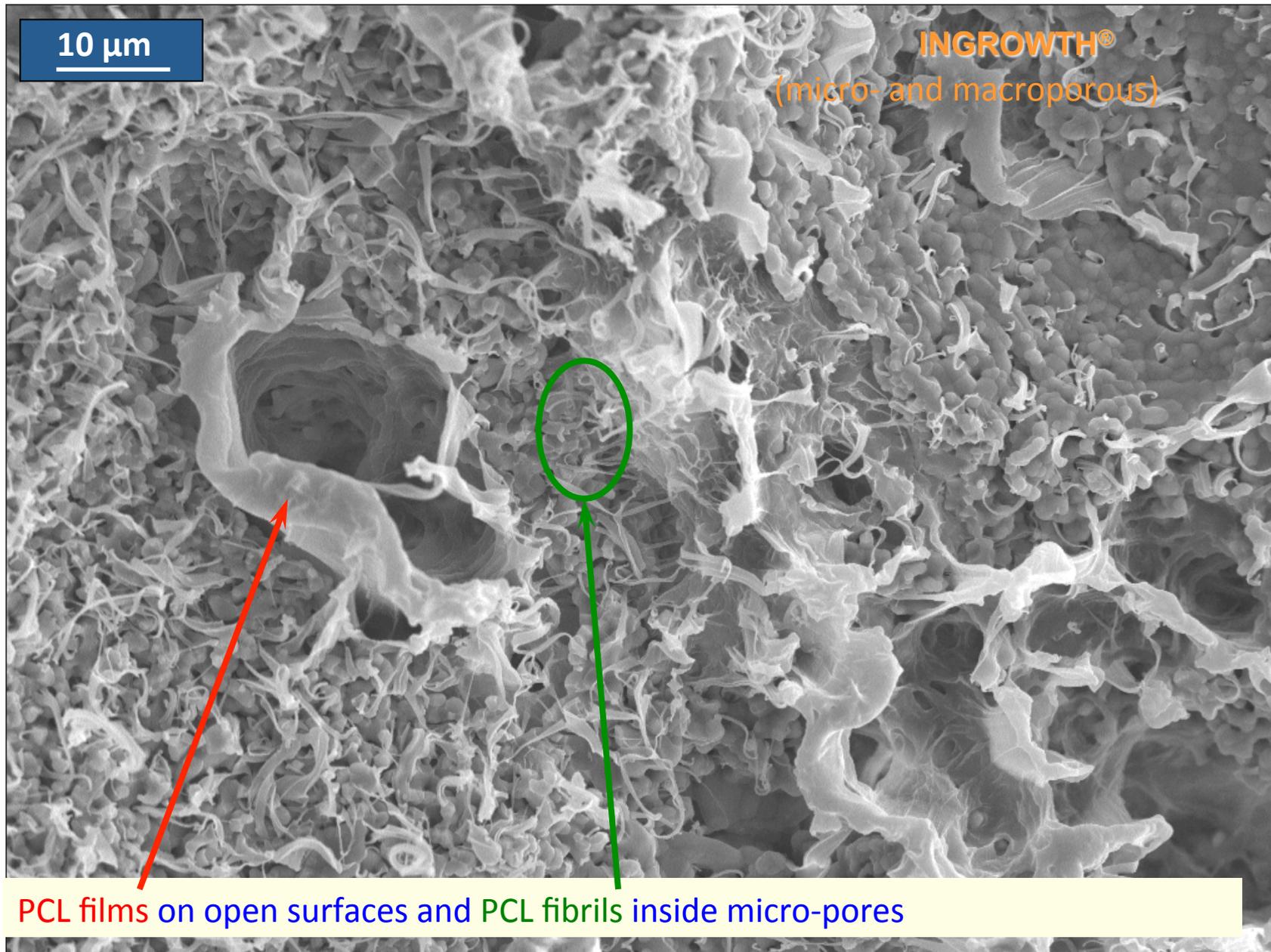
- **Motivation** : Bone is a hybrid material: its mechanical behavior can be matched only by another organic-inorganic composite

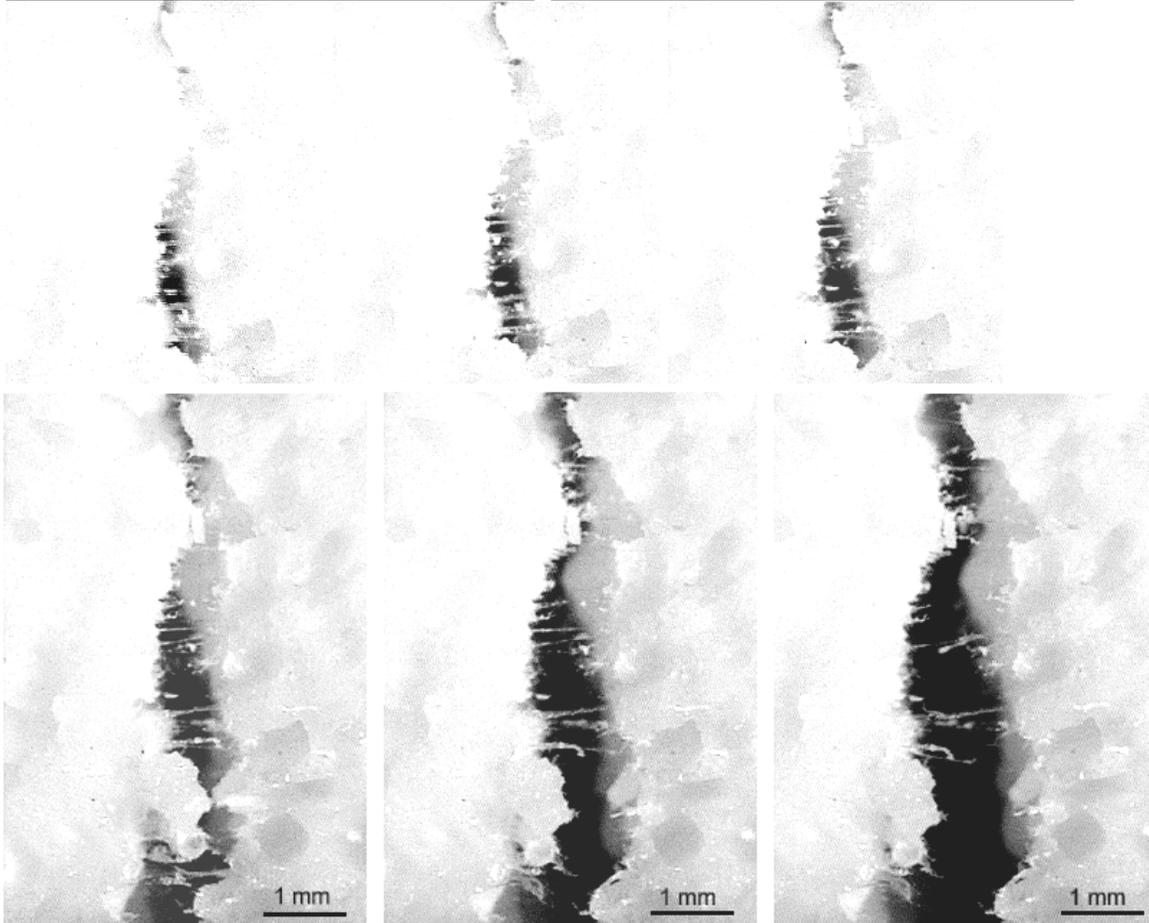
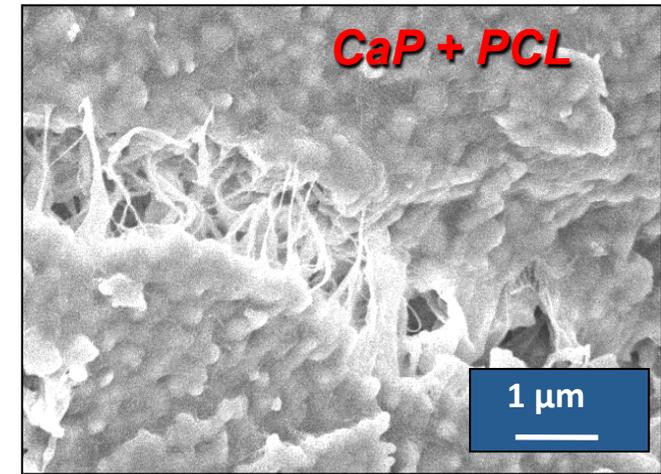
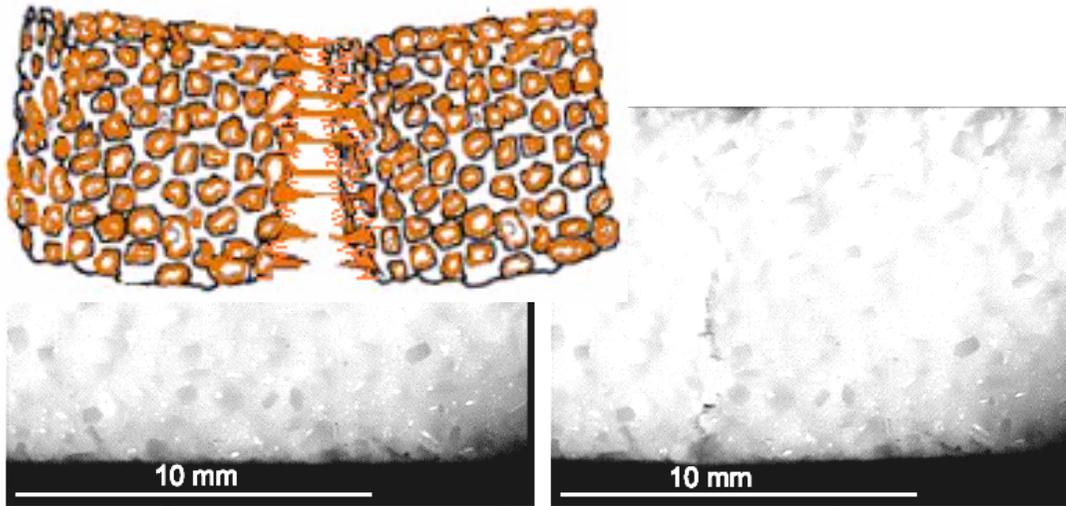


1.8 Total work under the test

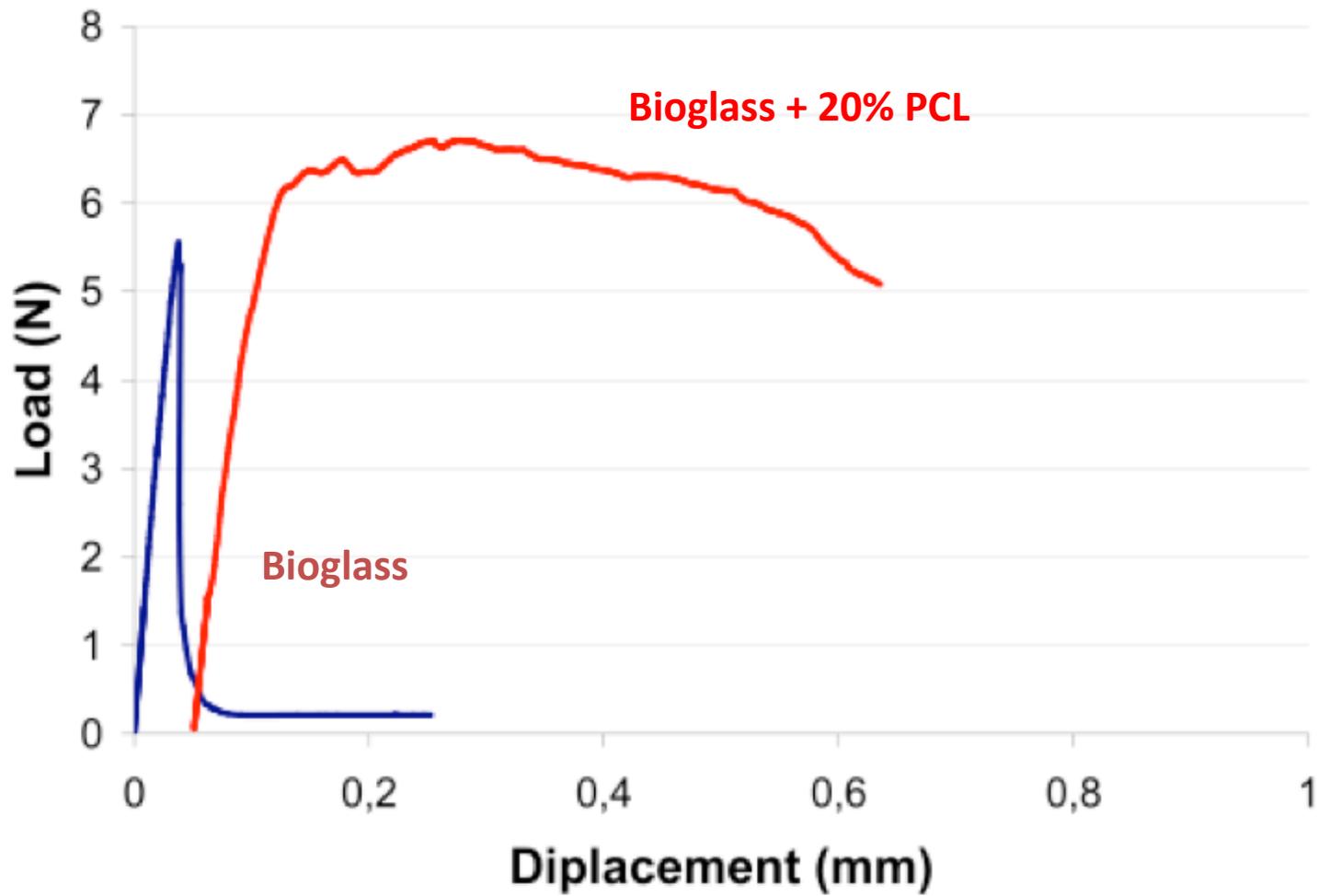
- Need of stronger substitutes that can (at least) withstand more easily the surgeon manipulations.

*Organic - inorganic composites for bone substitutes :*  
*An example of sintered micro-porous ceramics scaffolds impregnated by a bio-polymer*



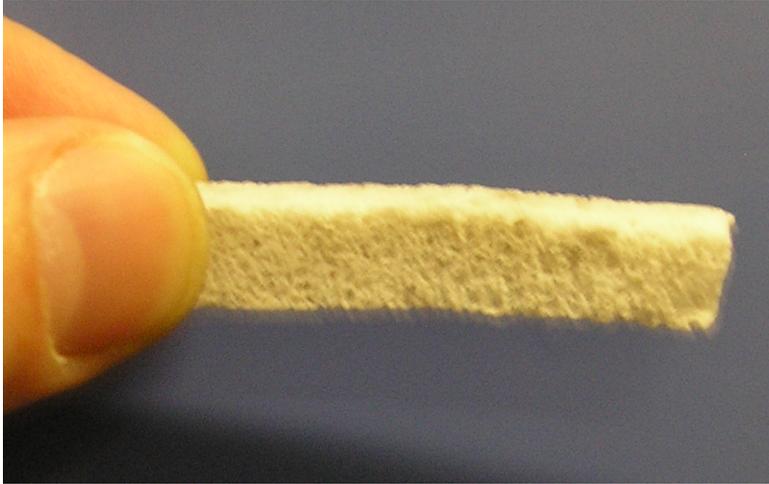


**Nalla RK et al. Nat Mater 2003; 2: 64-168**



Peroglio, Gremillard, Chevalier et al., *J. Europ. Ceram. Soc.* 2007





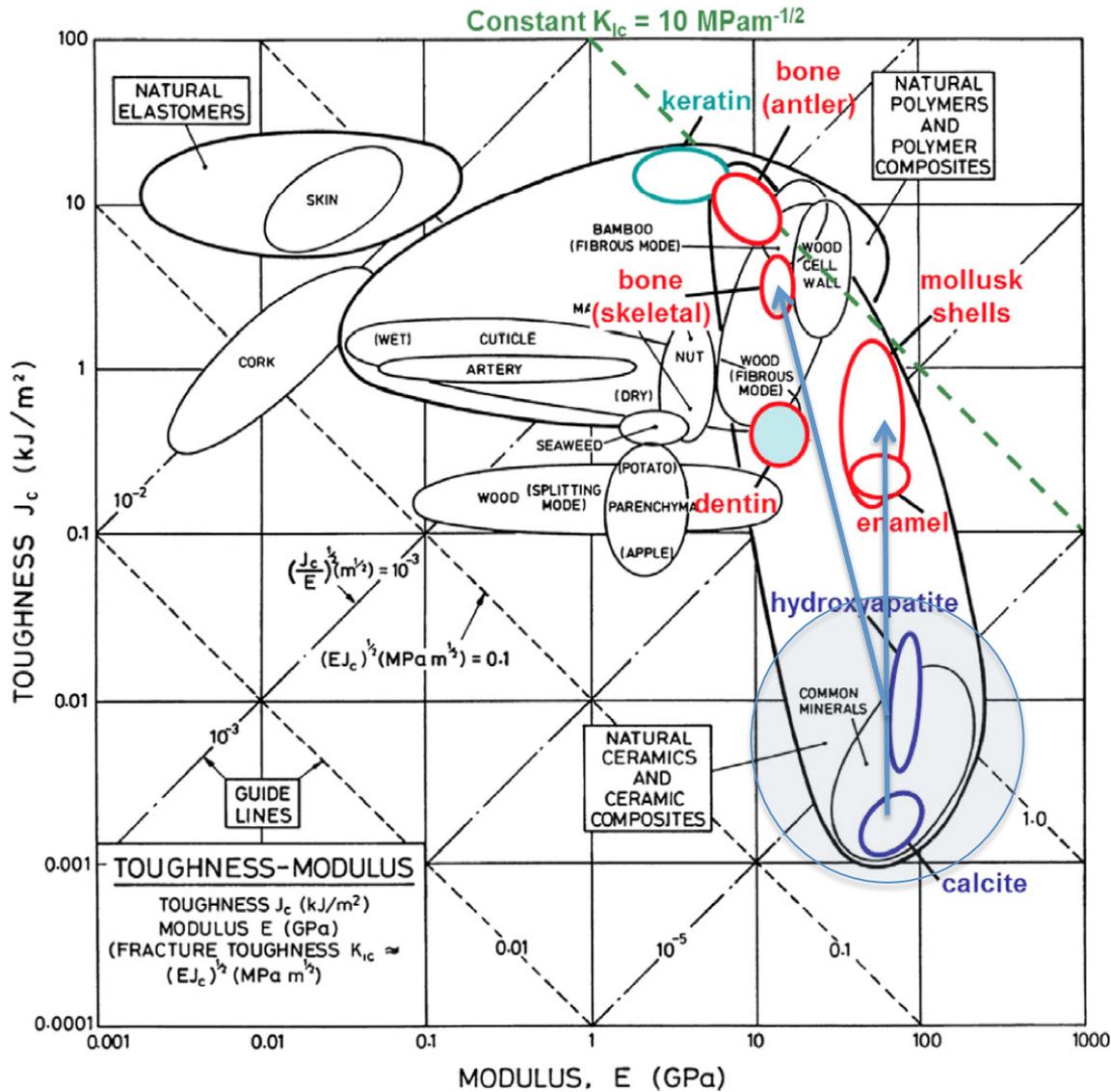
*Towards still tougher bone substitutes ?  
Bio-inspired strategies*

# *Towards still tougher bone substitutes ?*

## *Bio-inspired strategies*

- Motivation : Mimicking natural tissues should lead to different sources of reinforcements
- Interesting thoughts (at least for me) :
  - Bone does not exhibit high strength ! (less than materials currently used as implants) BUT crack resistance (and an ability to heal). It needs flexibility (high organic content)
  - Only enamel who has not the ability to recover (heal) exhibits high strength (high wear resistance), and high toughness with a very high inorganic content.
  - All hard tissues exhibit multi-scale reinforcement mechanisms, with architectures from the nano- to the micro- and macro-scale.

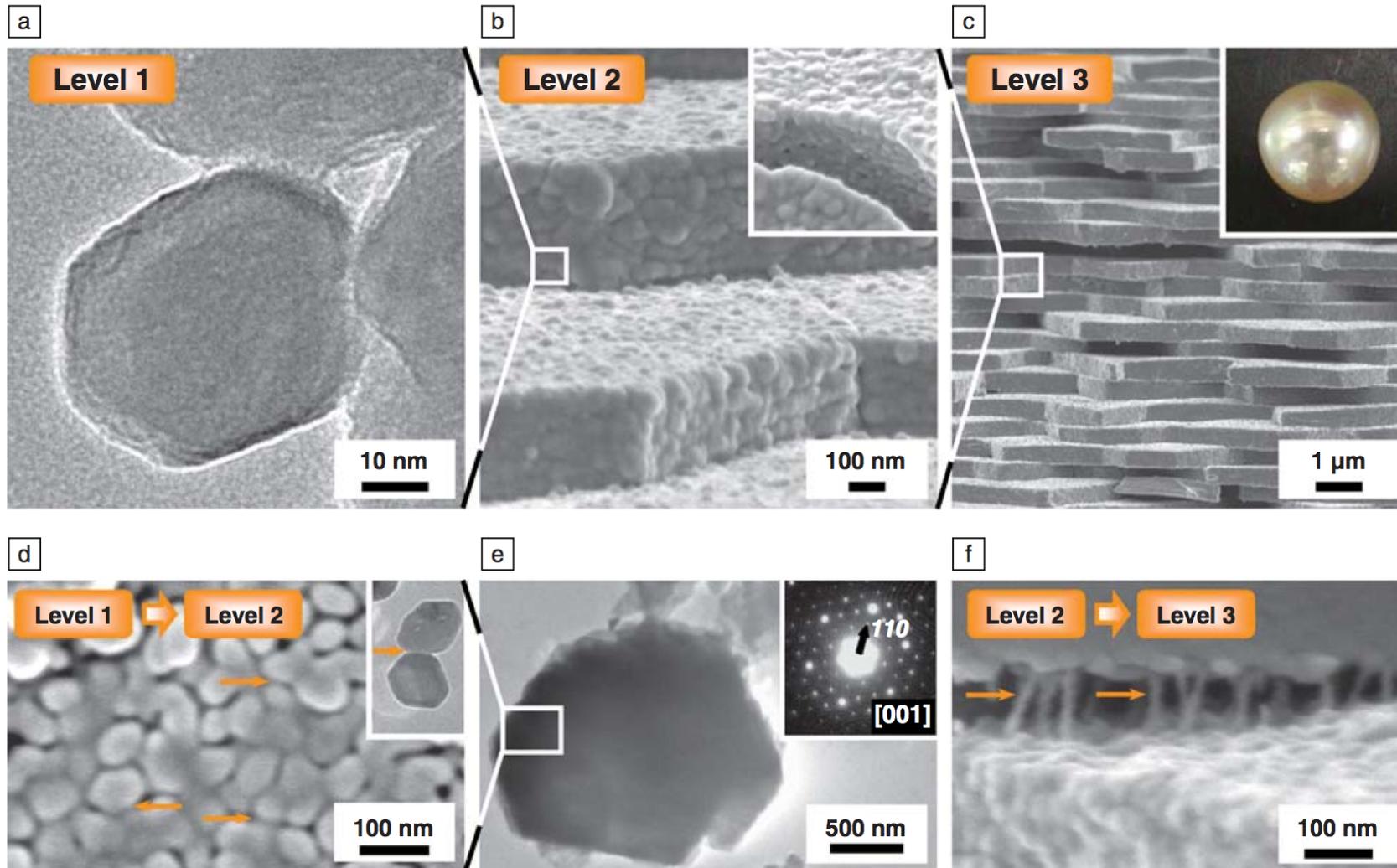




Biological materials exhibit a **toughness 2 orders of magnitude** higher than their constitutive inorganic crystals !

**Starting with materials of low intrinsic toughness, how is it possible to exhibit high toughness ?**

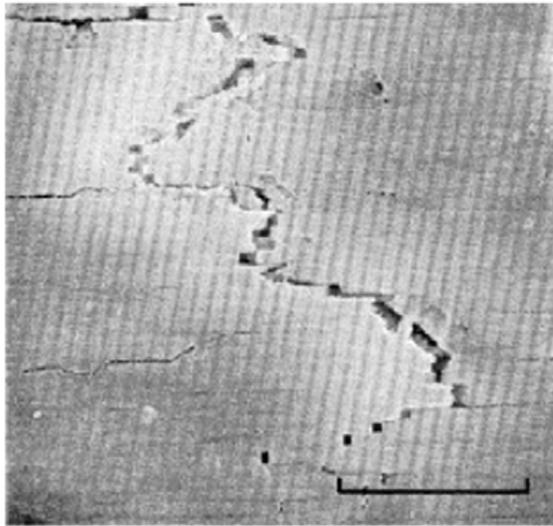
# The case of Nacre : multi-scale architected materials



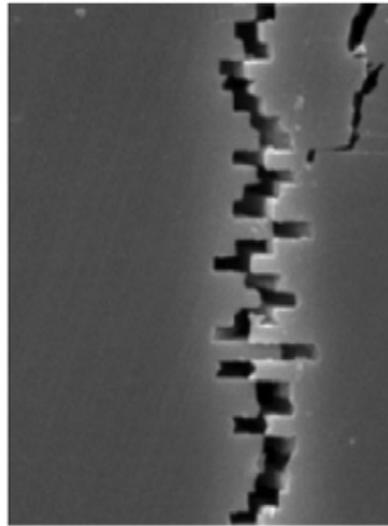
IMAI and OAKI • MRS BULLETIN • VOLUME 35 • FEBRUARY 2010



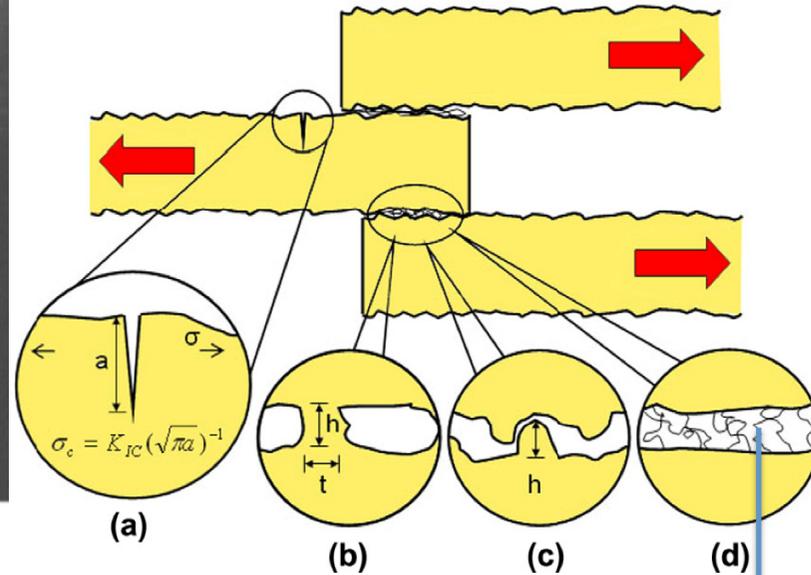
# The different sources of toughening in Nacre



Crack tortuosity  
Crack blunting



Tiles pull-out  
Crack bridging

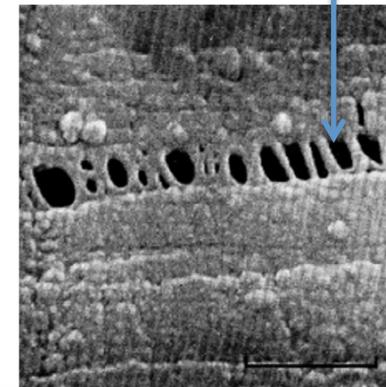


Tiles sliding, mineral bridges  
Organic visco-elastic layer

Chen et al. Progress in Materials Science 57 (2012)

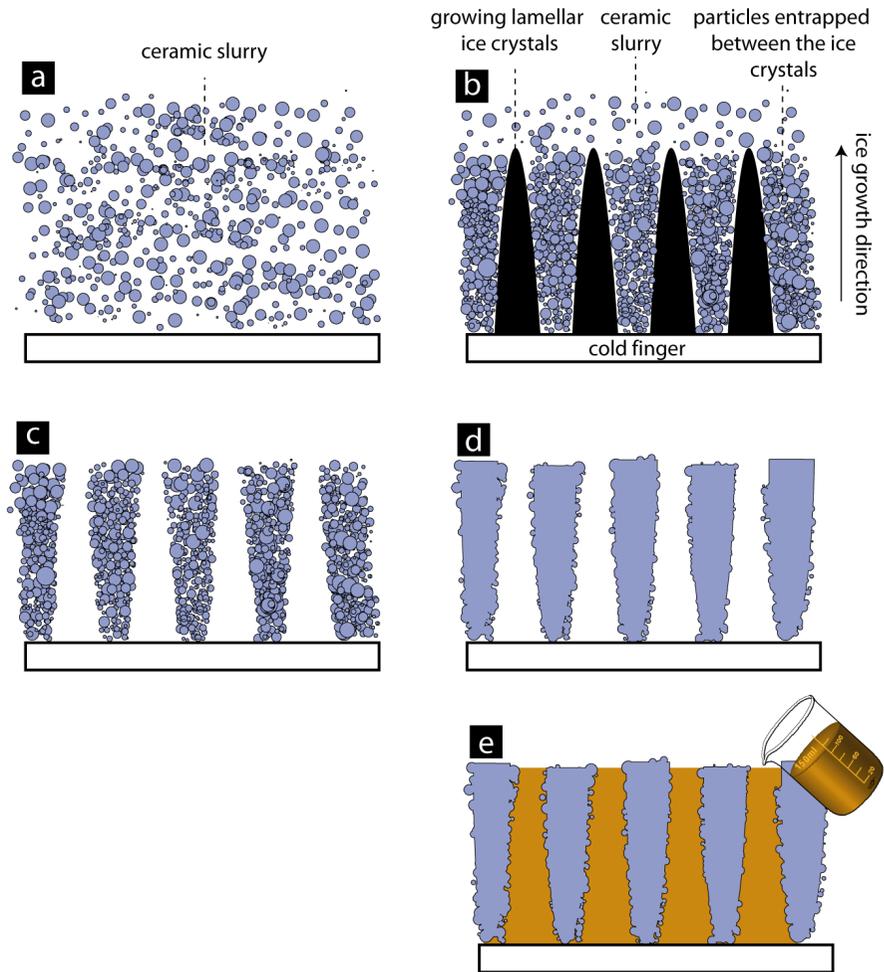
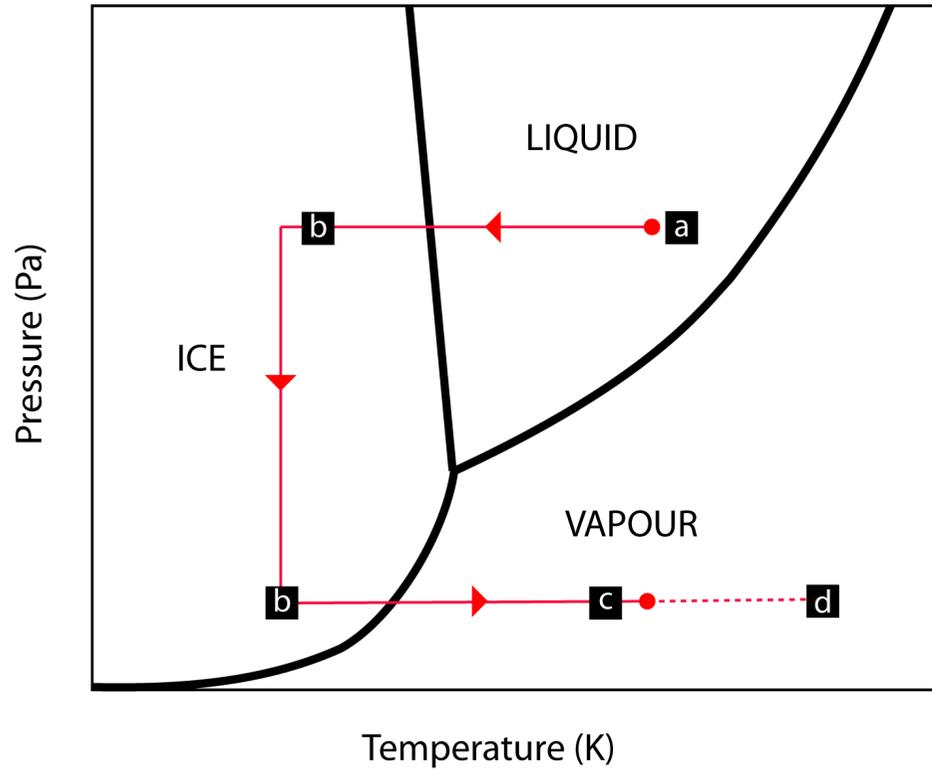
Mineral (>95%):  $\text{CaCO}_3$  (Aragonite)  
organic (<5%): proteins and polysaccharides

$$K_{IC} \sim 8 \text{ MPa}\sqrt{\text{m}}$$

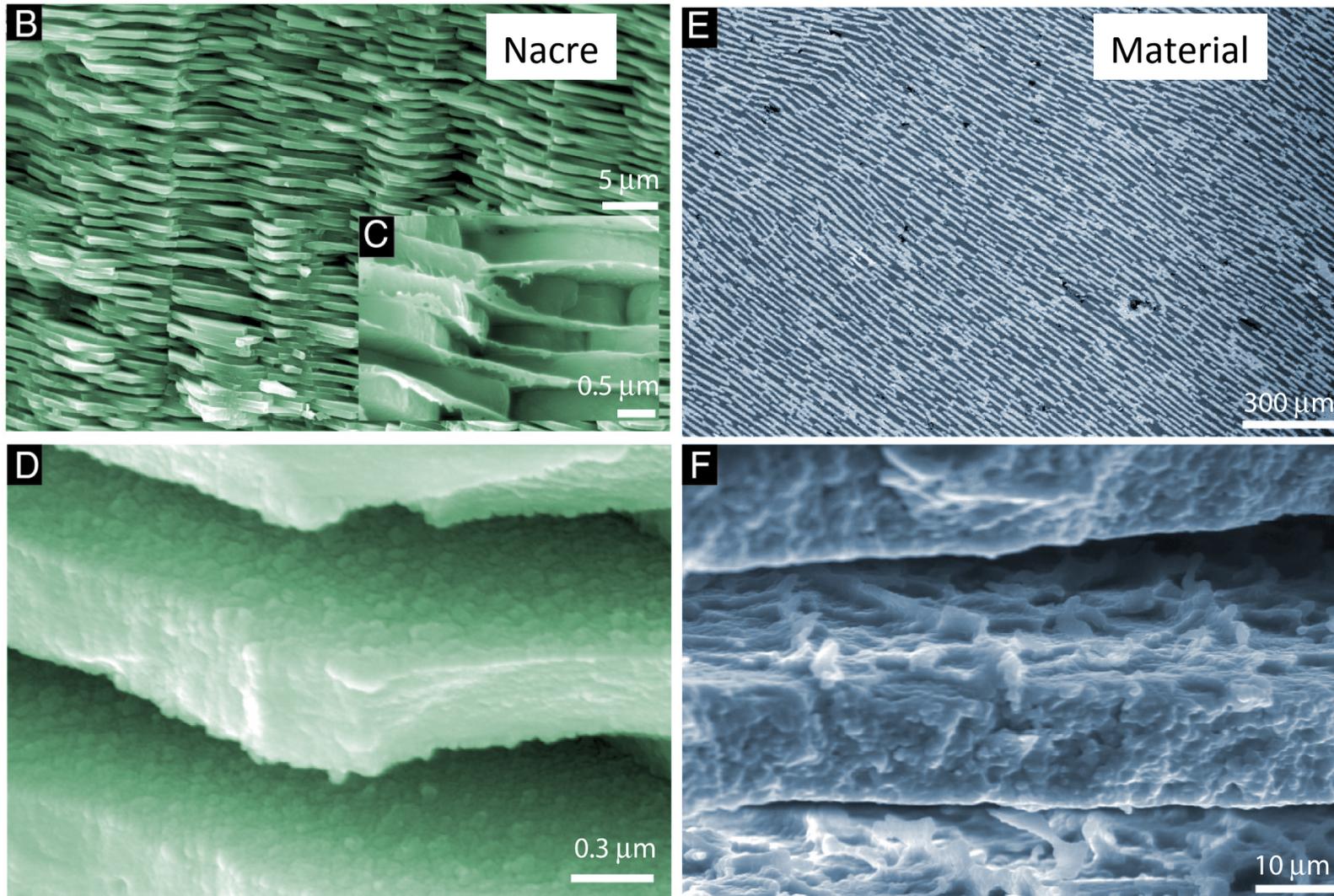


**Multi-scale reinforcement, influence of organic content**

# Can we process nacre-like structures ?



Deville et al. (Science 2006)



*Deville et al., Science 2006*

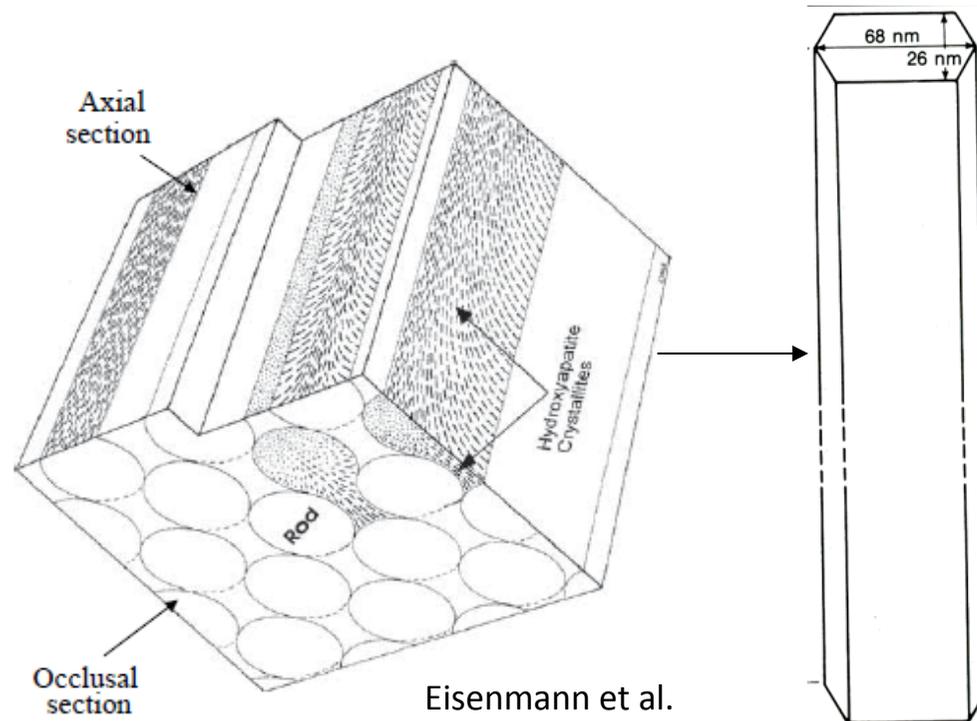
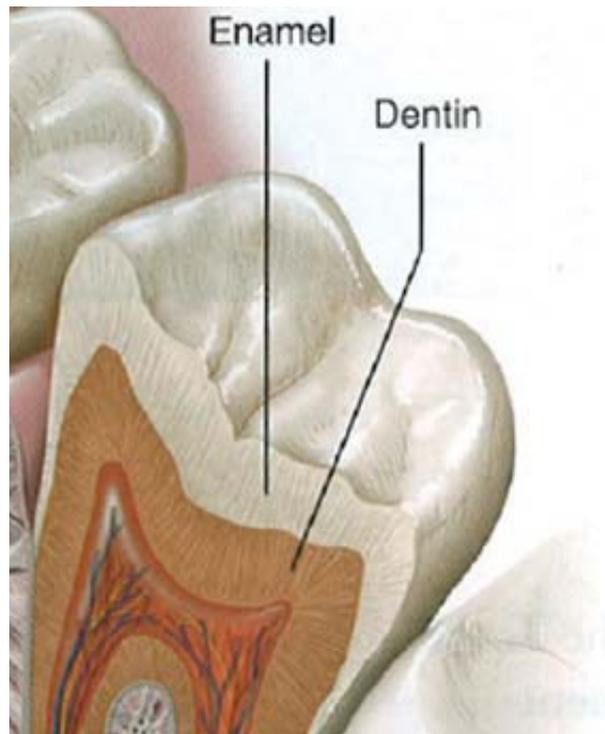
# The case of Dental enamel

Strength : 400 MPa

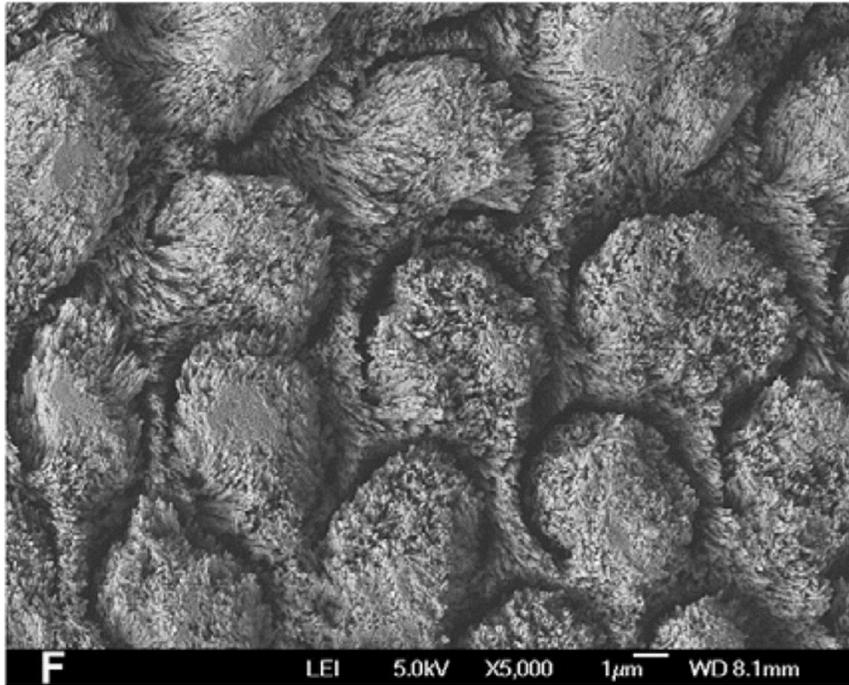
Toughness : 8-10 MPa.m<sup>1/2</sup>

Inorganic content : 98wt.% (apatite)

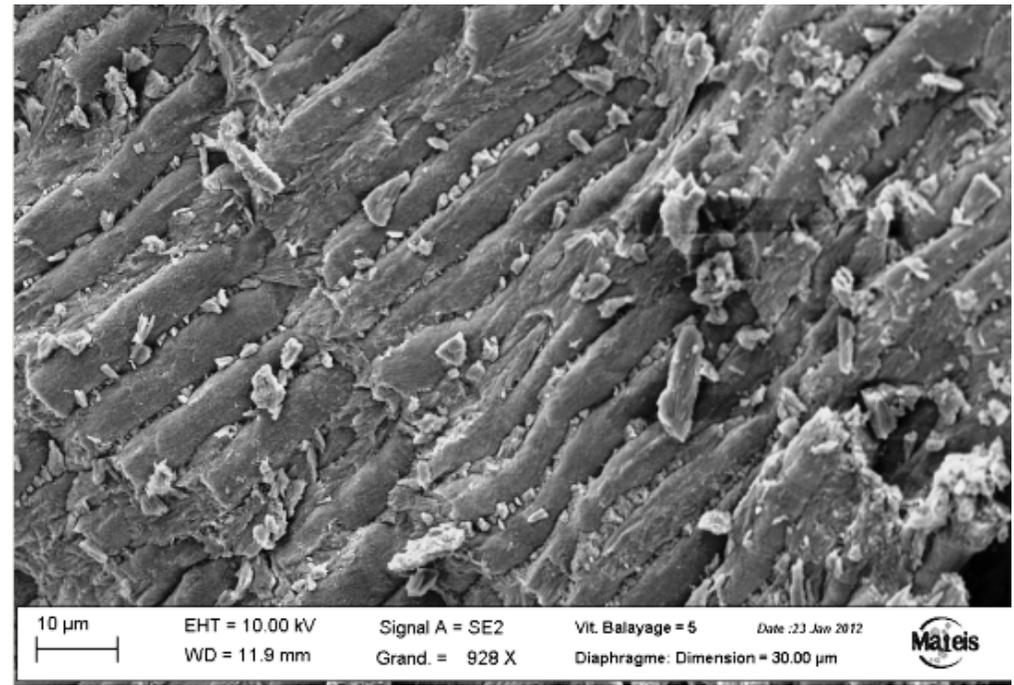
Organic content (proteins) : 2 wt.%



# The case of Dental enamel

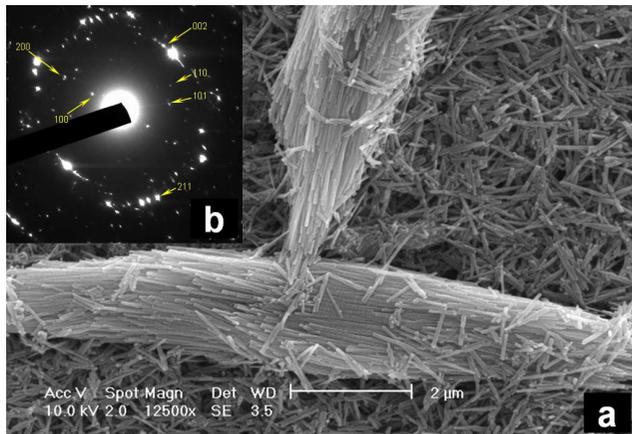


Transversal or occlusal section

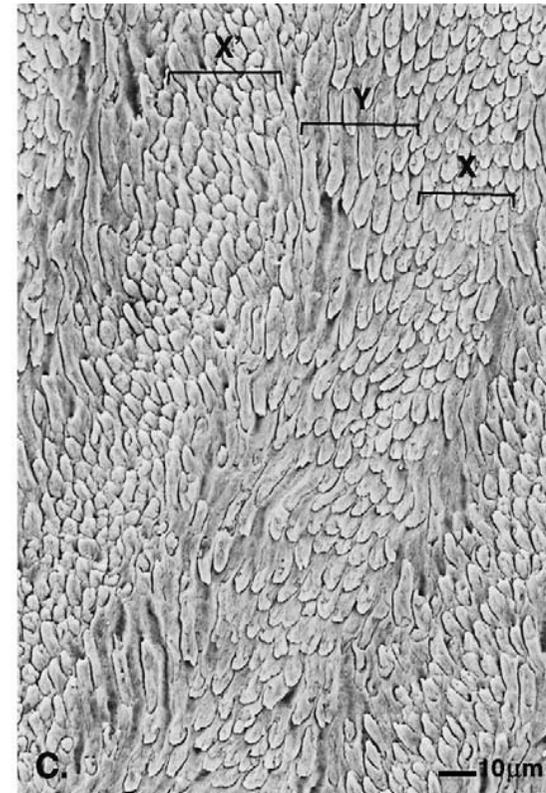
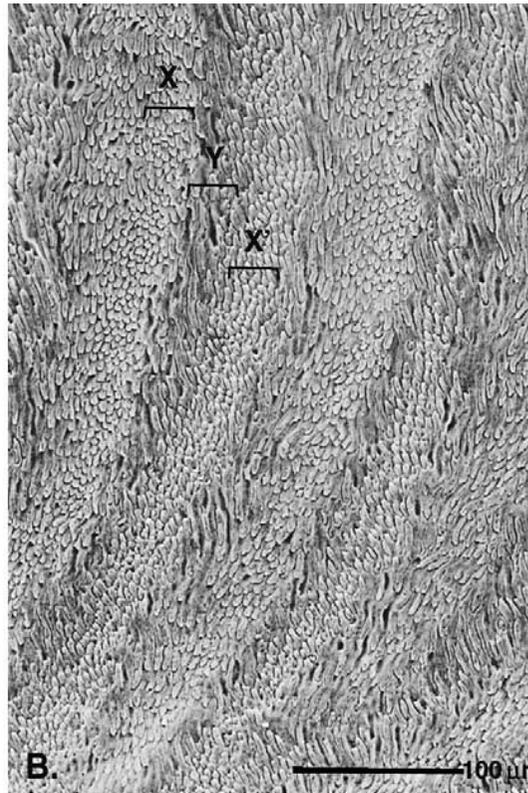
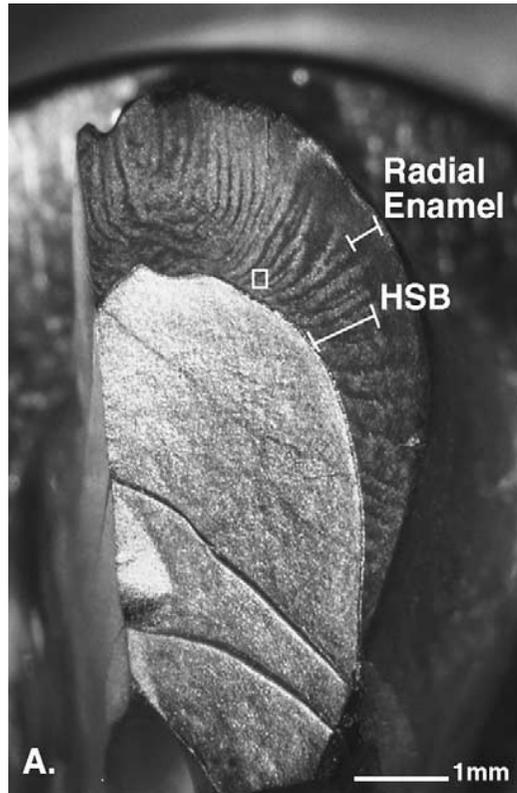


Axial section

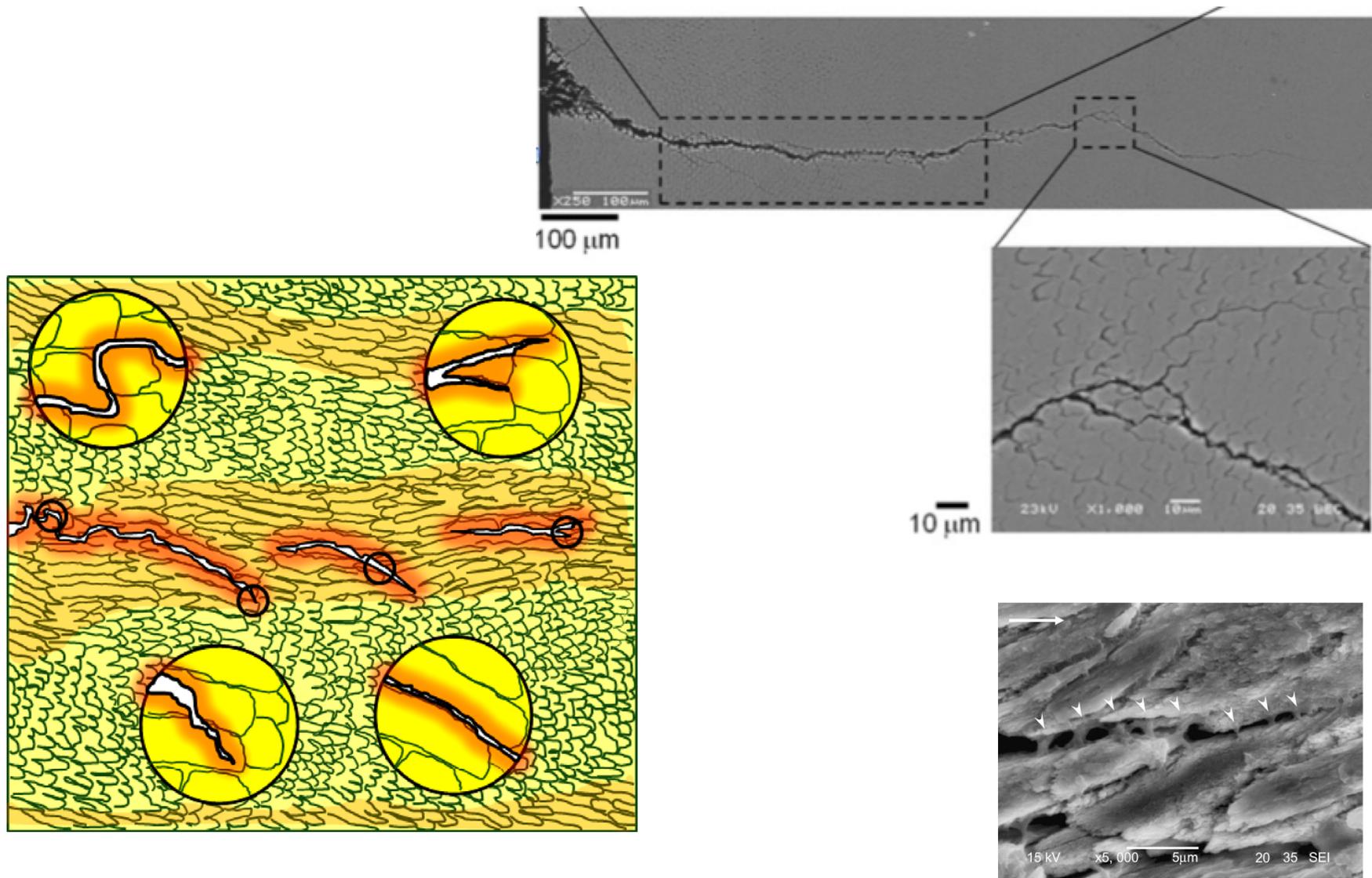
L.-H. He et al. (2013)



# The case of Dental enamel



# The different sources of toughening in Dental enamel



## Conclusion

### *The answer of bioceramics to mechanical demands (towards complex microstructures and architectures)*

- *From their inception and first clinical development as implant materials, ceramics have been improved in terms of strength and toughness.*
- *From a materials selection and improvement approach, engineers and researchers have shifted towards a 'material by design' approach.*
- *New ceramic materials are built with the aim of combining different toughening mechanisms (phase transformation, crack deflection, bridging, etc...)*
- *A new Bio-inspired class of biomaterials could emerge in the near future, provided new processes unable to build hierarchical architectures.*
- *Biological tissues can serve as models to build such complex structures, since they exhibit high crack resistance thanks to multi-scale reinforcement mechanisms.*

