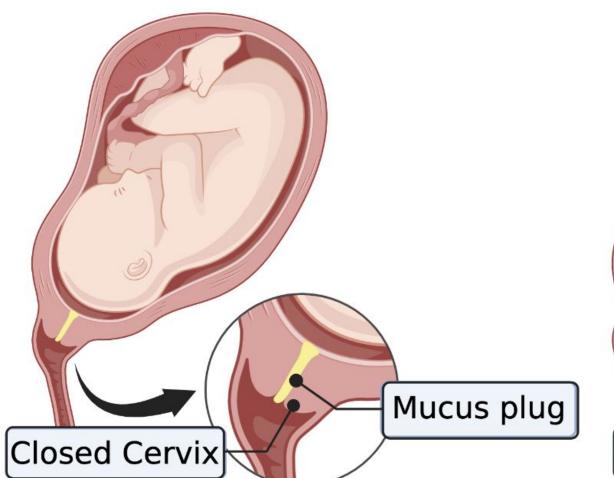
# **Device for Cervical Cerclage Alternative**

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## **BACKGROUND**

#### Cervical Insufficiency:

- Inability of cervix to retain fetus in the womb during gestation
- Weakness of cervix (shortened, thinned) and increased dilation • Presents in 4th or 5th month of the pregnancy [1]
- Affects 1-2% of all pregnancies and accounts for approximately 45% of miscarriages [2]





Cervical Insufficiency

#### Normal Cervix

#### **Current Treatments:**

- 1. Shirodkar & McDonald cerclage
- Trans-vaginal suture placed to cinch cervix
- Requires anesthesia
- Complications in weeks 12-14
  - Cervical infections, lacerations, membrane rupture, dystocia (inability to dilate after cerclage removal)
- 2. Progesterone administration (oral, intravenous, or intravaginal)
- 3. Cervical pessary (silicone plate/cup)
- Placed around tip of cervix for support

#### Need:

• Safer, comfortable cervical reinforcement alternative without the use of anesthesia

## **DESIGN CRITERIA**

Sufficient strength to cinch cervix	Mechanical testing on cervical models
Biocompatible materials to prevent inflammation	Characterization of medical grade silicone
Fit general cervix sizes	5 - 10 cm circumference
Size flexibility for comfort without compromising design	Adjustable circumference range
Antimicrobial coating to prevent infection	Characterization of silver ion coatings
Ease and speed of insertion/removal	<25 minutes with normal surgical tools
Low cost	<\$1000

#### **PROTOTYPE**

#### Workflow:

- 3D model the prototype and mold using Autodesk Fusion 360
- 3D print the mold in PETG plastic
- Cast prototype in mold using Mold Star 30 silicone

Multiple slits to accommodate cervix sizes Textured surface for enhanced grip on cervix Arrowhead to lock into slit

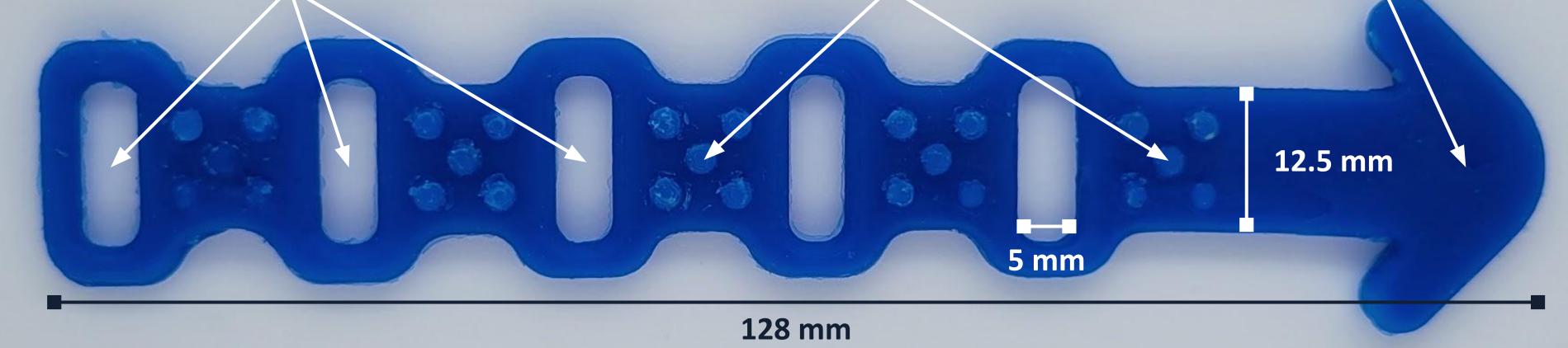
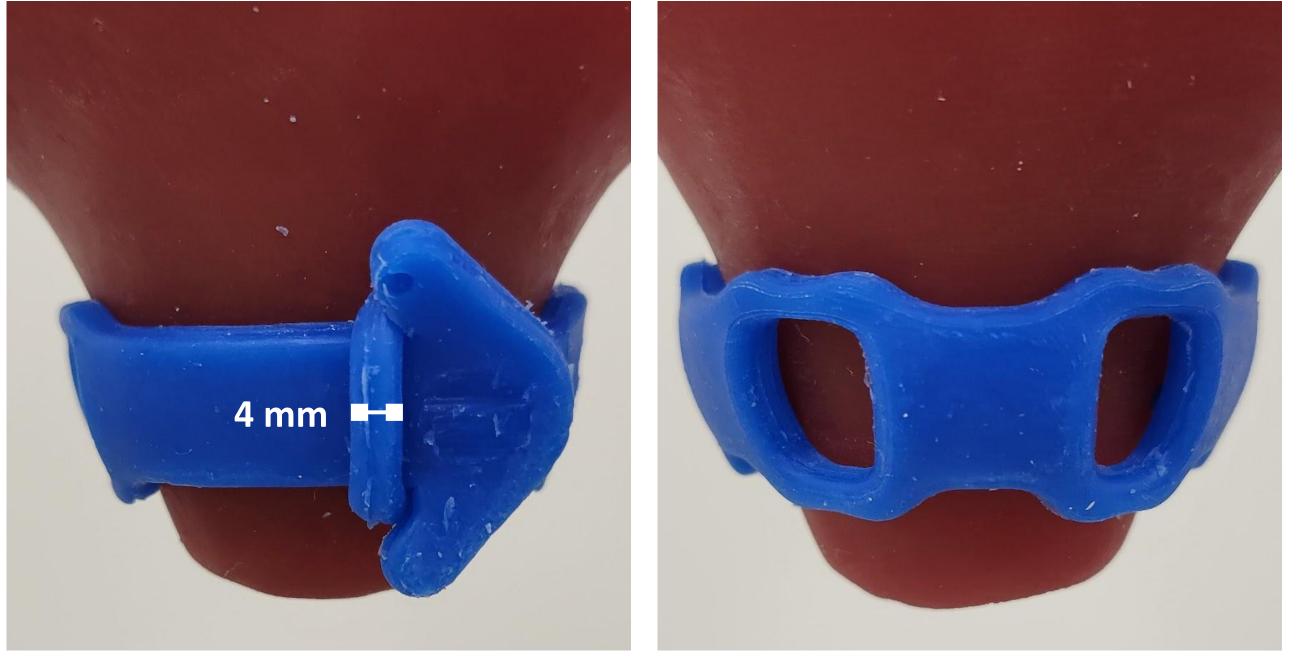






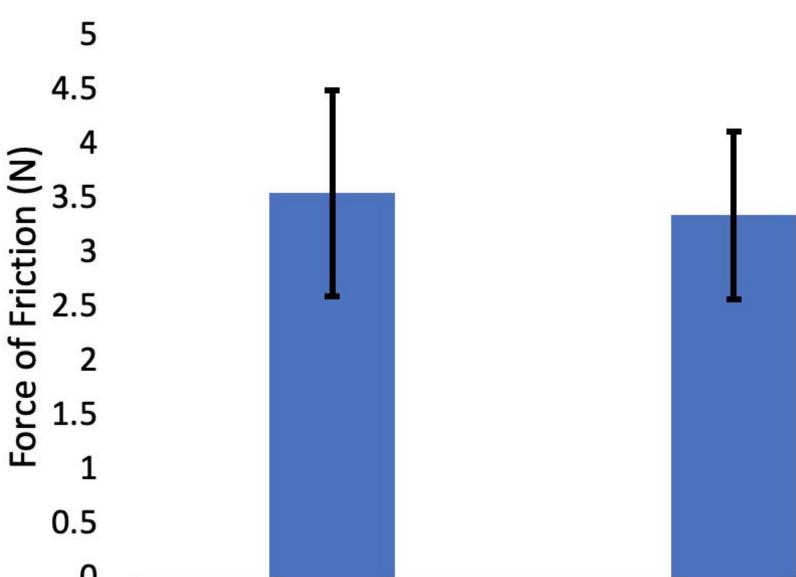
Fig. 2 Mold for device prototype



## **TESTING**

#### Mechanical properties:

- Maximum force of static friction • Quantification with iOLab device
- Average Shore A hardness: **29.7 ± 2.19** (n=4)
- Manipulation with surgical tools



With Lubricating Jelly Without Lubricating Jelly **Fig. 4** Maximum force of static friction before device slips off silicone cervical model (n=6). T-test, p: 0.7335



Fig. 5 Experimental setup for friction tests



Fig. 3 Device placed around cervix



Fig. 6 Experimental setup for shore hardness tests



Fig. 7 Forceps can twist device without slipping

## **ENGINEERING STANDARDS**

- oxide

- Rubber

- Ex vivo testing:
- Pig cervix

## **ACKNOWLEDGEMENTS**

# REFERENCES



• **ISO 10993**: Biological evaluation of medical devices • **ISO 11135**: Sterilization of health-care products - Ethylene

• **ISO 11737**: Sterilization of health-care products -

Microbiological methods • **ASTM D2240-15**: Standard Test Method for Rubber Property • **ASTM F2038-18**: Standard Guide for Silicone Elastomers, Gels, and Foams Used in Medical Applications Part I • **ASTM F2042-18**: Standard Guide for Silicone Elastomers, Gels, and Foams Used in Medical Applications Part II

• JIS K 6249: Testing Methods for Uncured and Cured Silicone

#### **FUTURE DIRECTIONS**

Material characterization:

• Medical grade silicone

• Aim for similar shore hardness and durability

• Possible materials:

• NuSil, Model# MED-4920 silicone

• Applied Silicone, Model# LSR-40 silicone

• Material testing for biocompatibility

• Antimicrobial silver ion coating

• Affects coefficient of friction against ectocervix

• Incorporation of silver into silicone gel

• Antimicrobial testing

• Synthetic progesterone to prevent uterine contractions

• Use PLGA composite to ensure 6 month linear release

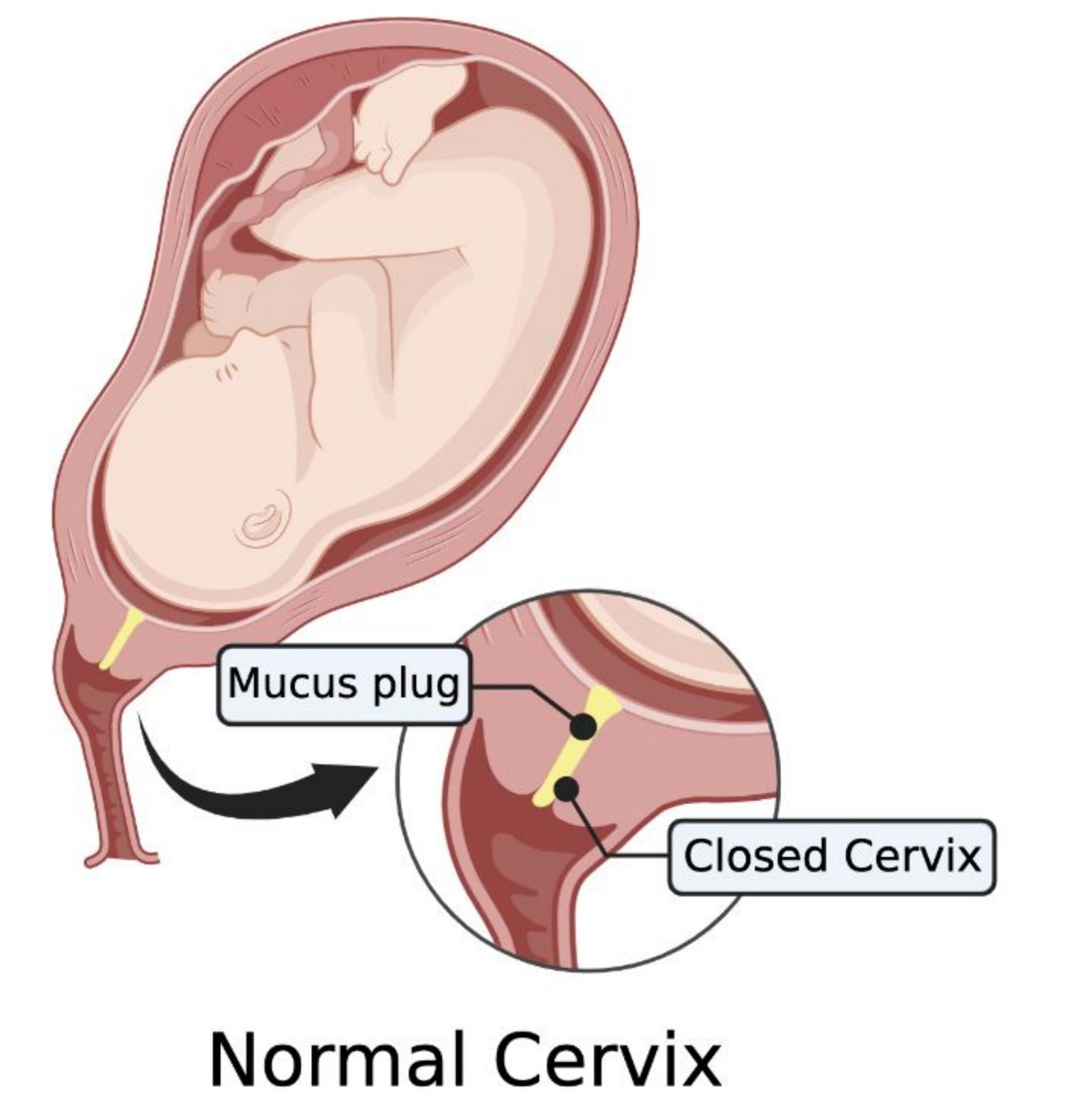
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[1] M. Thakur and K. Mahajan, "Cervical Incompetence," in *StatPearls*, Treasure Island (FL): StatPearls Publishing, 2022. Accessed: Oct. 04, 2022. [Online]. Available: http://www.ncbi.nlm.nih.gov/books/NBK525954/

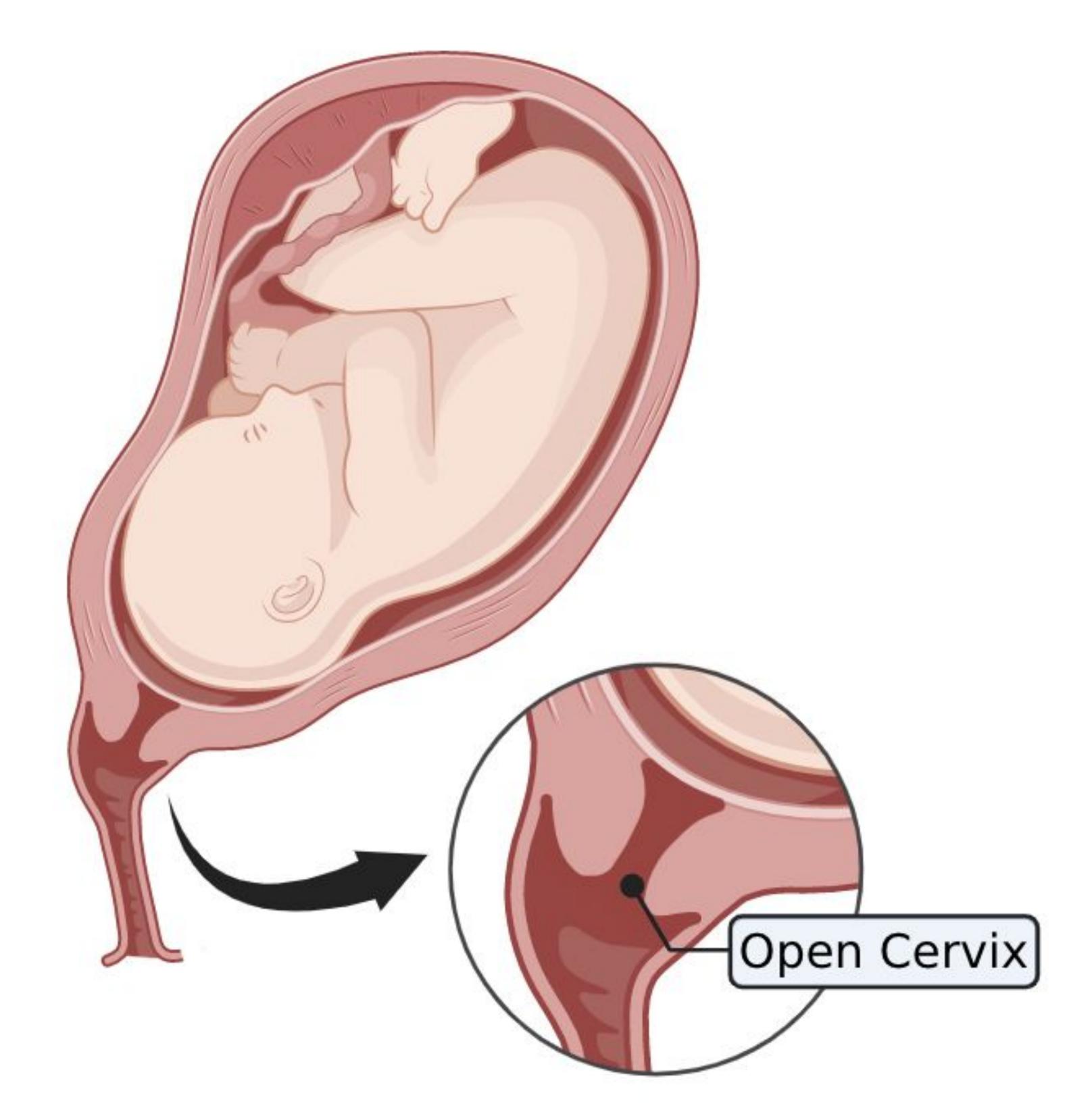
[2] A. Roman, A. Suhag, and V. Berghella, "Overview of Cervical Insufficiency: Diagnosis, Etiologies, and Risk Factors," Clinical Obstetrics & Gynecology, vol. 59, no. 2, pp. 237–240, Jun. 2016, doi: 10.1097/GRF.0000000000000184.





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^^Link to edit the graphic



## Cervical Insufficiency