



(12) **United States Patent**  
**Boyd et al.**

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(54) **DEVICE AND METHOD FOR DELIVERY OF THERAPEUTIC AGENTS VIA INTERNAL IMPLANTS**

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(51) **Int. Cl.**  
*A61B 17/80* (2006.01)  
*A61B 17/60* (2006.01)  
(Continued)

(52) **U.S. Cl.**  
CPC ..... *A61B 17/80* (2013.01); *A61B 17/60* (2013.01); *A61B 17/7061* (2013.01);  
(Continued)

(58) **Field of Classification Search**  
CPC ..... A61B 17/80; A61B 17/60; A61B 17/7061; A61B 17/8028; A61B 2017/561;  
(Continued)

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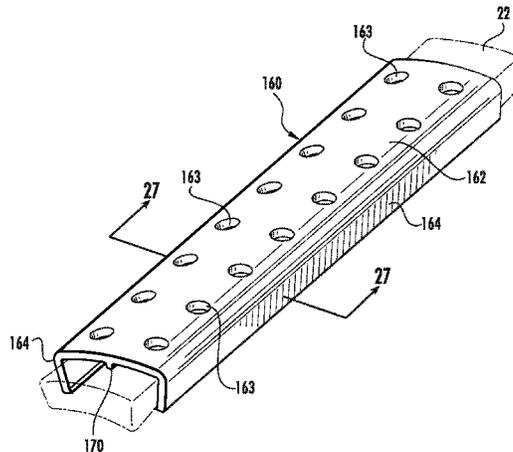
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(57) **ABSTRACT**

A device is provided for use with a medical implant for delivering an agent to a designated site of action in a body of a patient. The agent-delivery device comprises a body member having an inner surface and a projection on the inner surface of the body member. An agent-delivery medium is associated with the body member. The agent-delivery medium includes a therapeutic agent for treating the body of the patient. The body member is adapted to be secured to the medical implant such that the projection operatively engages the medical implant for spacing the inner surface of the body member from the implant, and the agent-delivery medium is configured to release the therapeutic agent after implantation in the body of the patient. In alternative embodiments, the agent-delivery device comprises a first body member having an inner surface and a second body member having an inner surface. When connected, the inner surfaces of the first body member and the  
(Continued)



second body member define a cavity adapted to receive the medical implant. The body member may also define an opening therethrough, the opening configured to receive an anchor member for fixing the body member in a body of a patient.

**9 Claims, 46 Drawing Sheets**

**Related U.S. Application Data**

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- (51) **Int. Cl.**  
*A61B 17/70* (2006.01)  
*A61F 2/30* (2006.01)  
*A61K 9/00* (2006.01)  
*A61K 9/06* (2006.01)
- (52) **U.S. Cl.**  
 CPC ..... *A61F 2002/3068* (2013.01); *A61F 2002/30677* (2013.01); *A61F 2250/0068* (2013.01); *A61K 9/0024* (2013.01); *A61K 9/06* (2013.01)
- (58) **Field of Classification Search**  
 CPC ..... *A61M 31/002*; *A61M 2205/04*; *A61M 2210/02*; *A61F 2002/30677*; *A61F 2002/30678*; *A61F 2002/3068*  
 USPC ..... 604/890.1, 891.1  
 See application file for complete search history.

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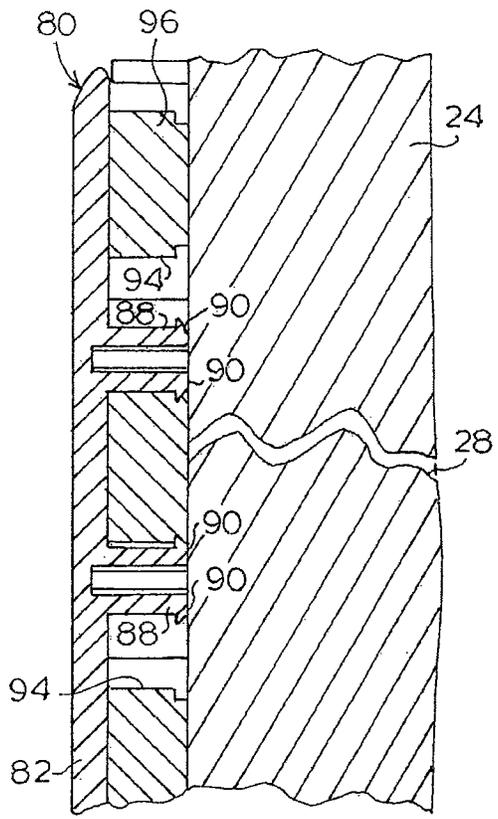
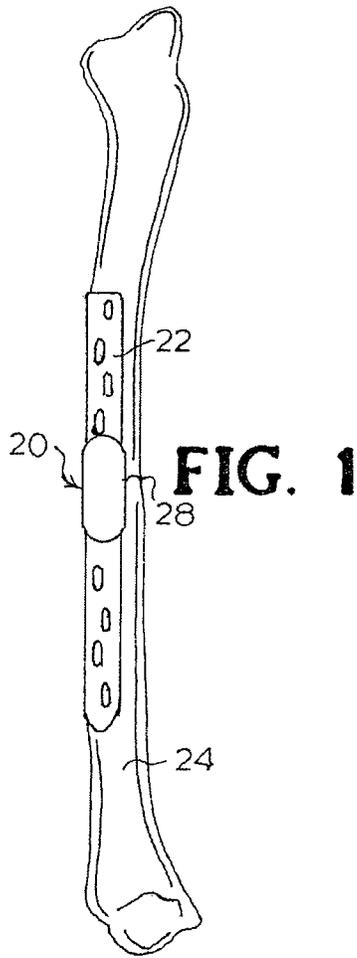
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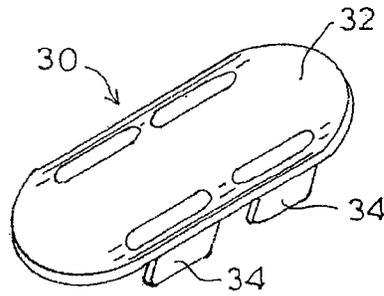
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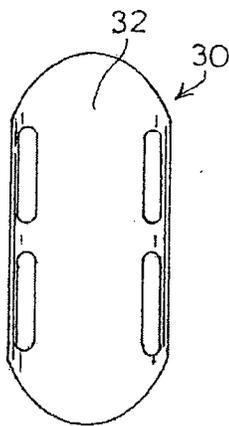
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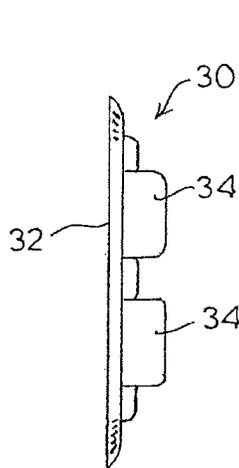




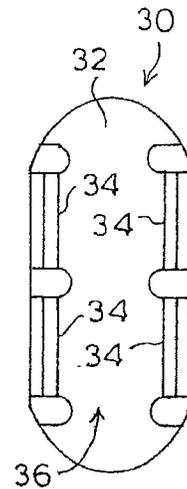
**FIG. 2A**



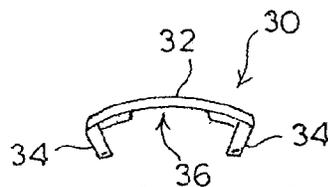
**FIG. 2B**



**FIG. 2C**



**FIG. 2D**



**FIG. 2E**

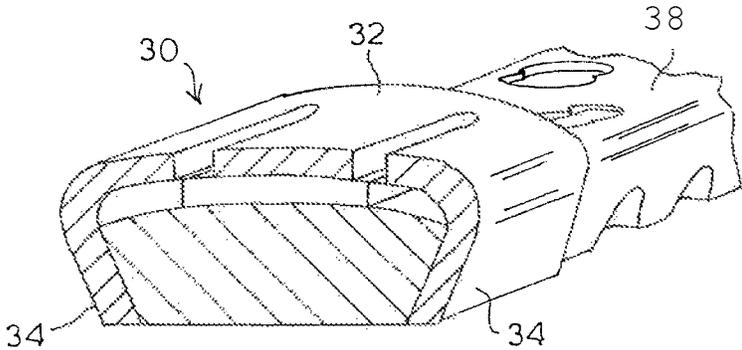


FIG. 3

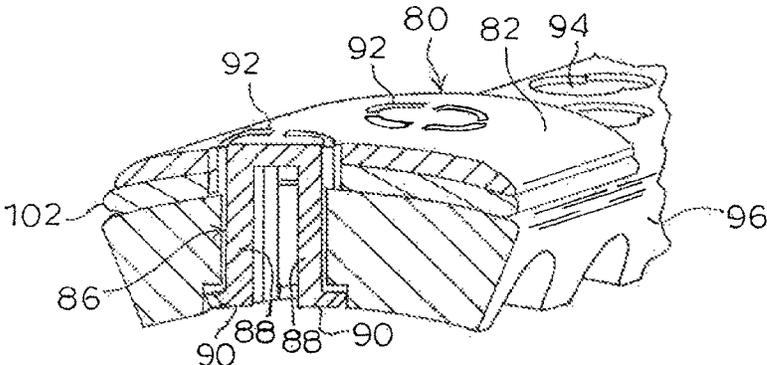


FIG. 15

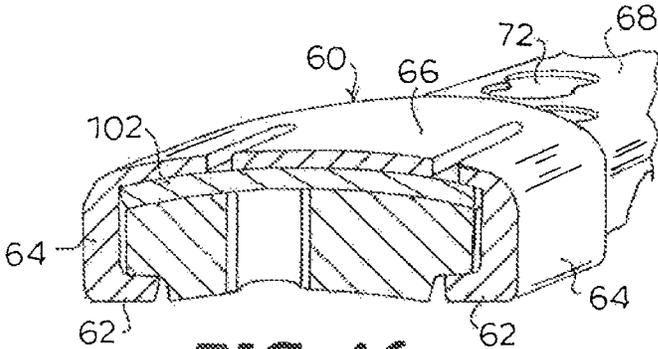


FIG. 16

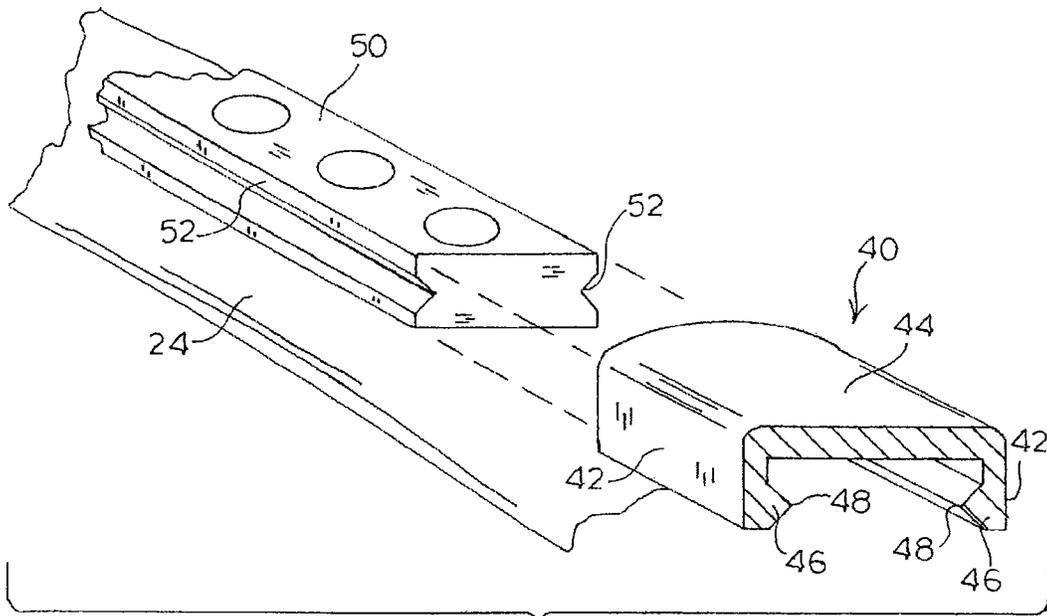


FIG. 4

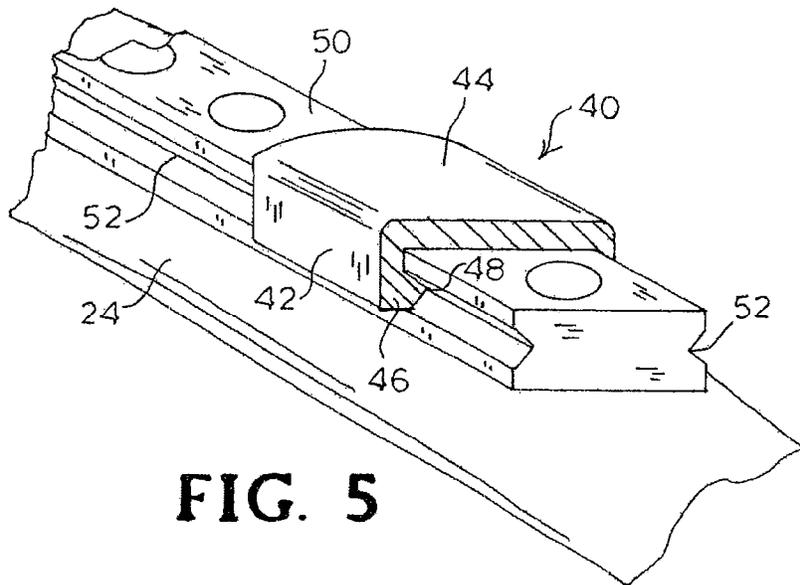


FIG. 5

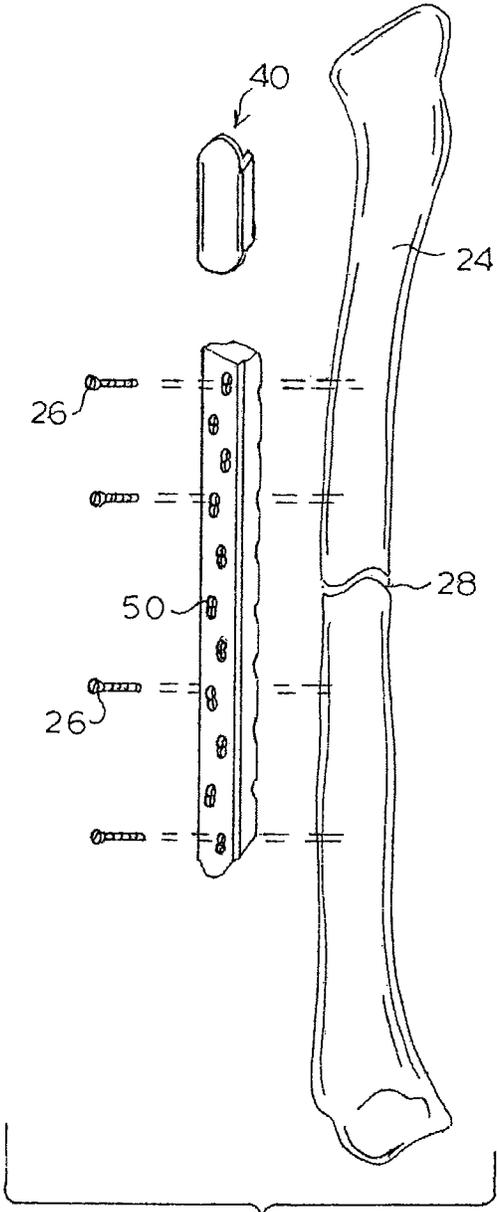
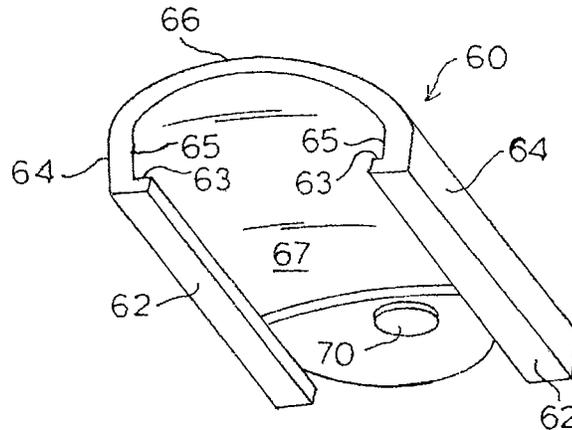
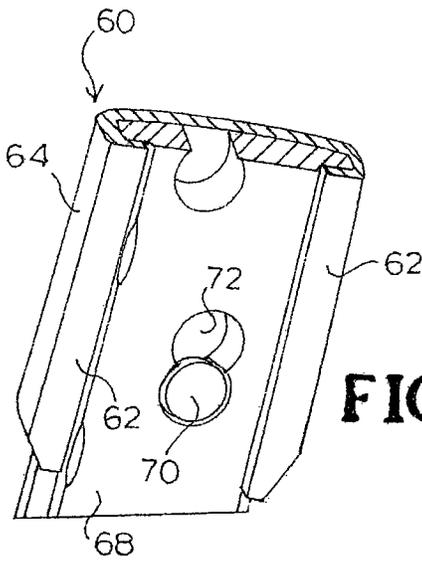


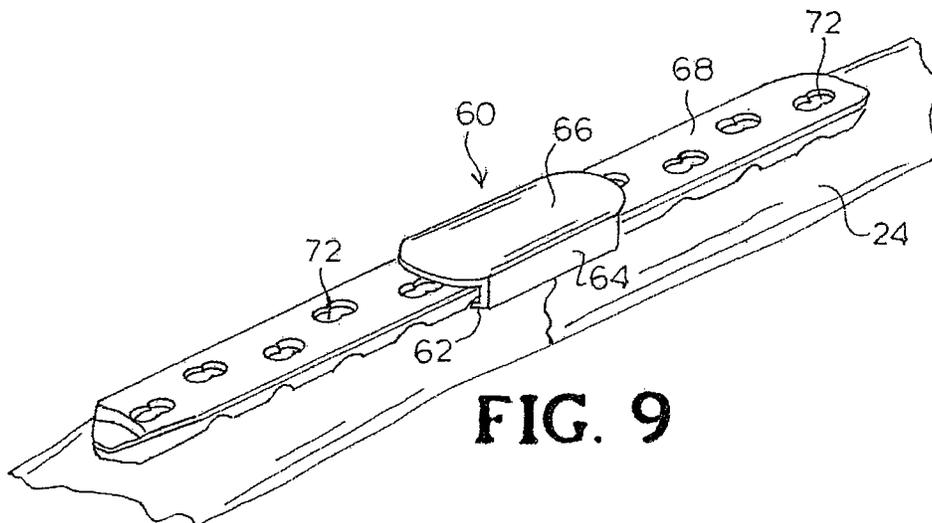
FIG. 6



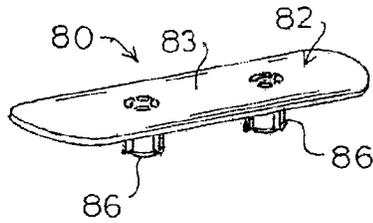
**FIG. 7**



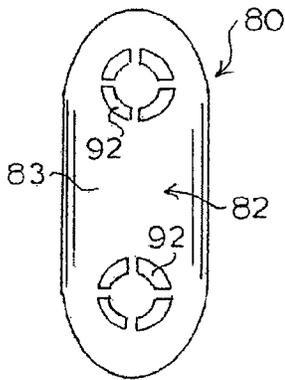
**FIG. 8**



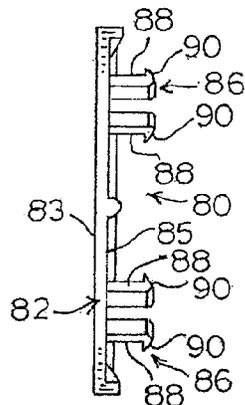
**FIG. 9**



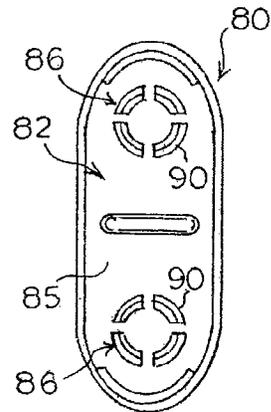
**FIG. 10A**



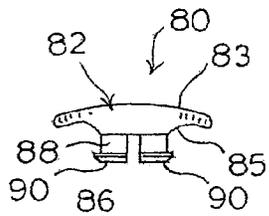
**FIG. 10B**



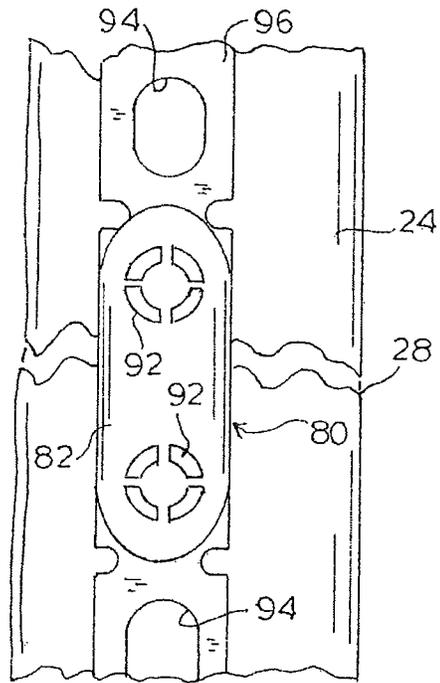
**FIG. 10C**



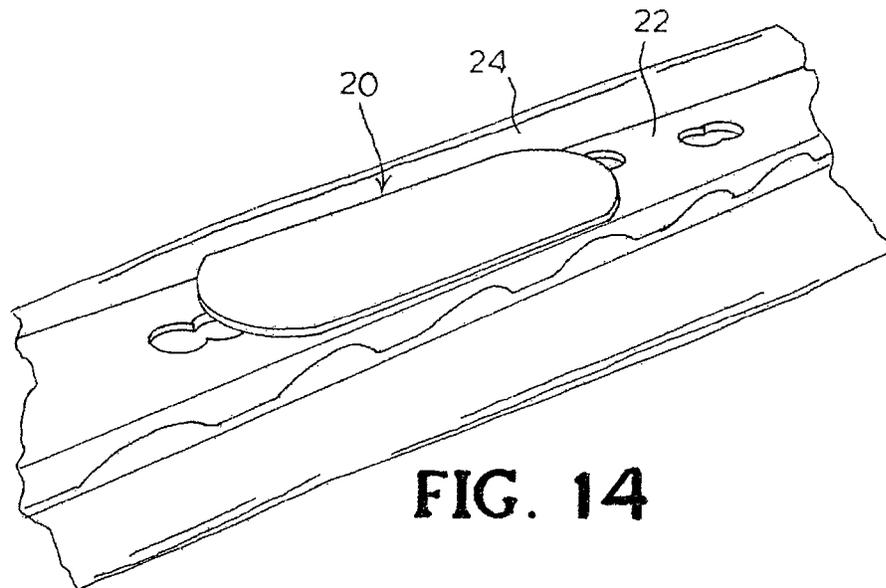
**FIG. 10D**



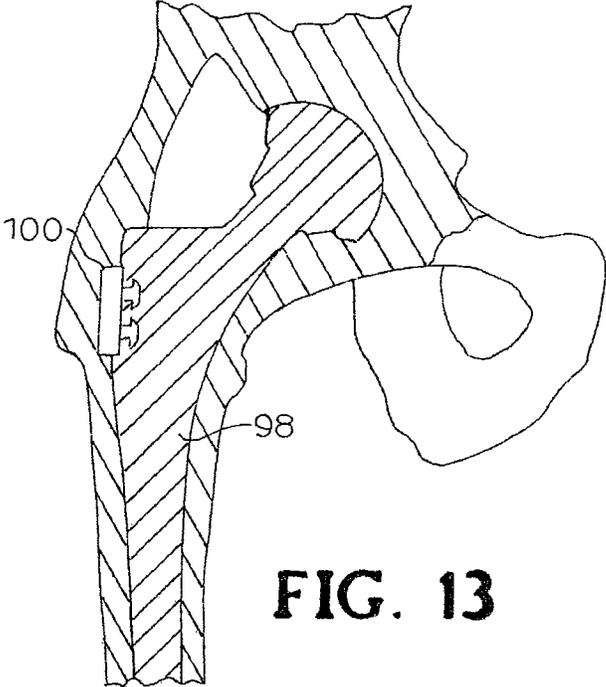
**FIG. 10E**



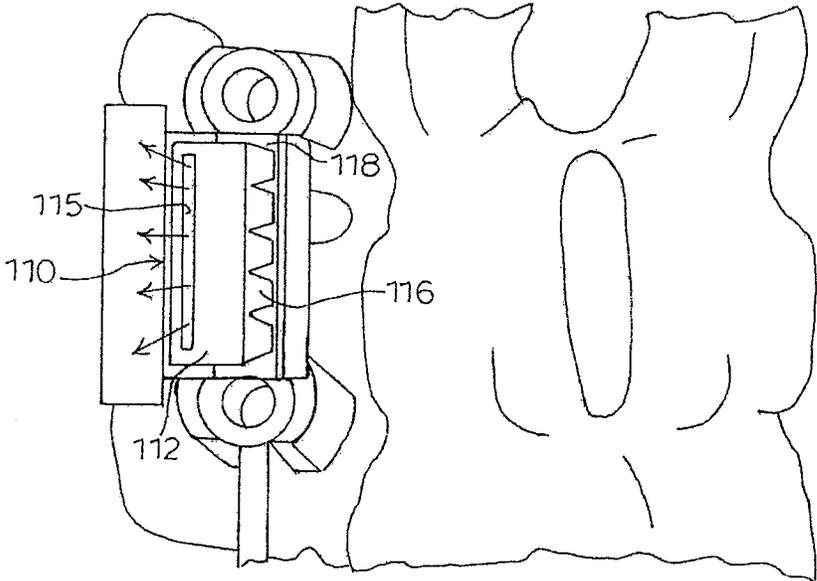
**FIG. 12**



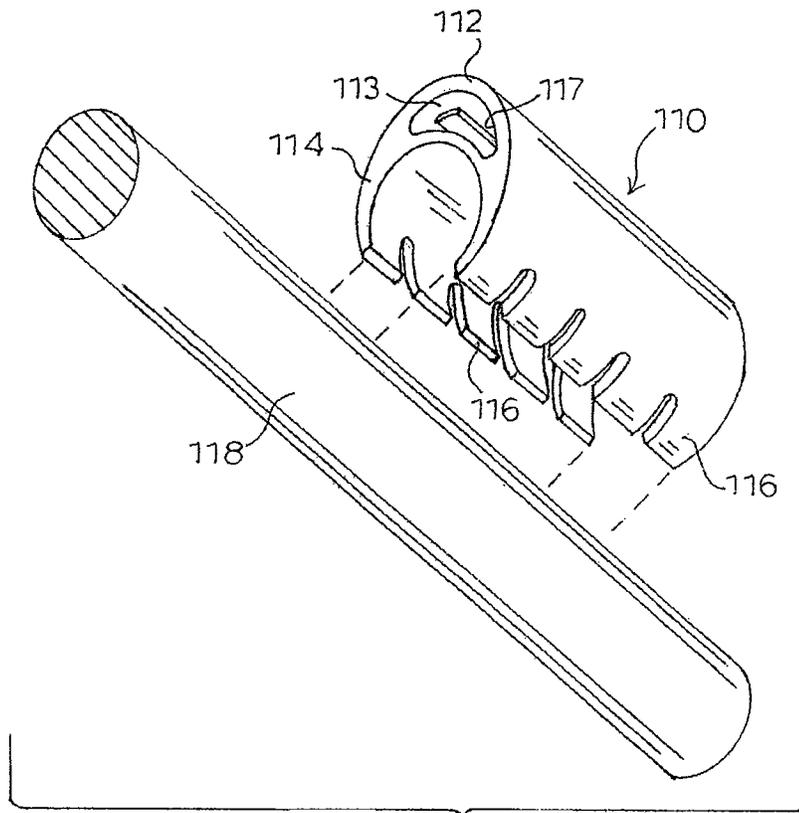
**FIG. 14**



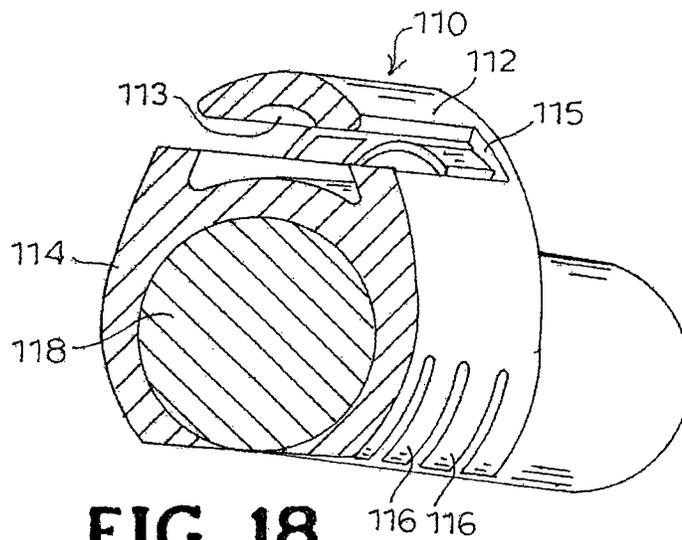
**FIG. 13**



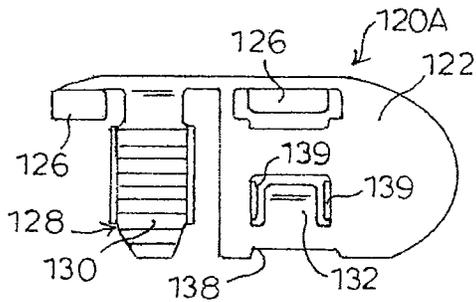
**FIG. 19**



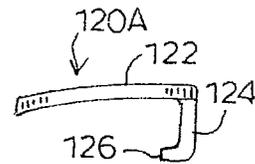
**FIG. 17**



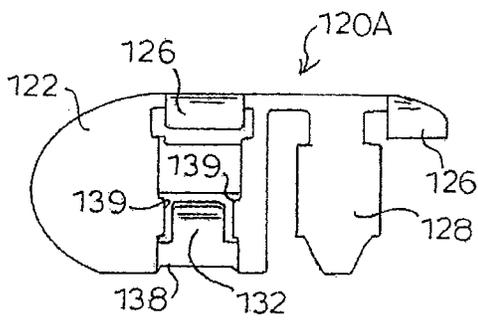
**FIG. 18**



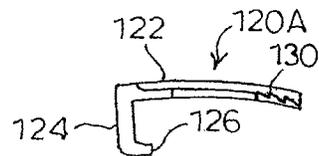
**FIG. 20A**



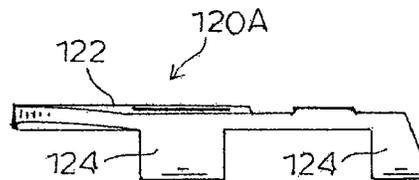
**FIG. 20D**



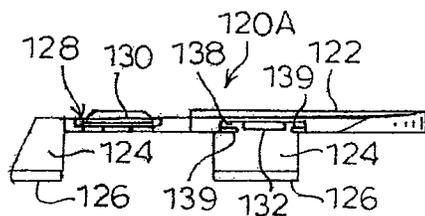
**FIG. 20B**



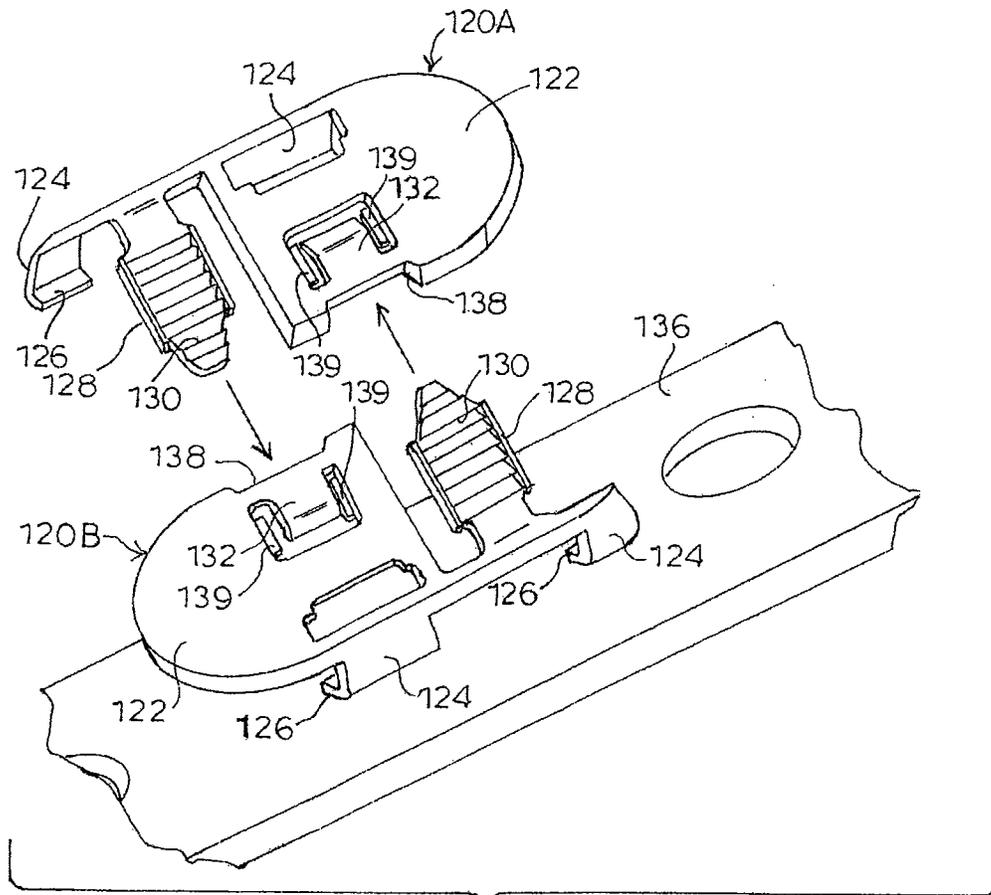
**FIG. 20E**



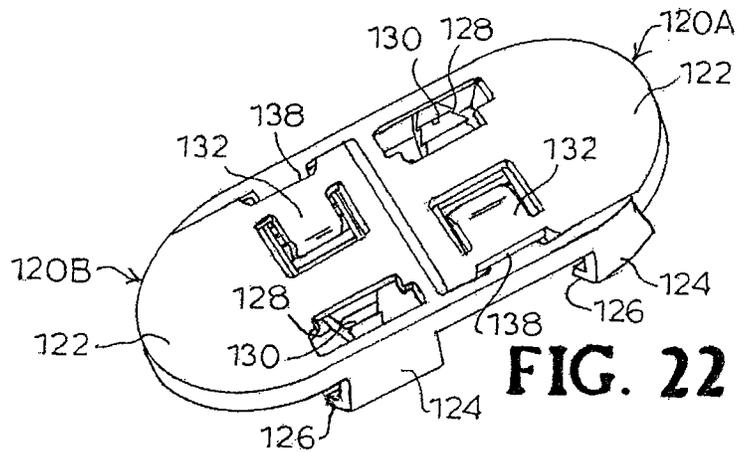
**FIG. 20F**



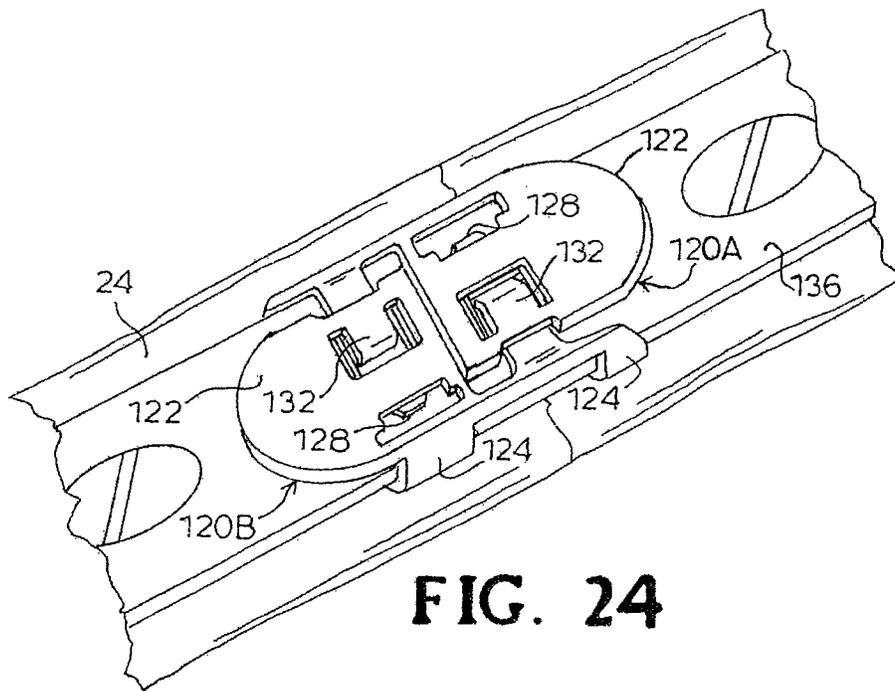
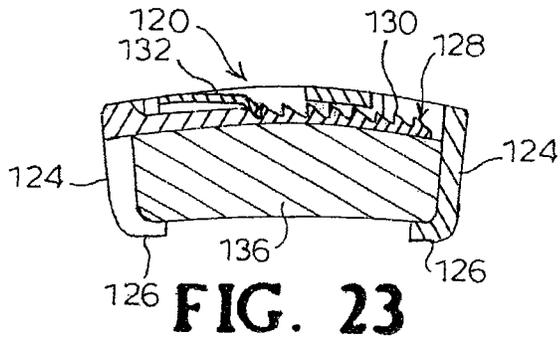
**FIG. 20C**

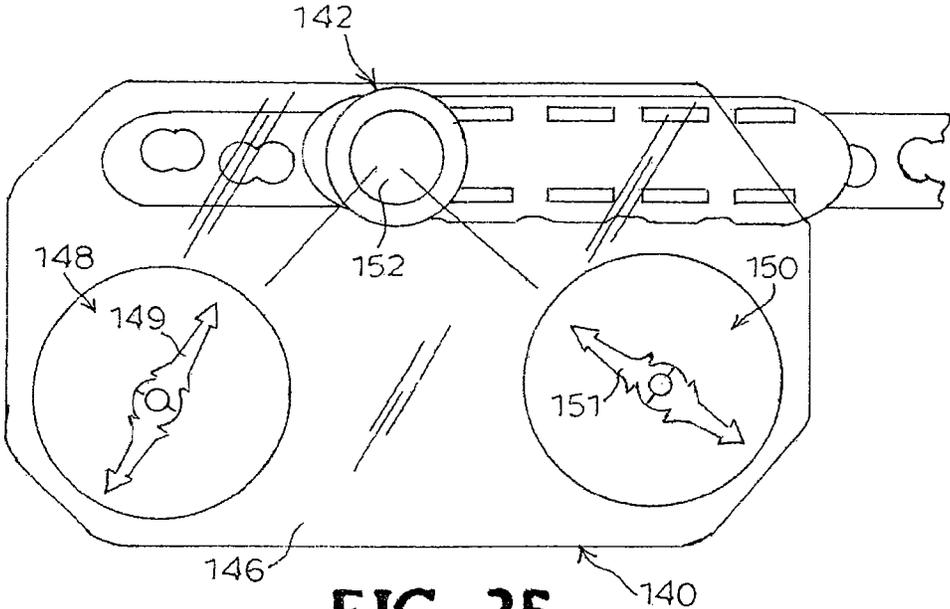


**FIG. 21**

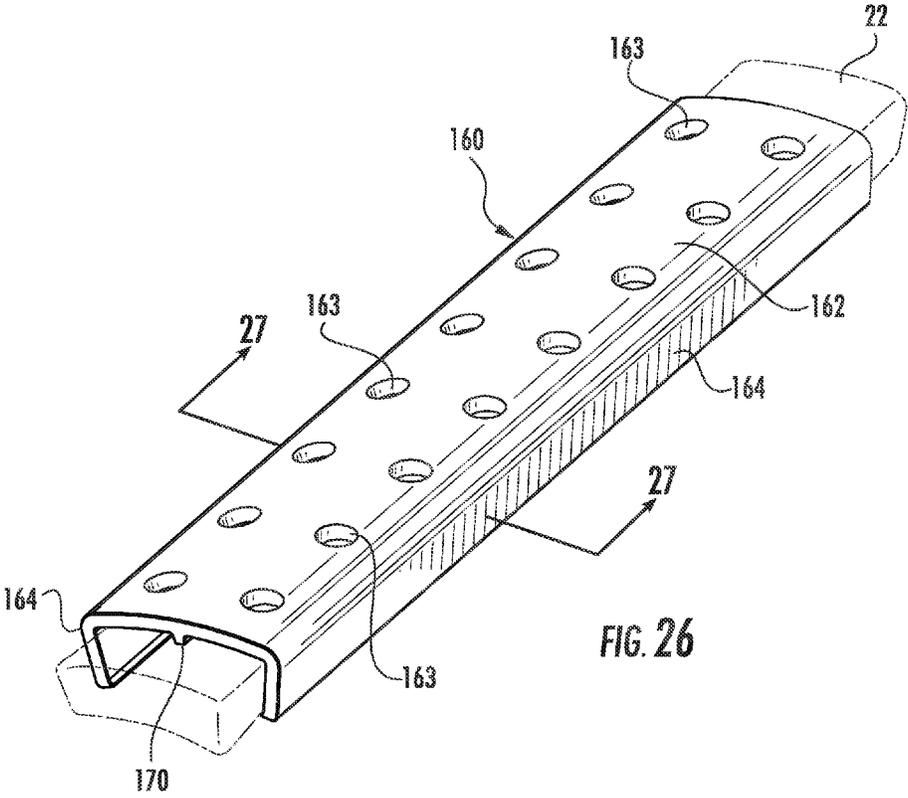


**FIG. 22**





**FIG. 25**



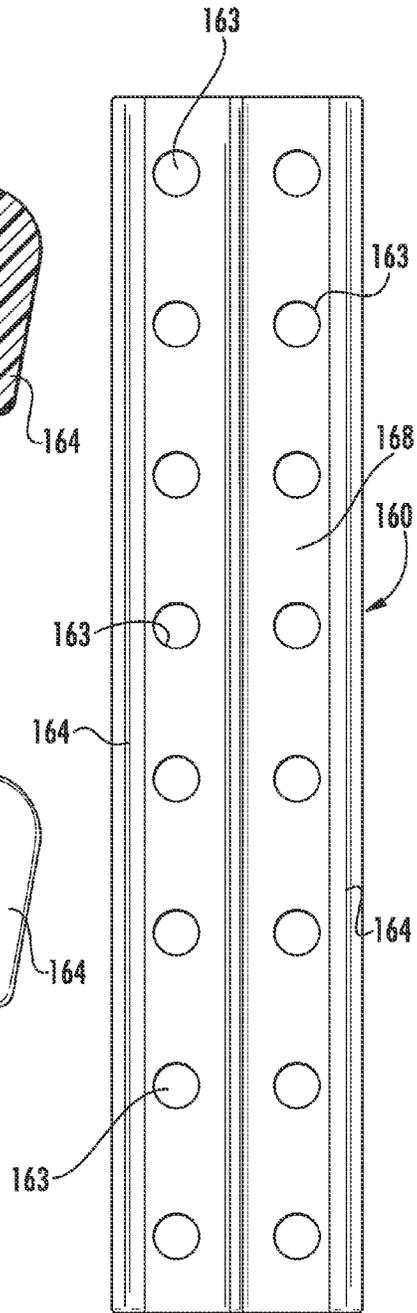
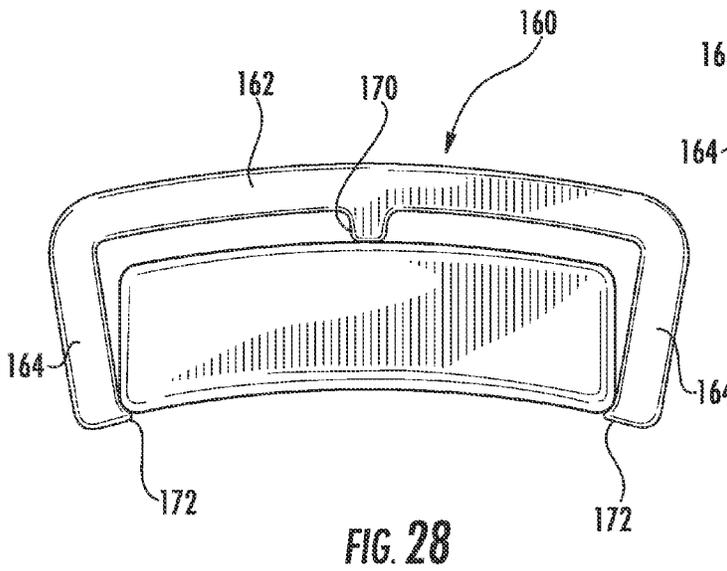
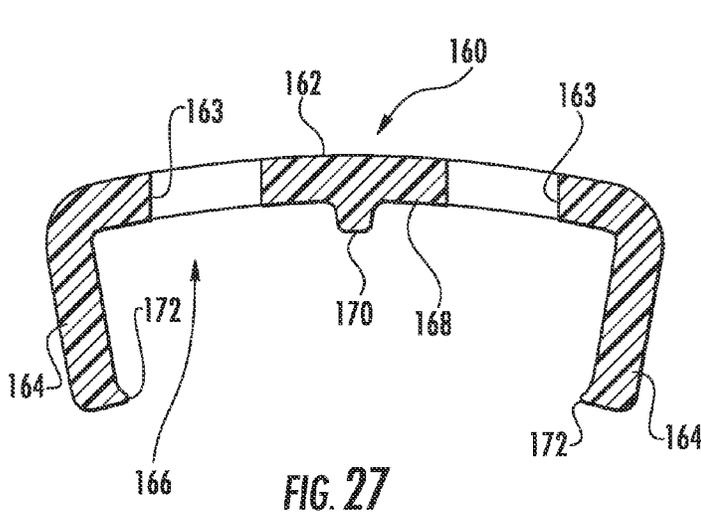
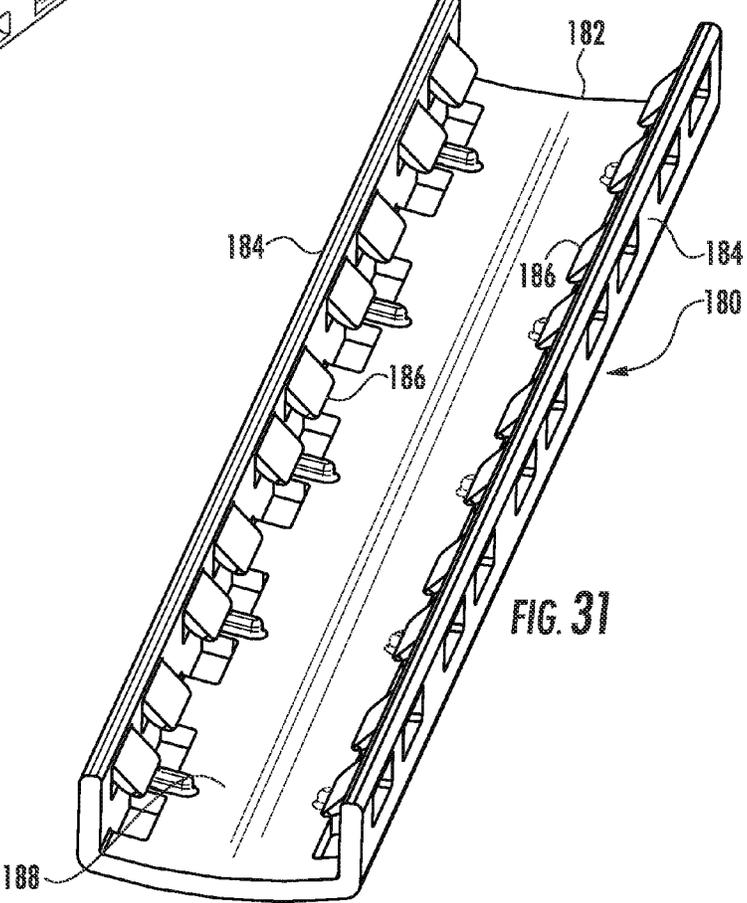
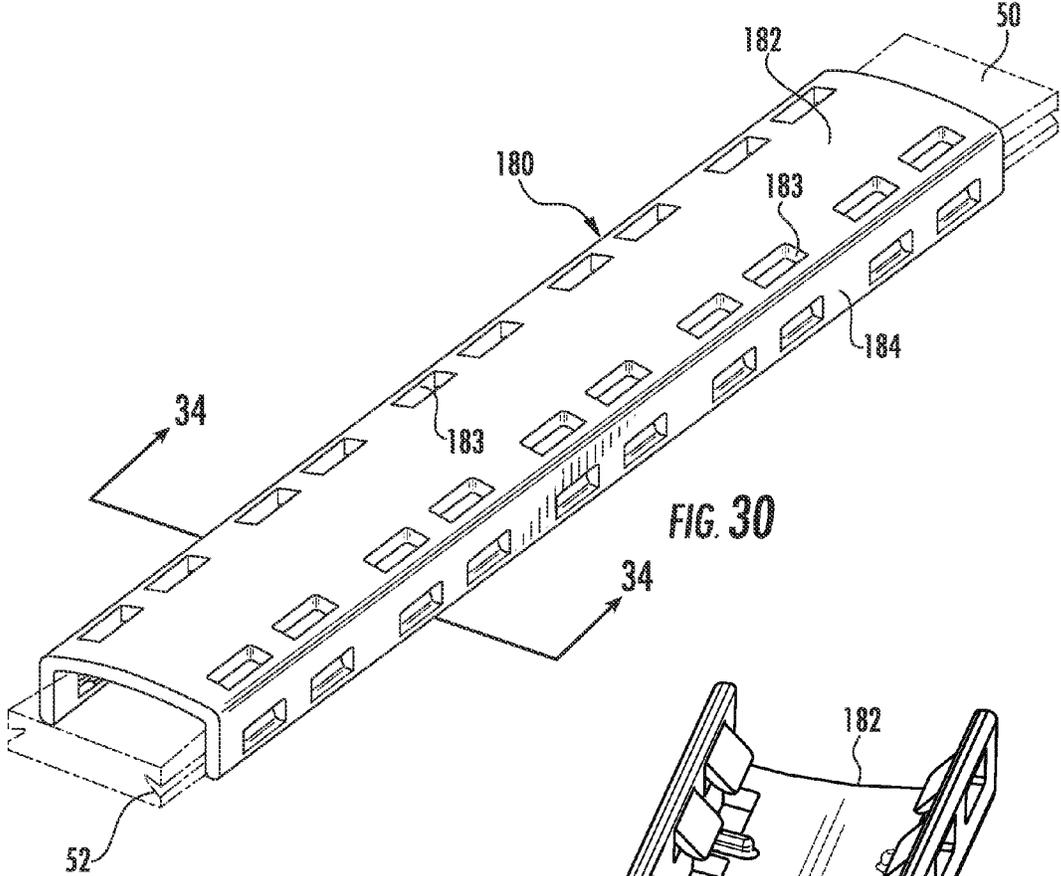
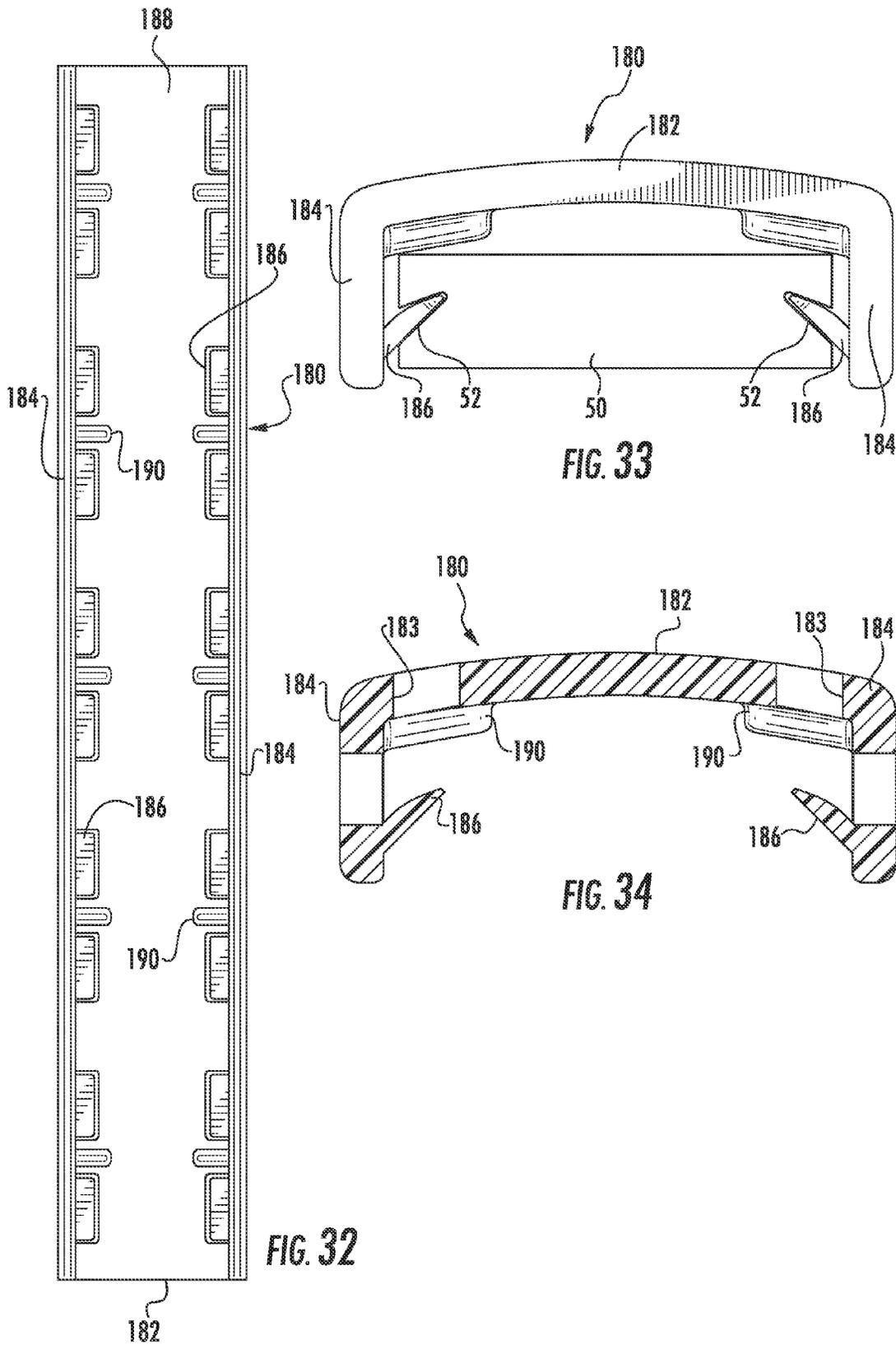


FIG. 29





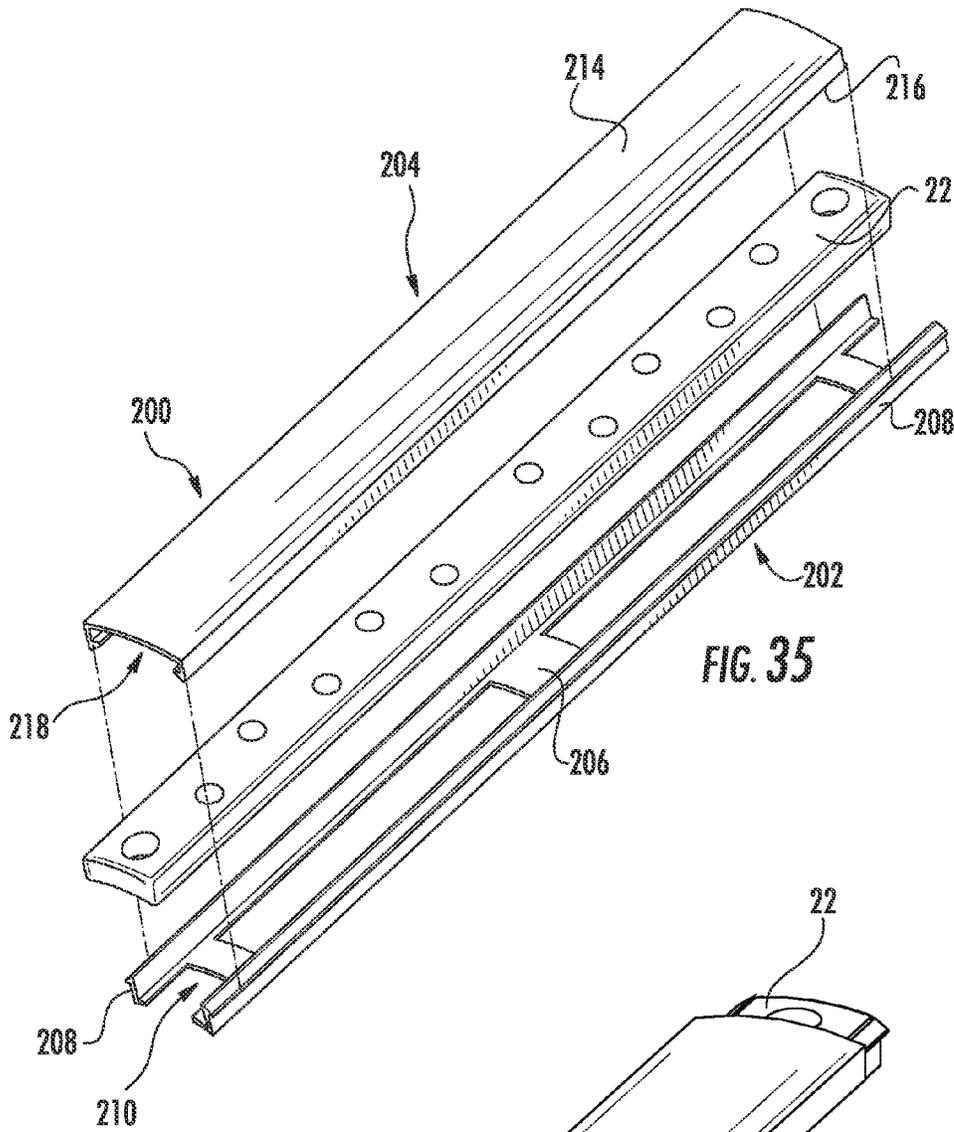


FIG. 35

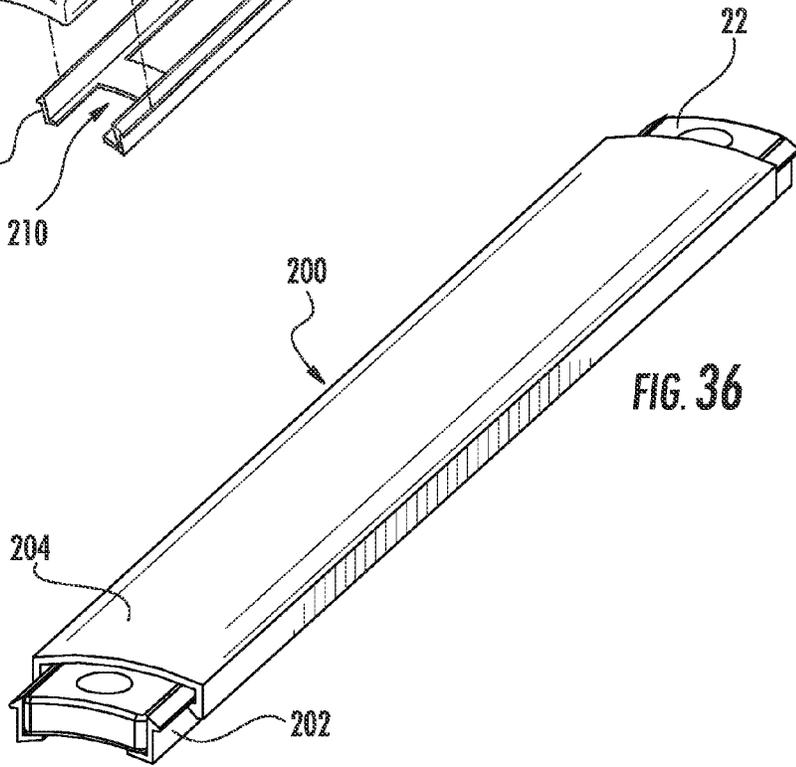


FIG. 36

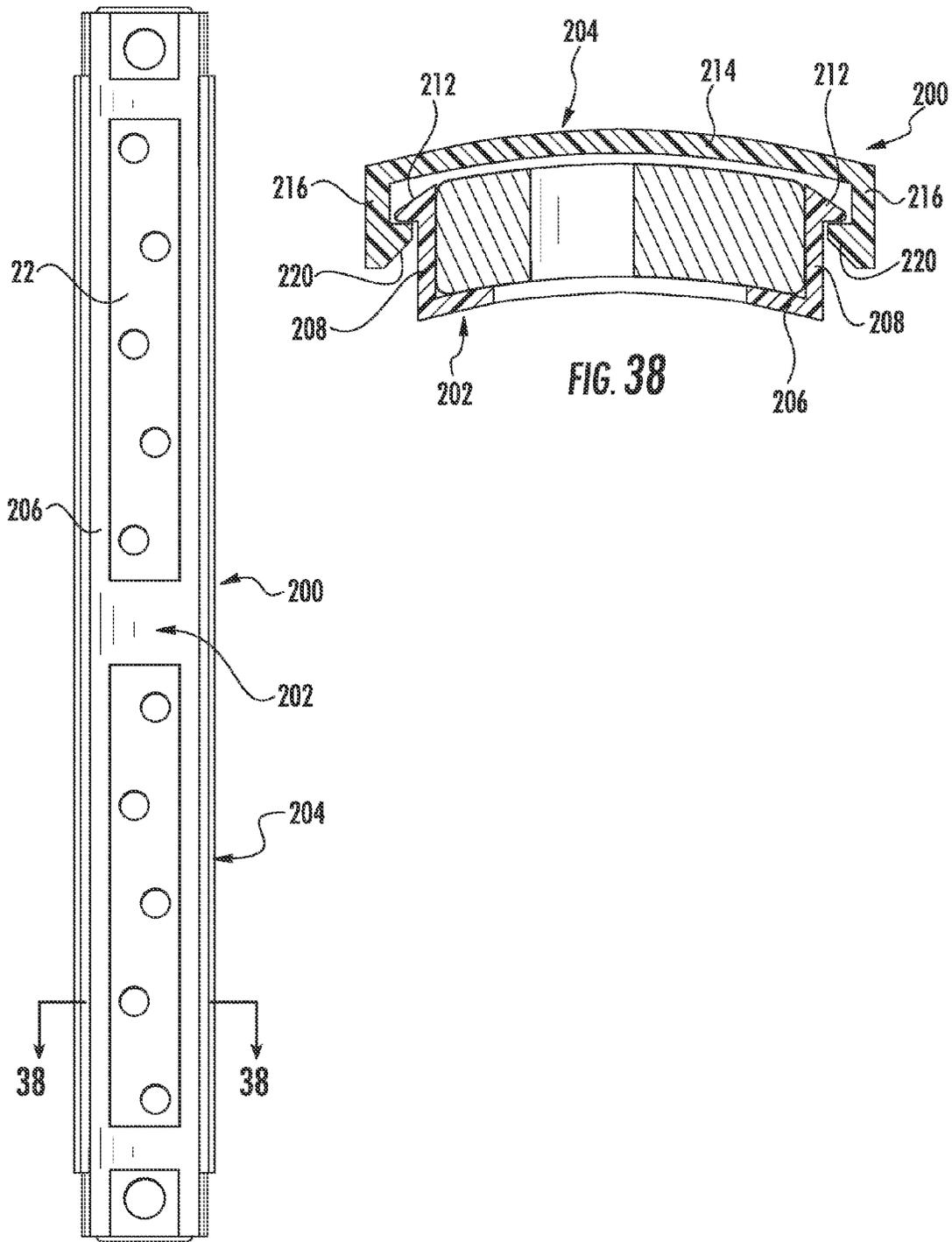


FIG. 37

FIG. 38

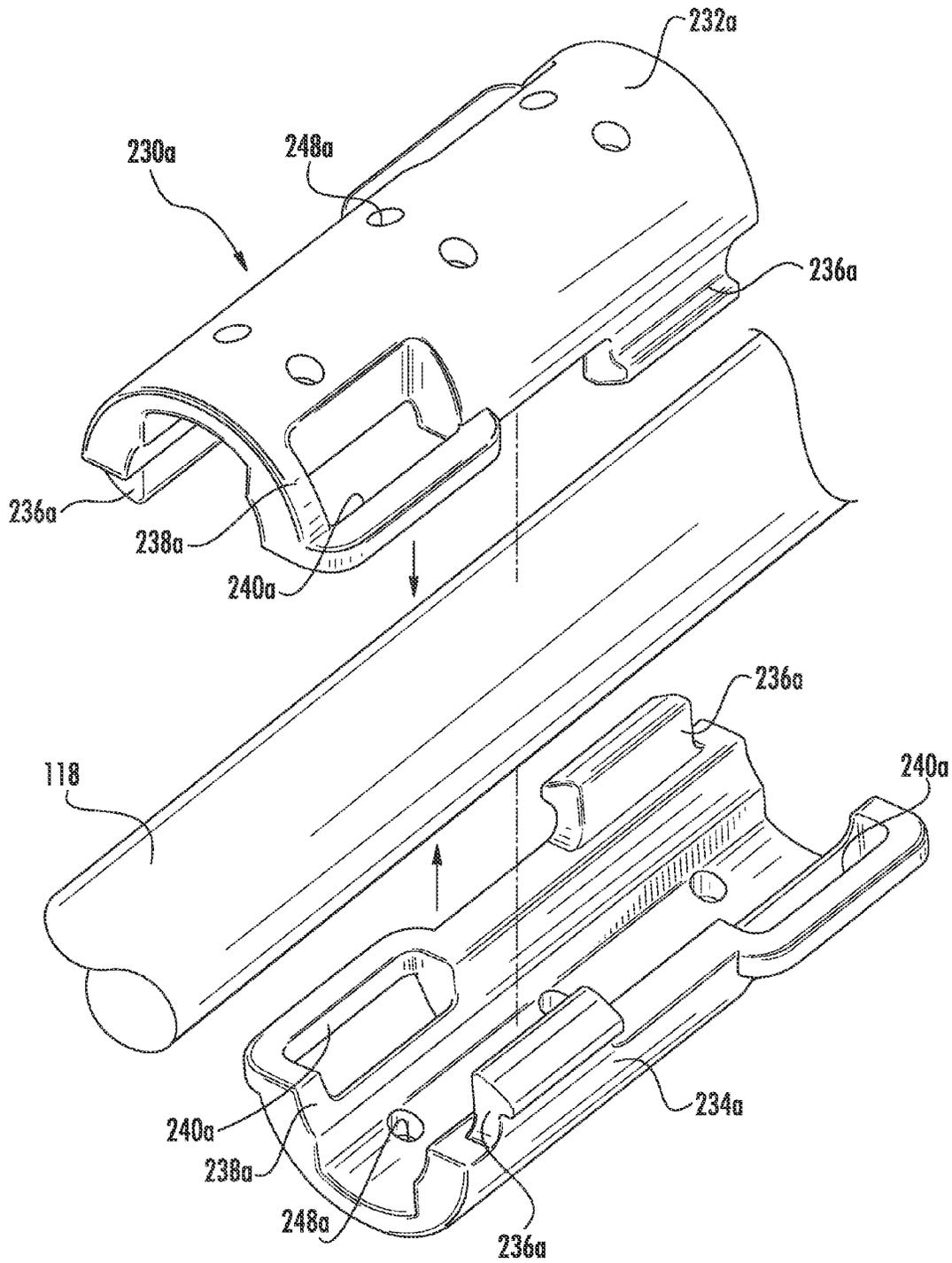


FIG. 39

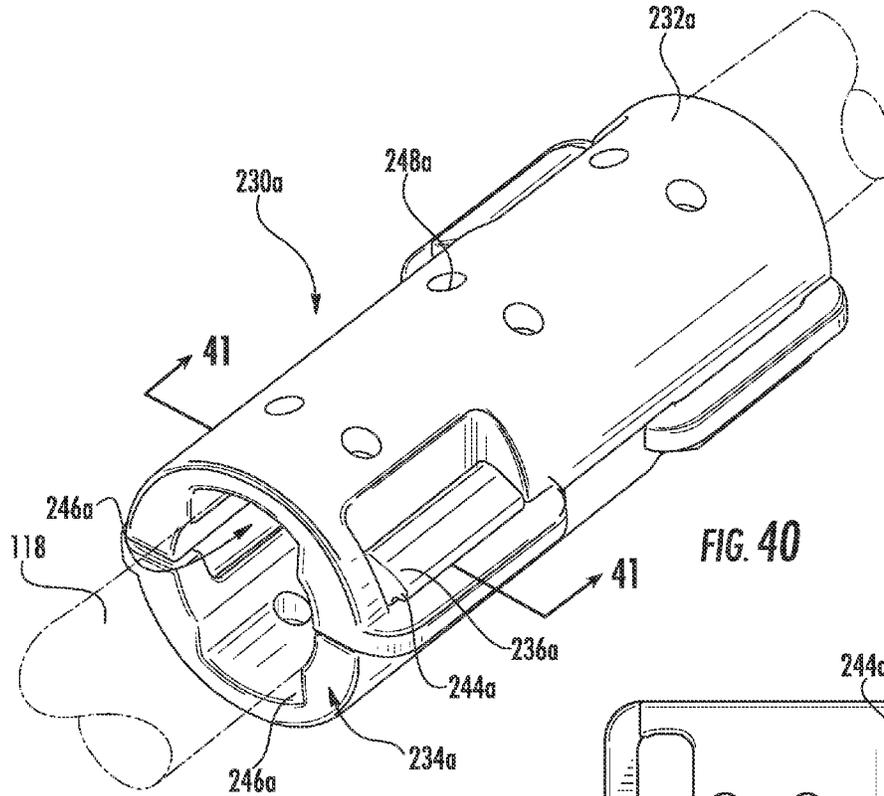


FIG. 40

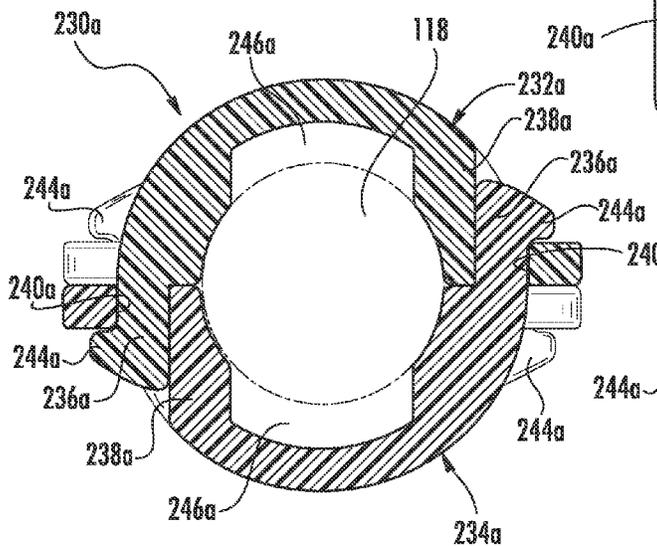


FIG. 41

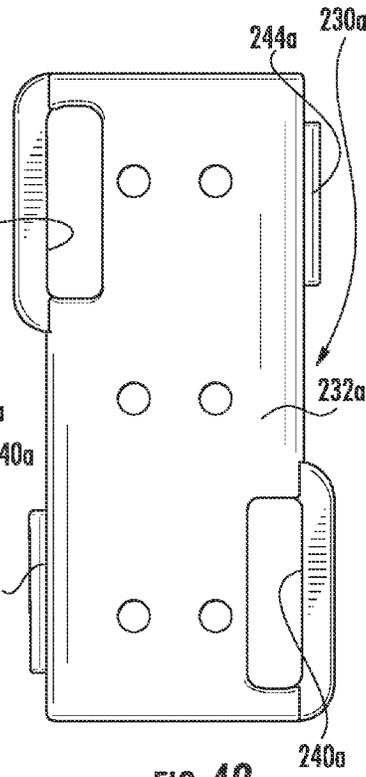


FIG. 42

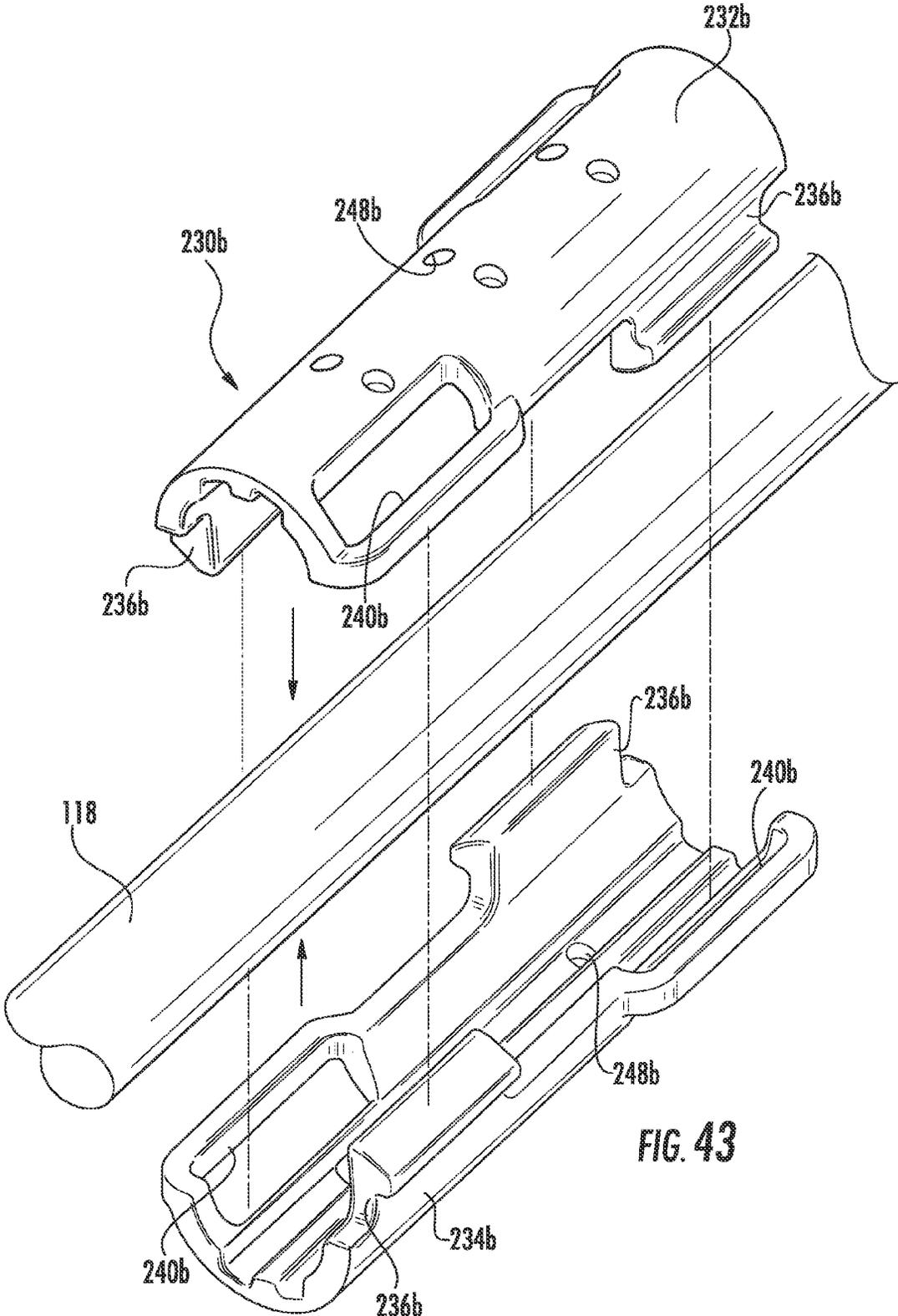
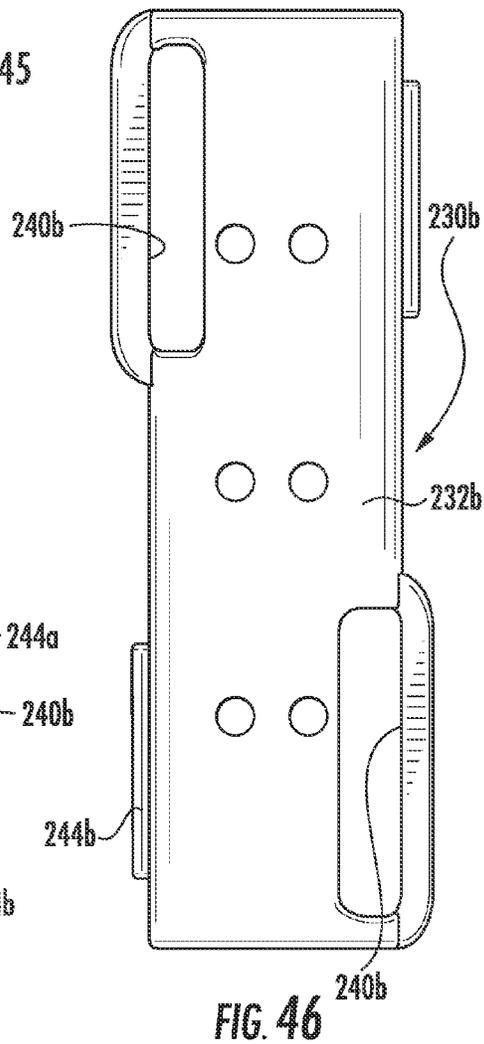
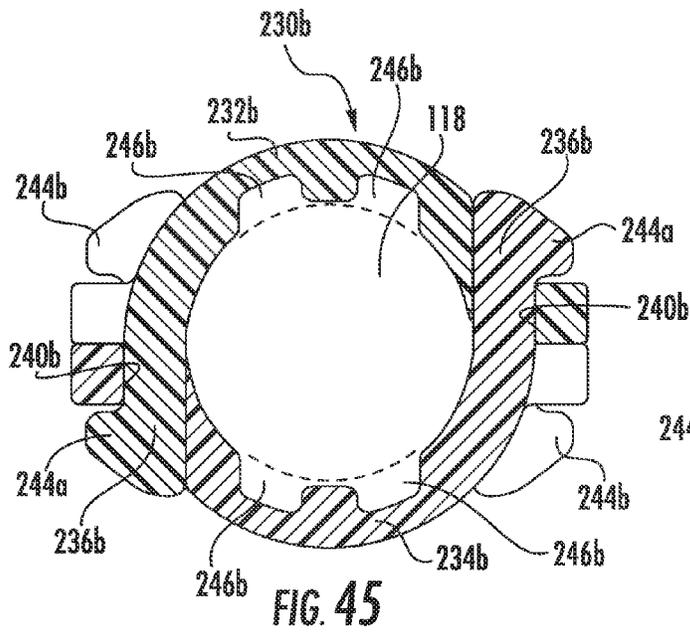
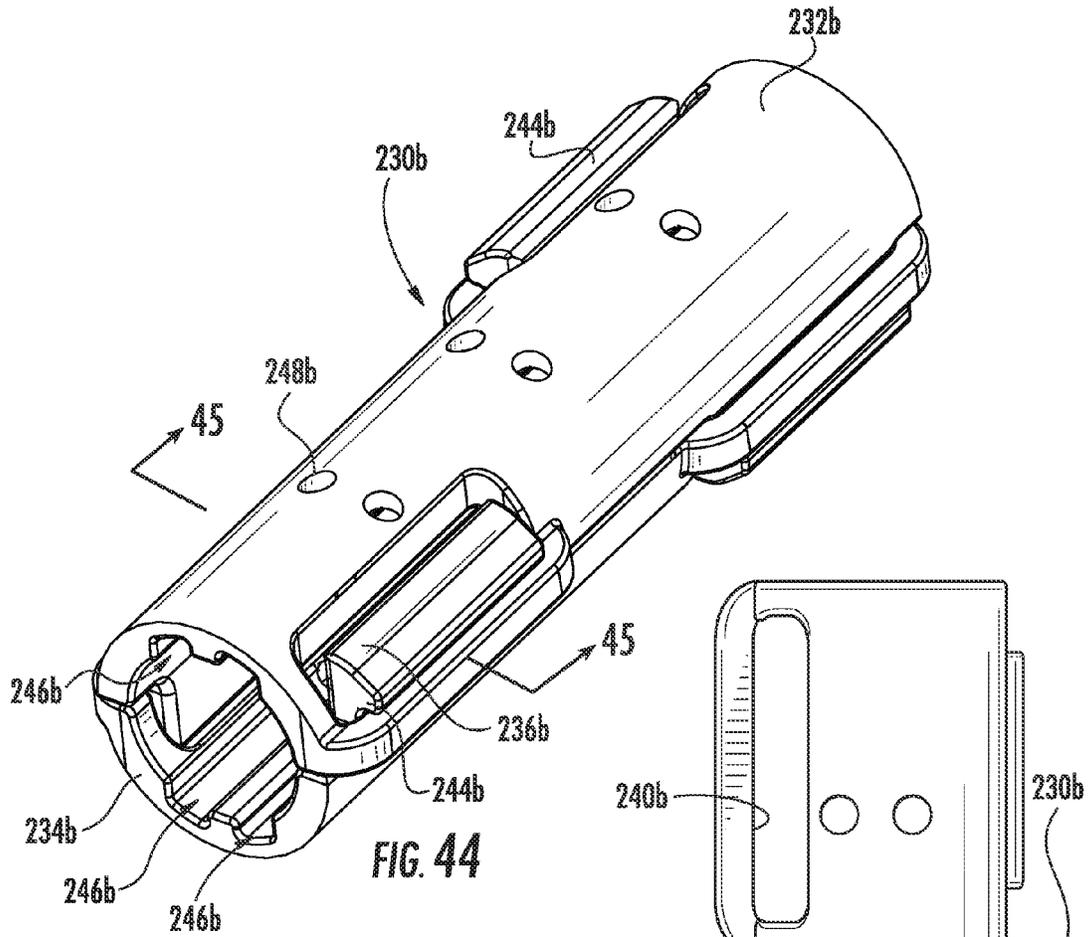


FIG. 43



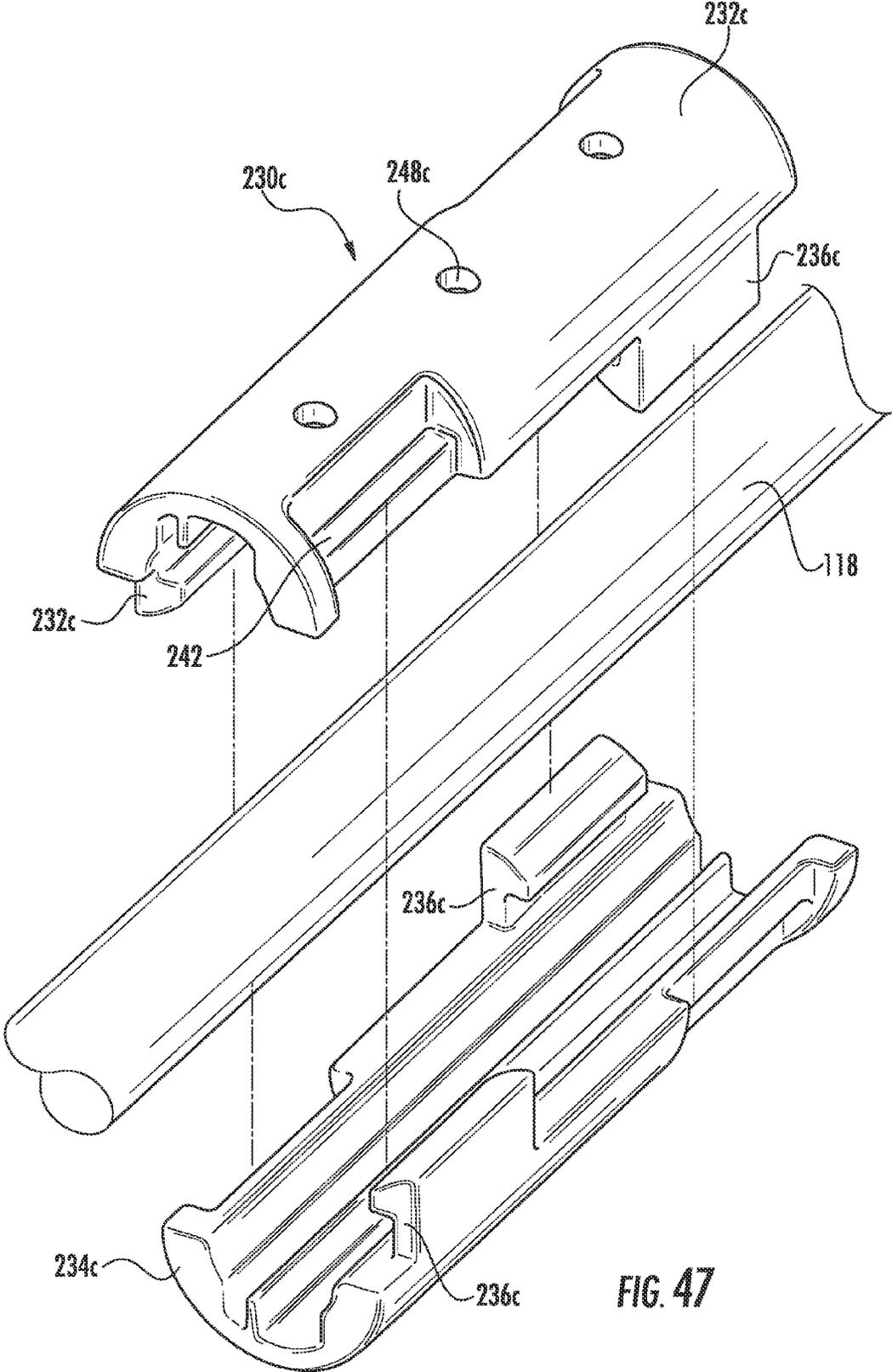
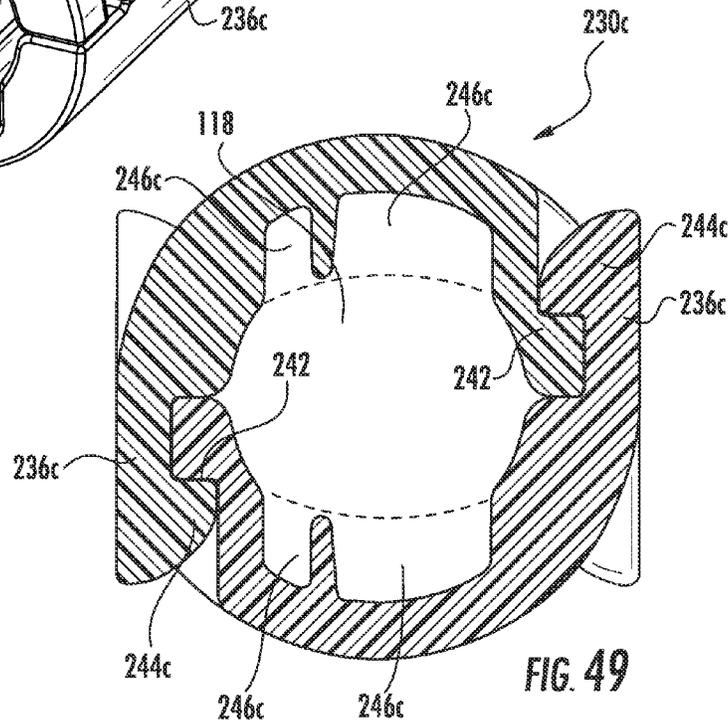
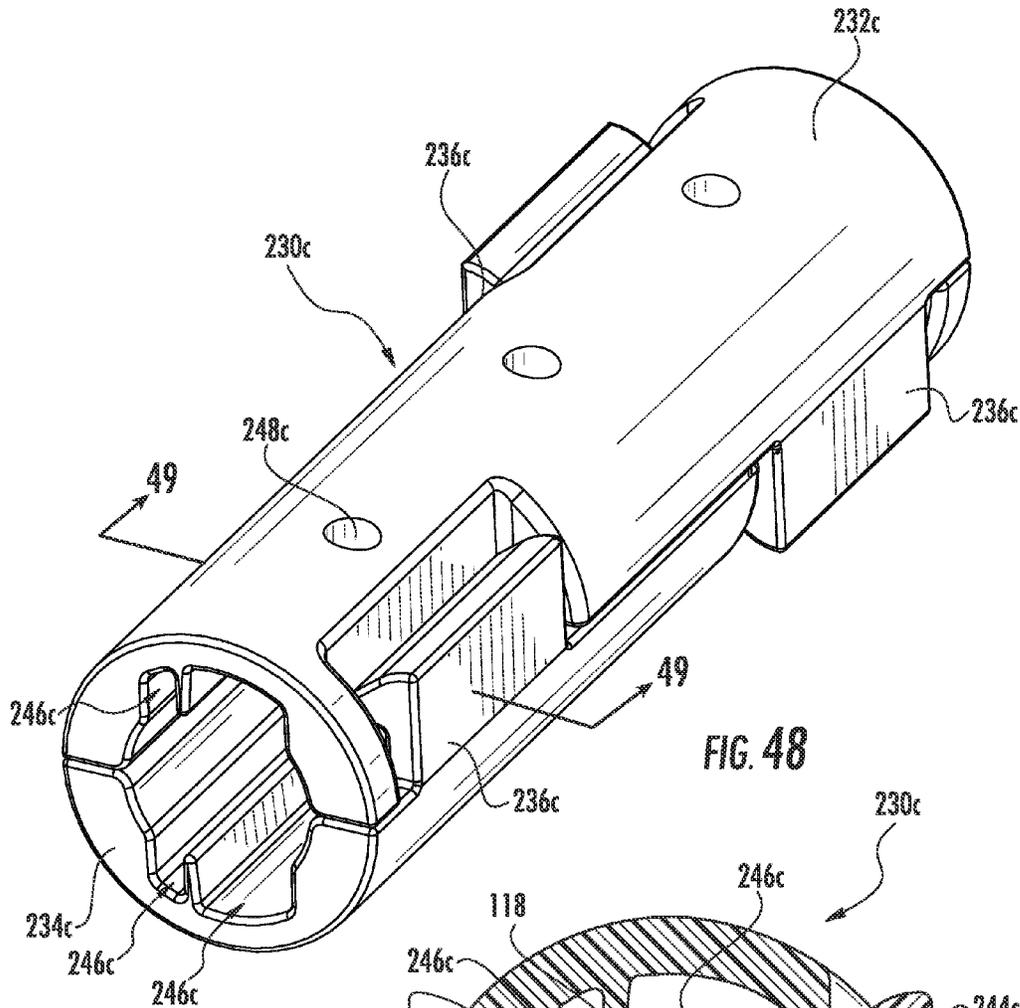
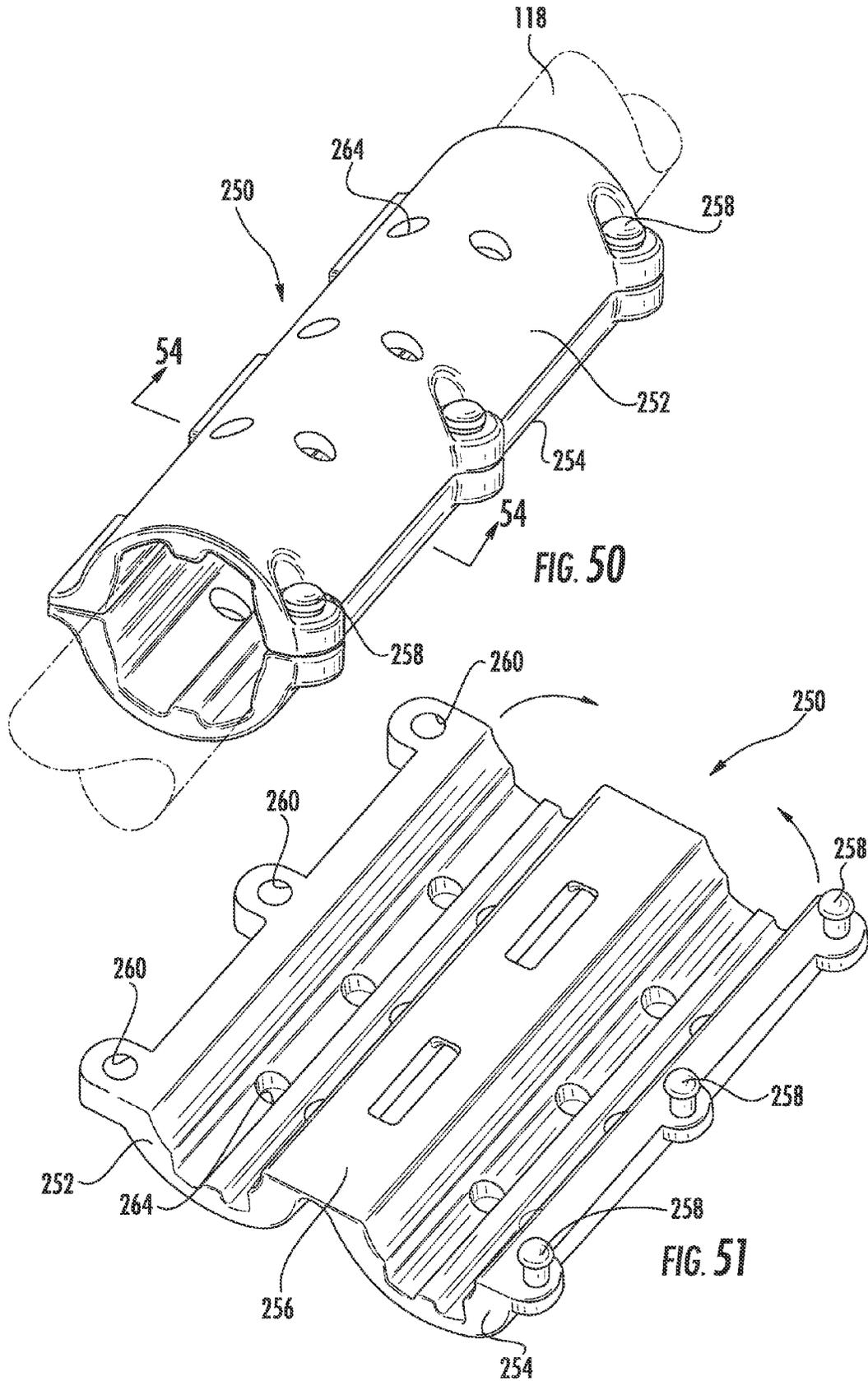
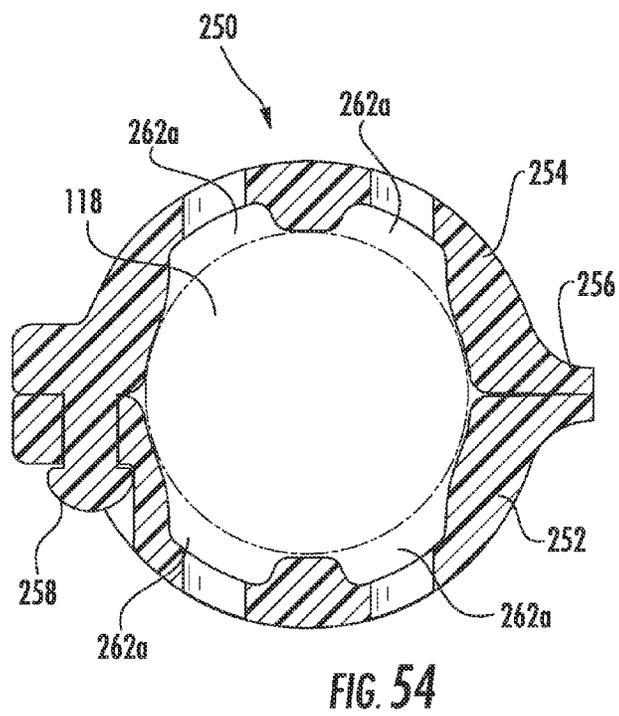
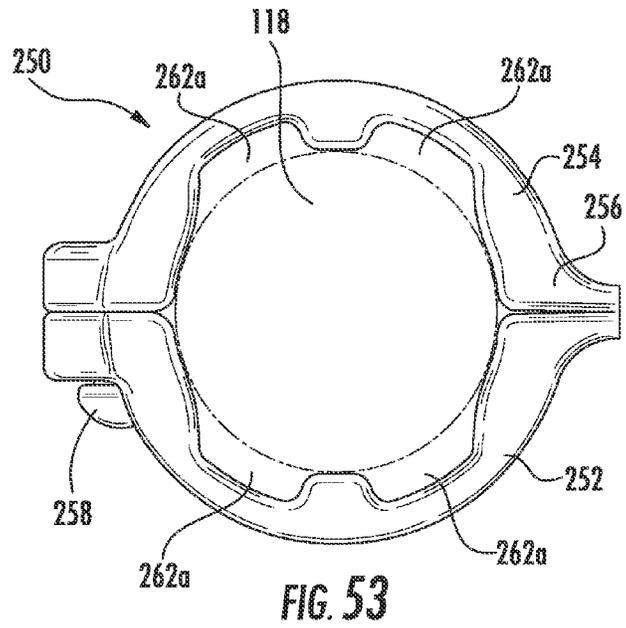
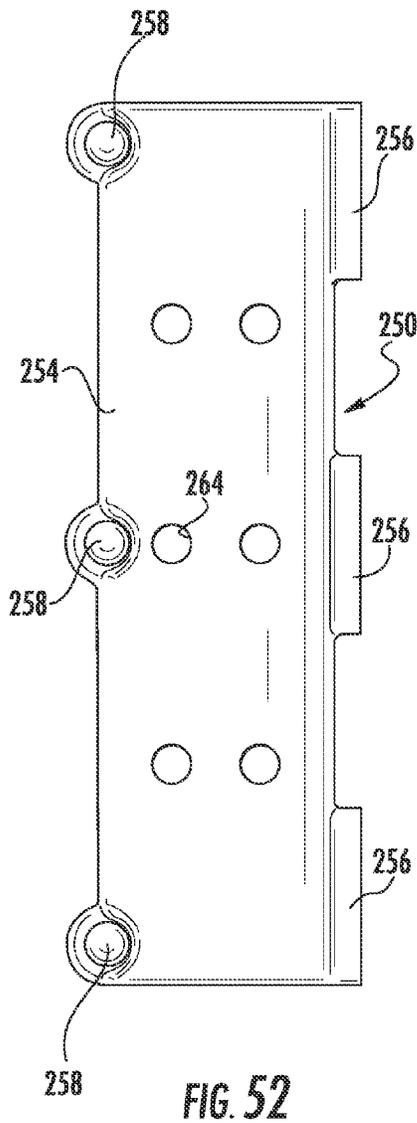


FIG. 47







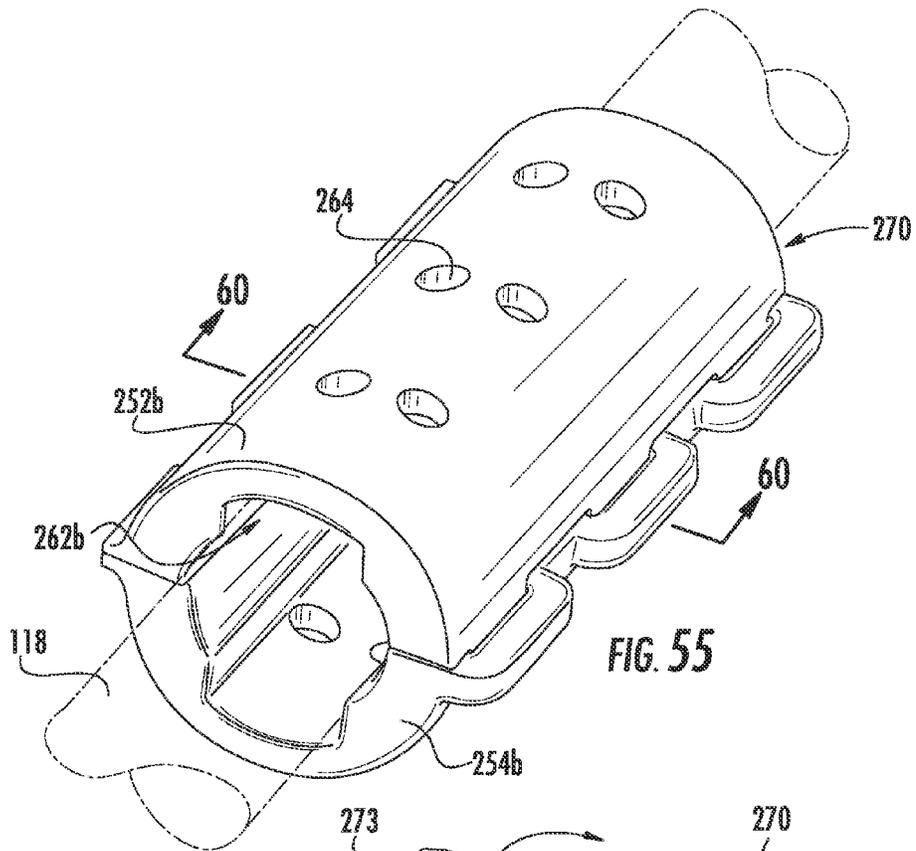


FIG. 55

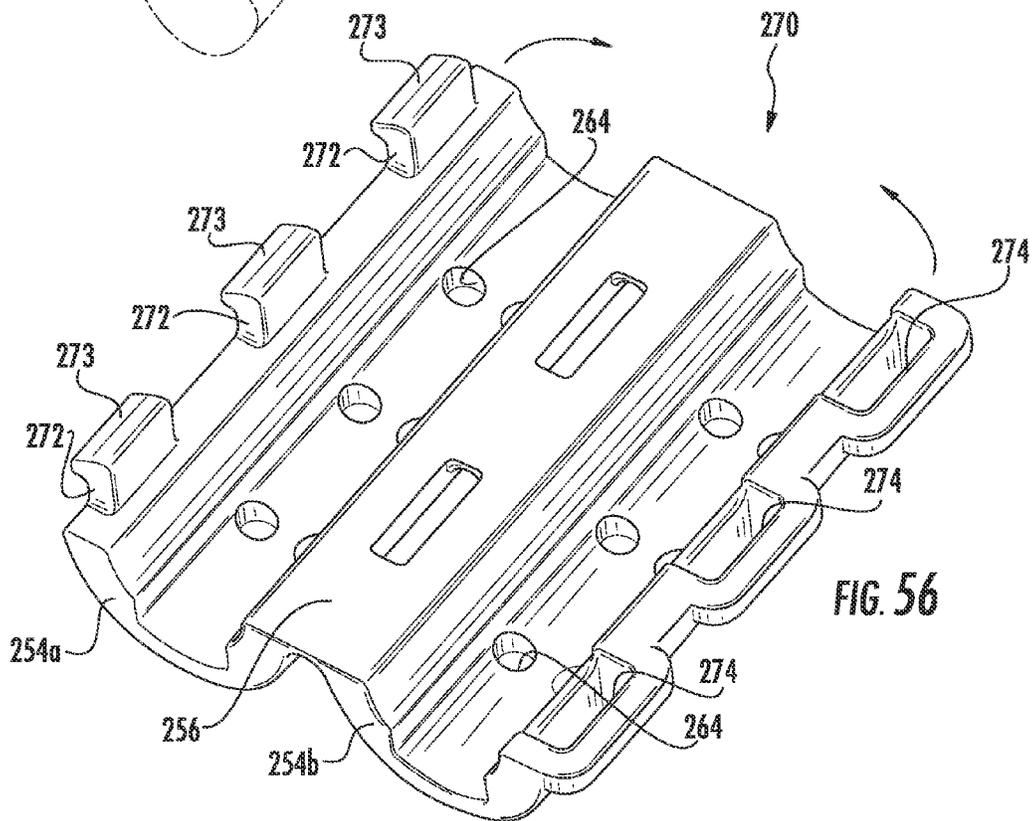


FIG. 56

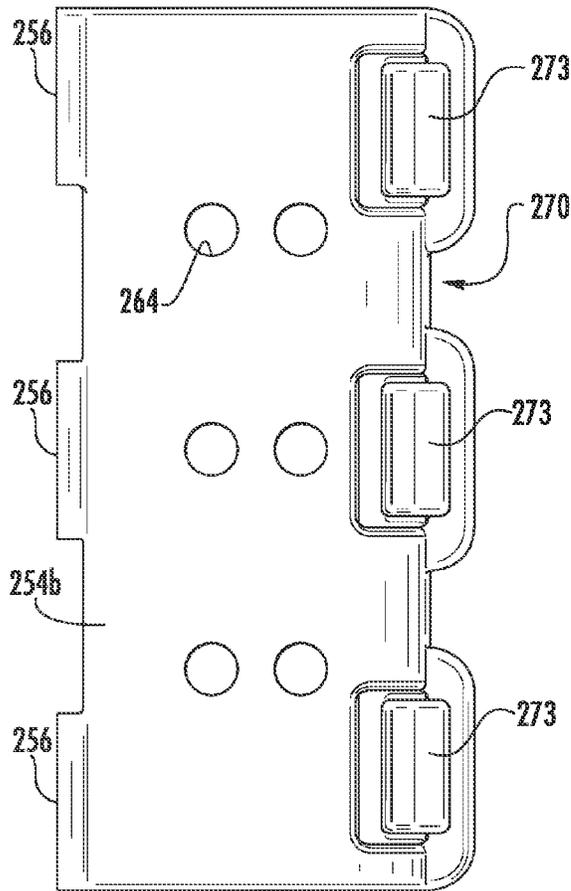


FIG. 57

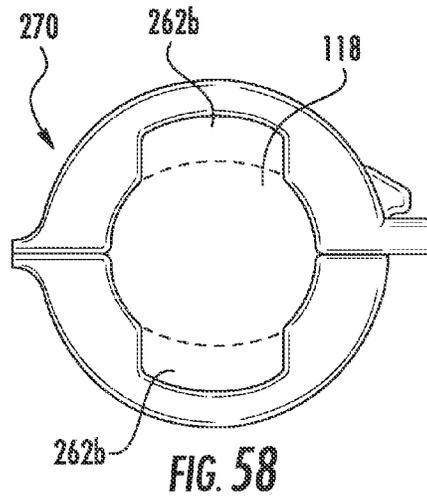


FIG. 58

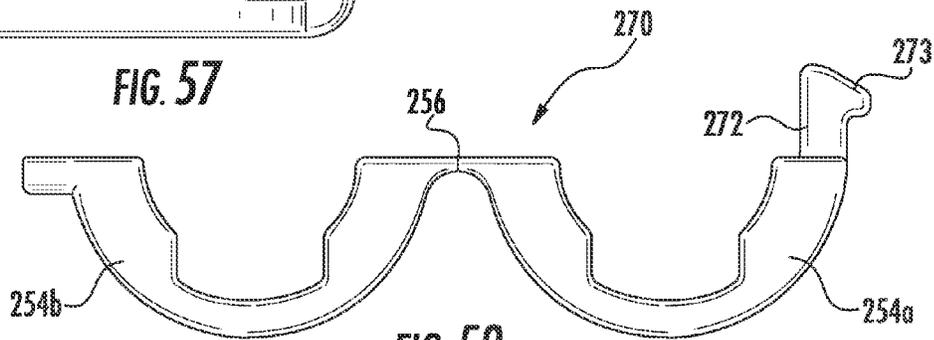


FIG. 59

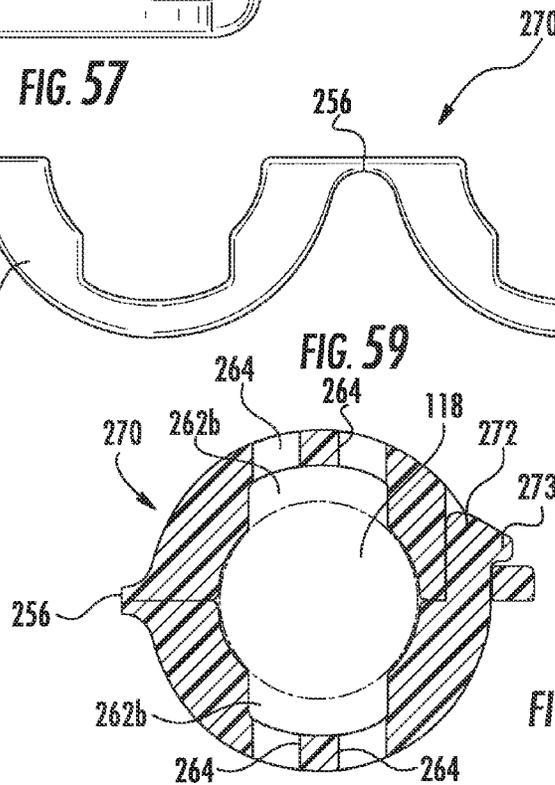


FIG. 60

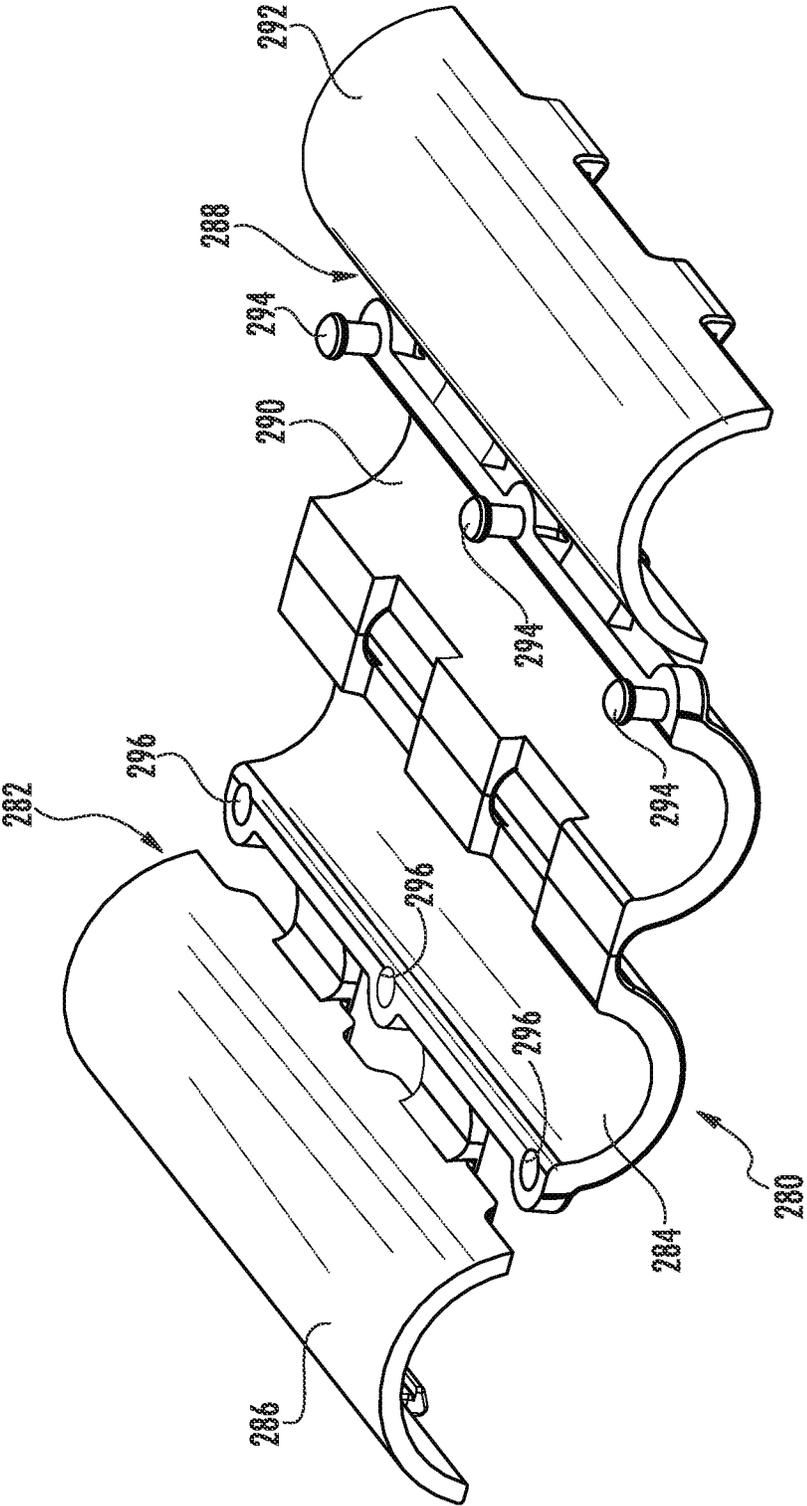


FIG. 61A

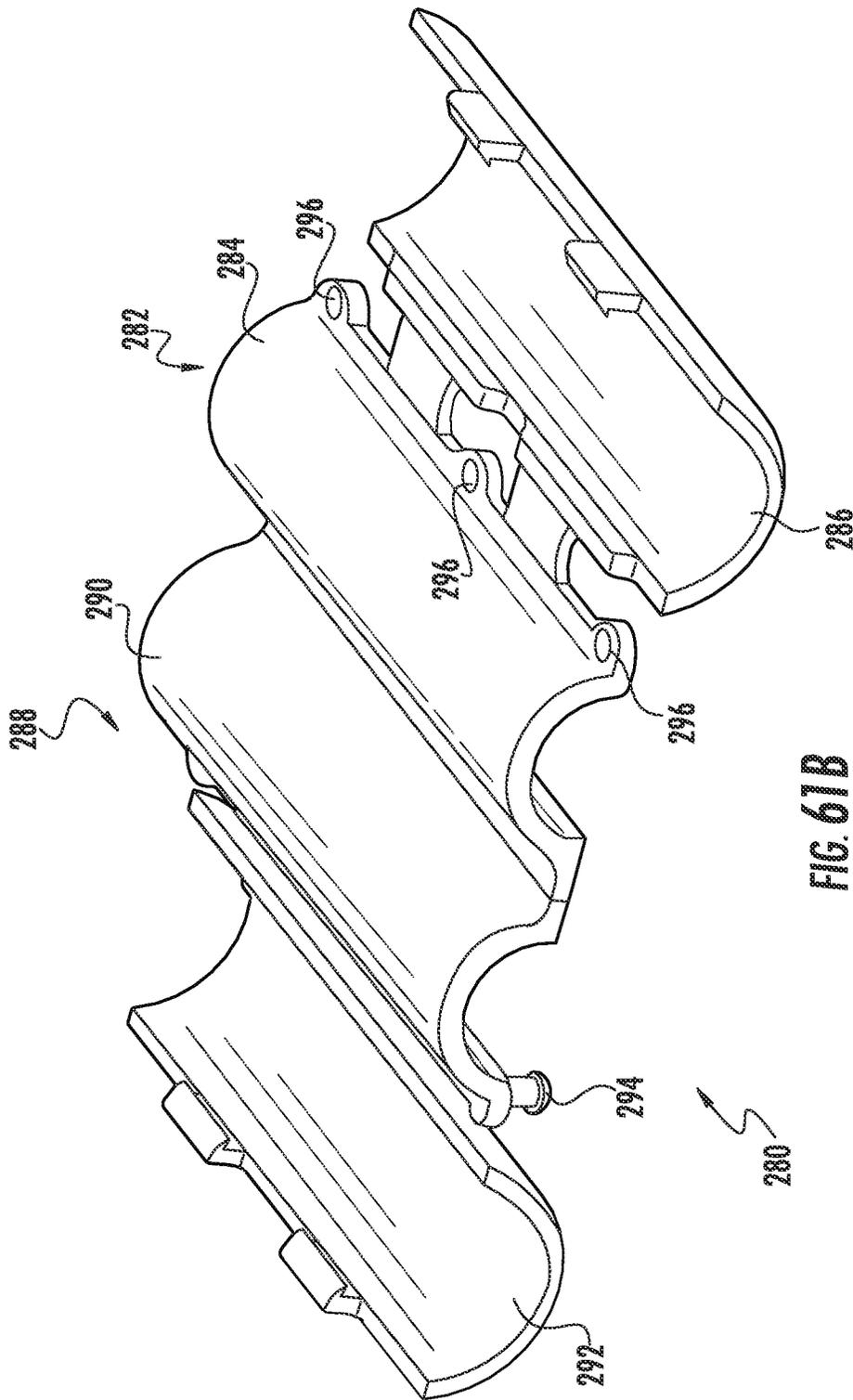


FIG. 61B

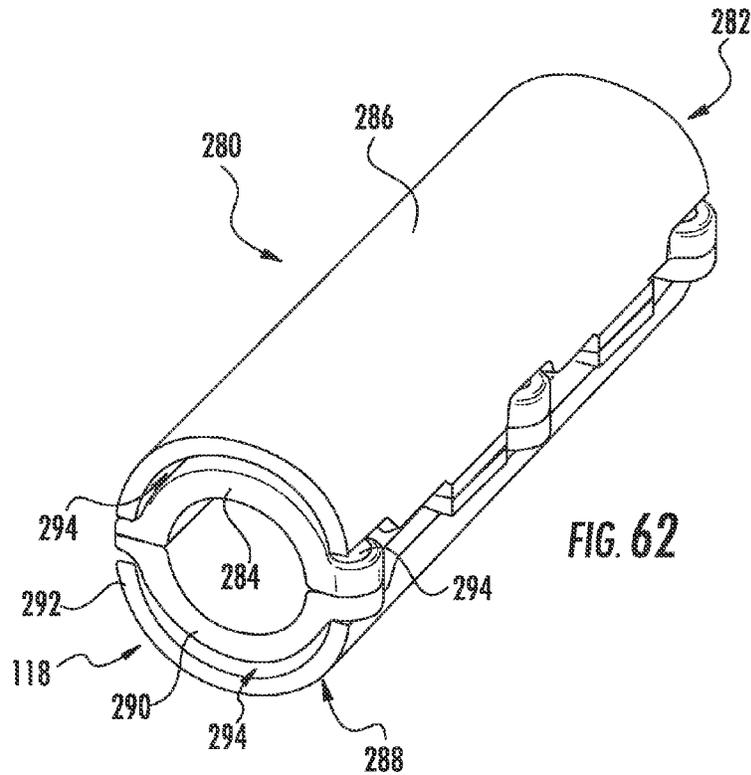


FIG. 62

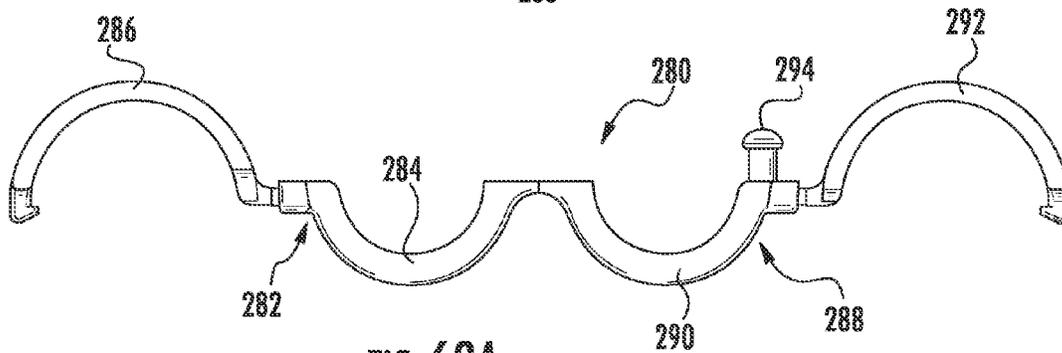


FIG. 63A

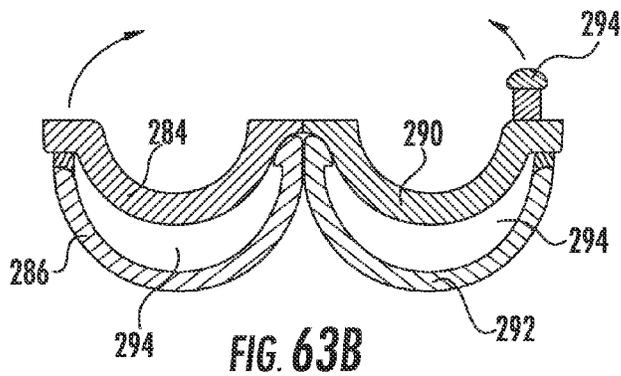


FIG. 63B

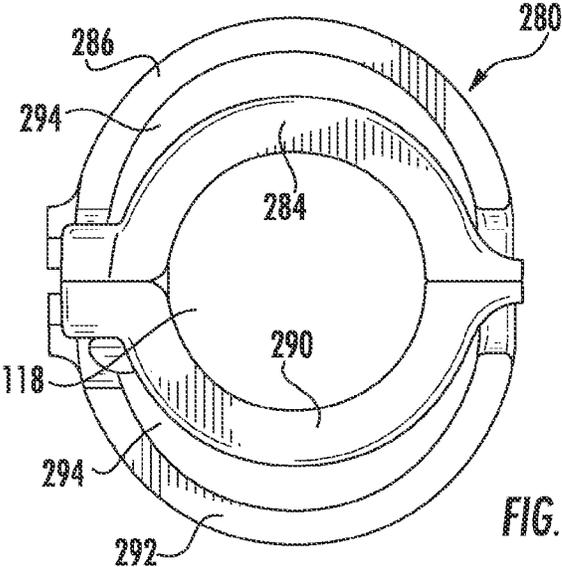


FIG. 64

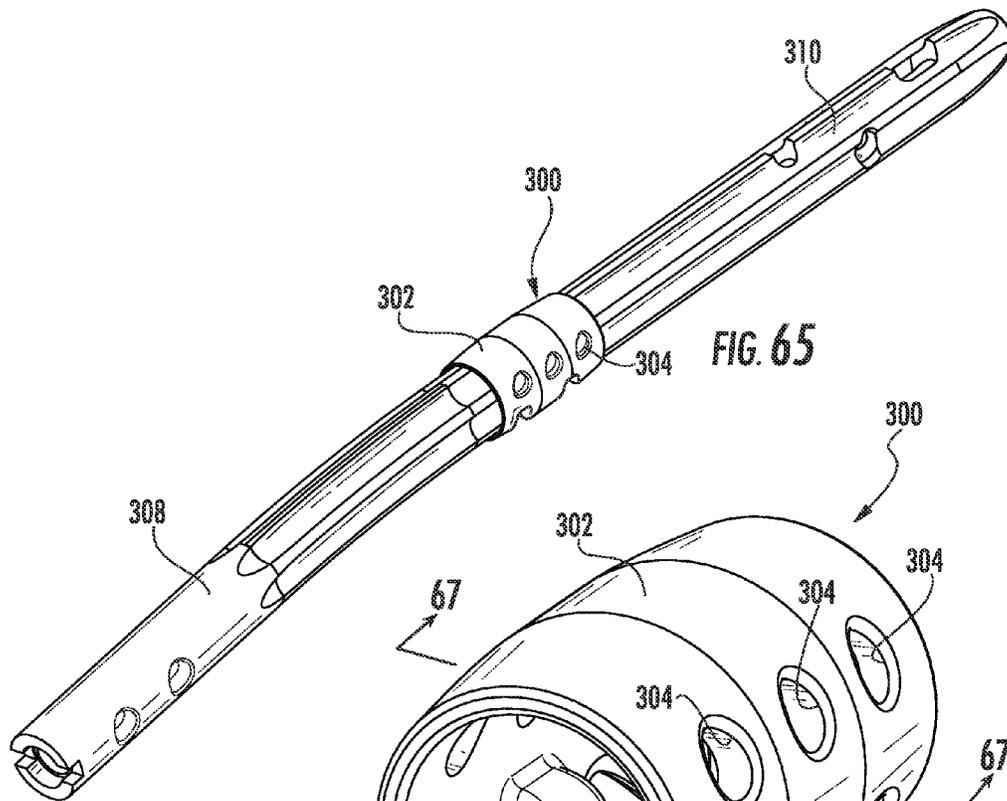


FIG. 65

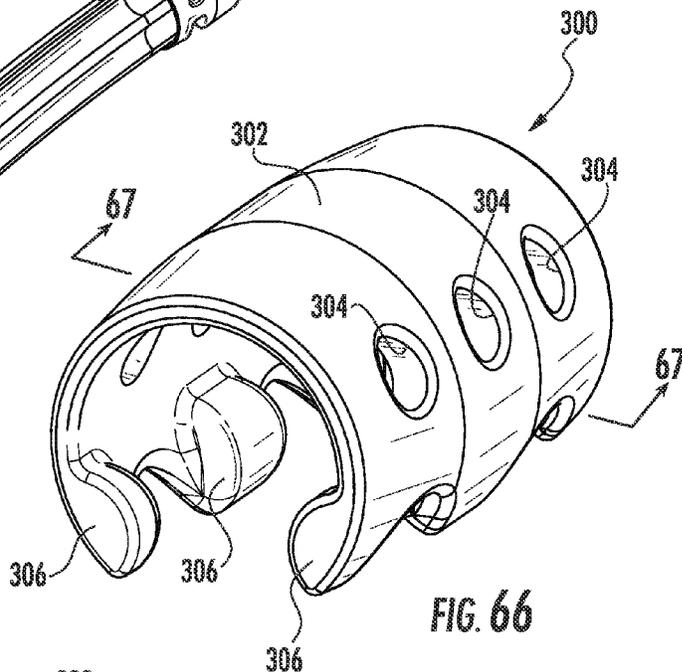


FIG. 66

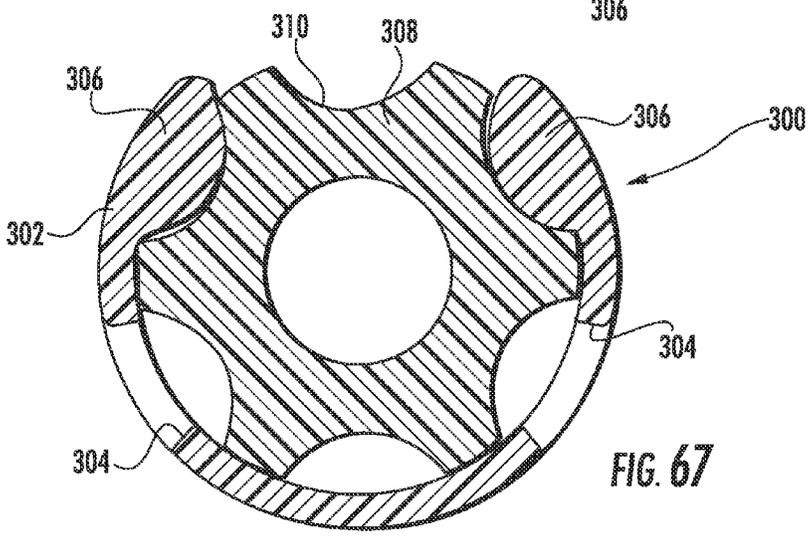
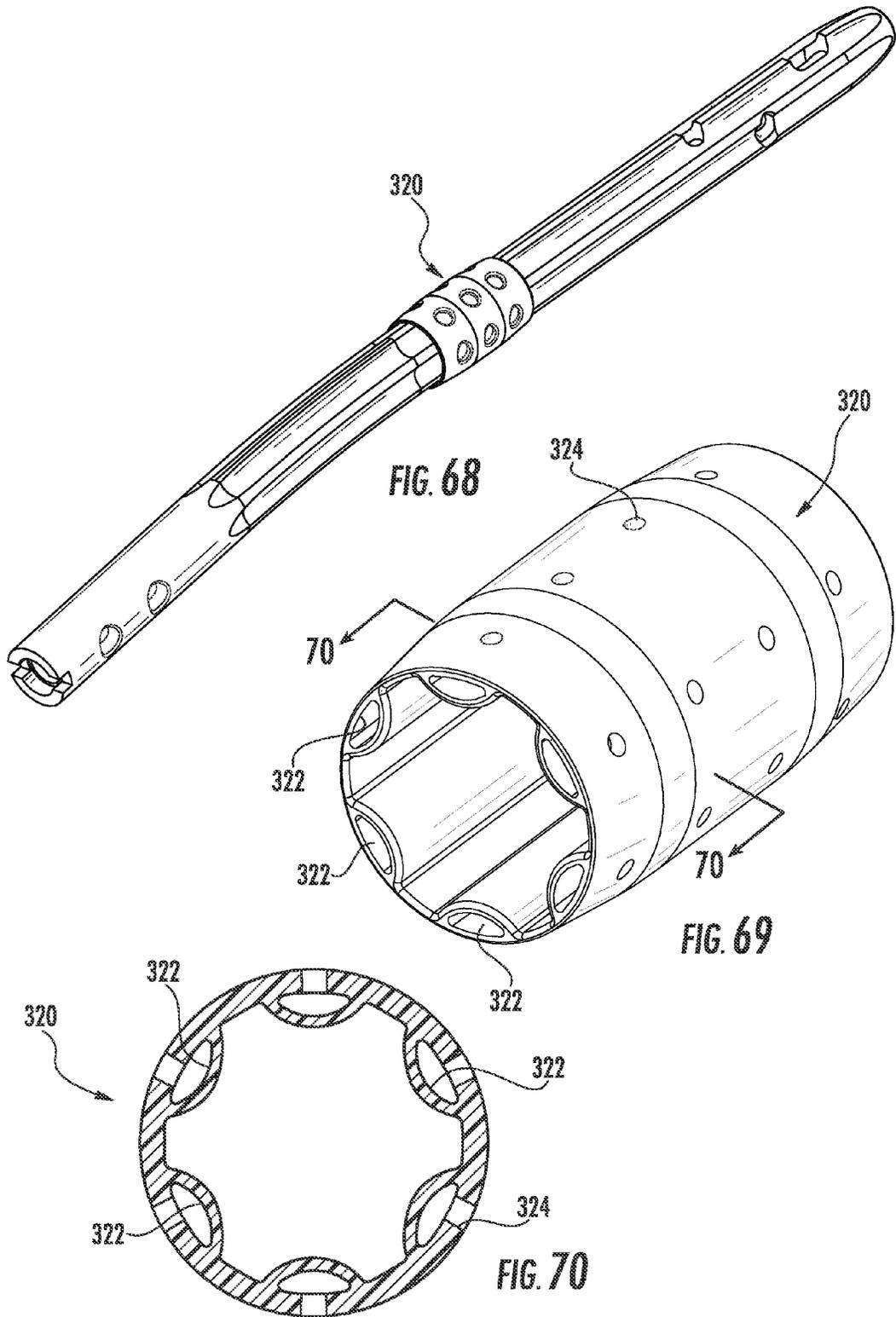
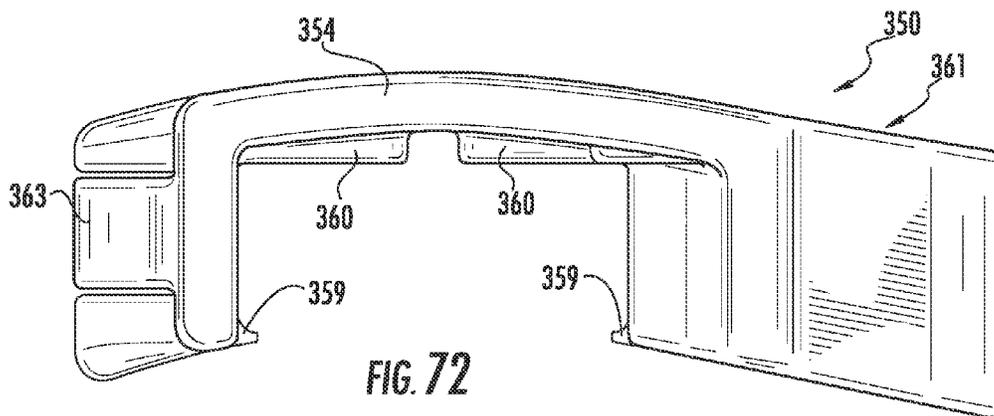
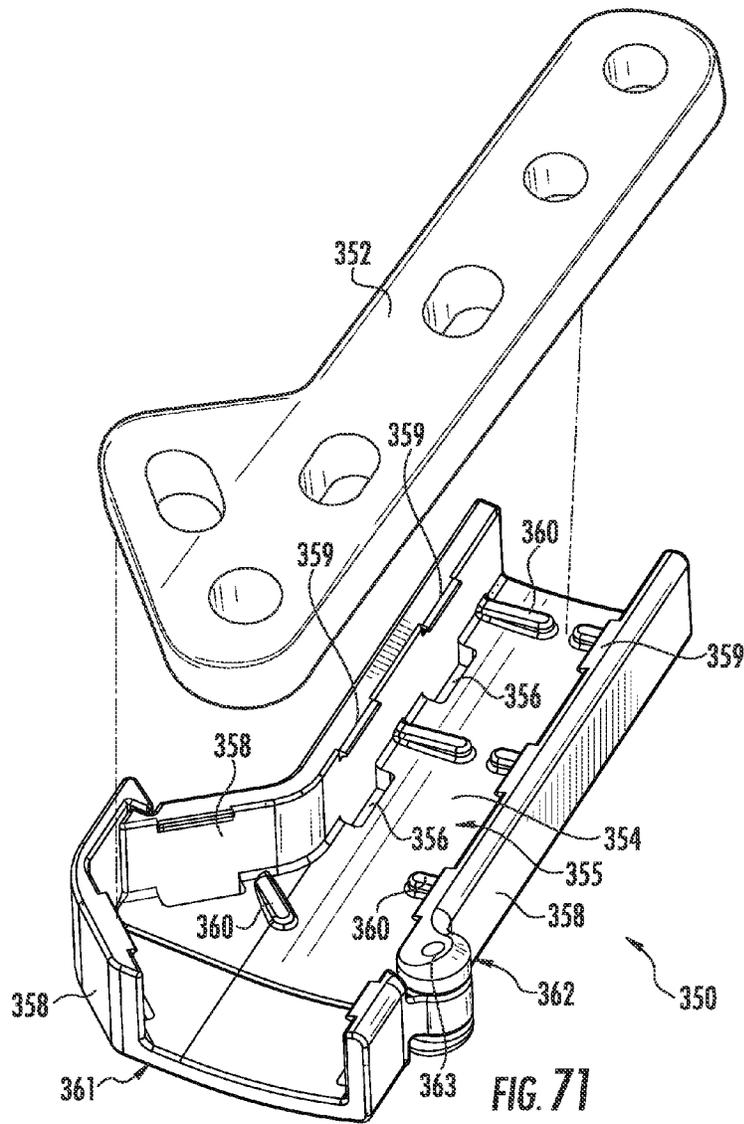


FIG. 67





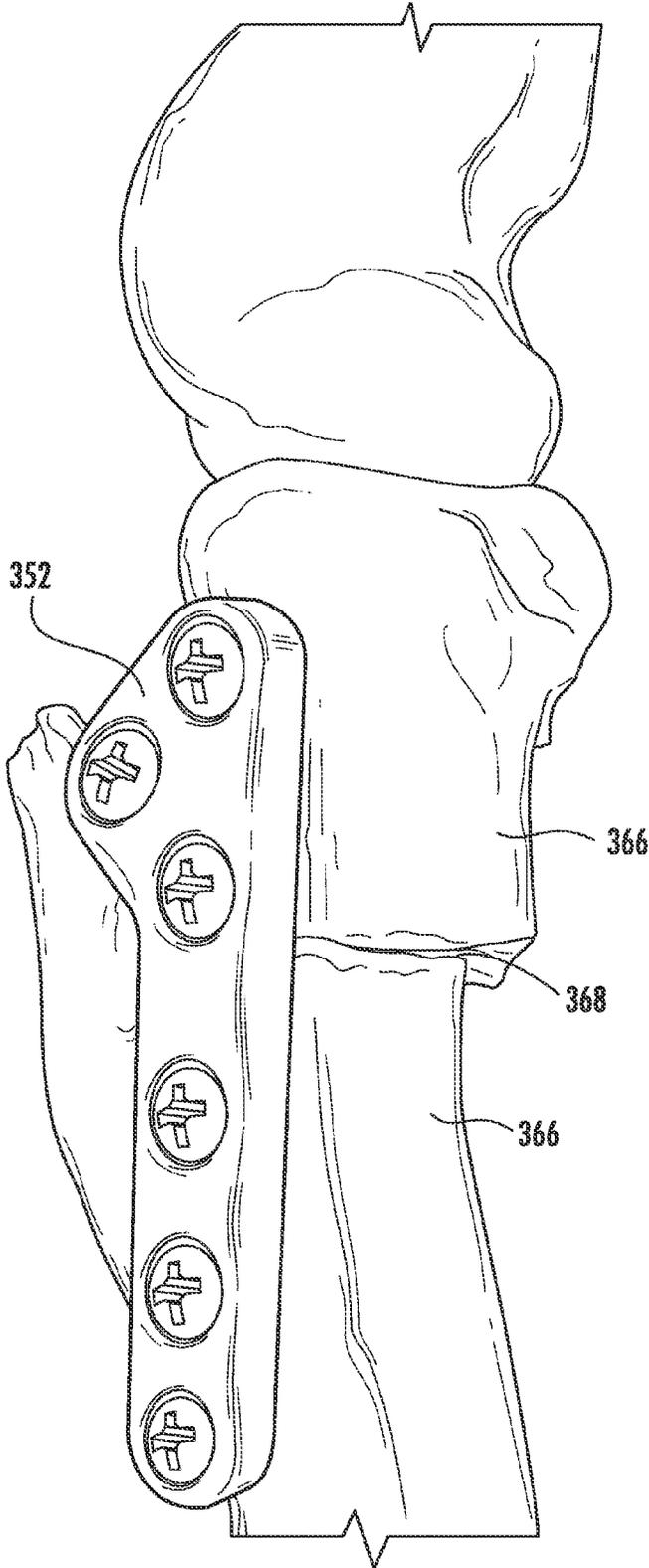


FIG. 73

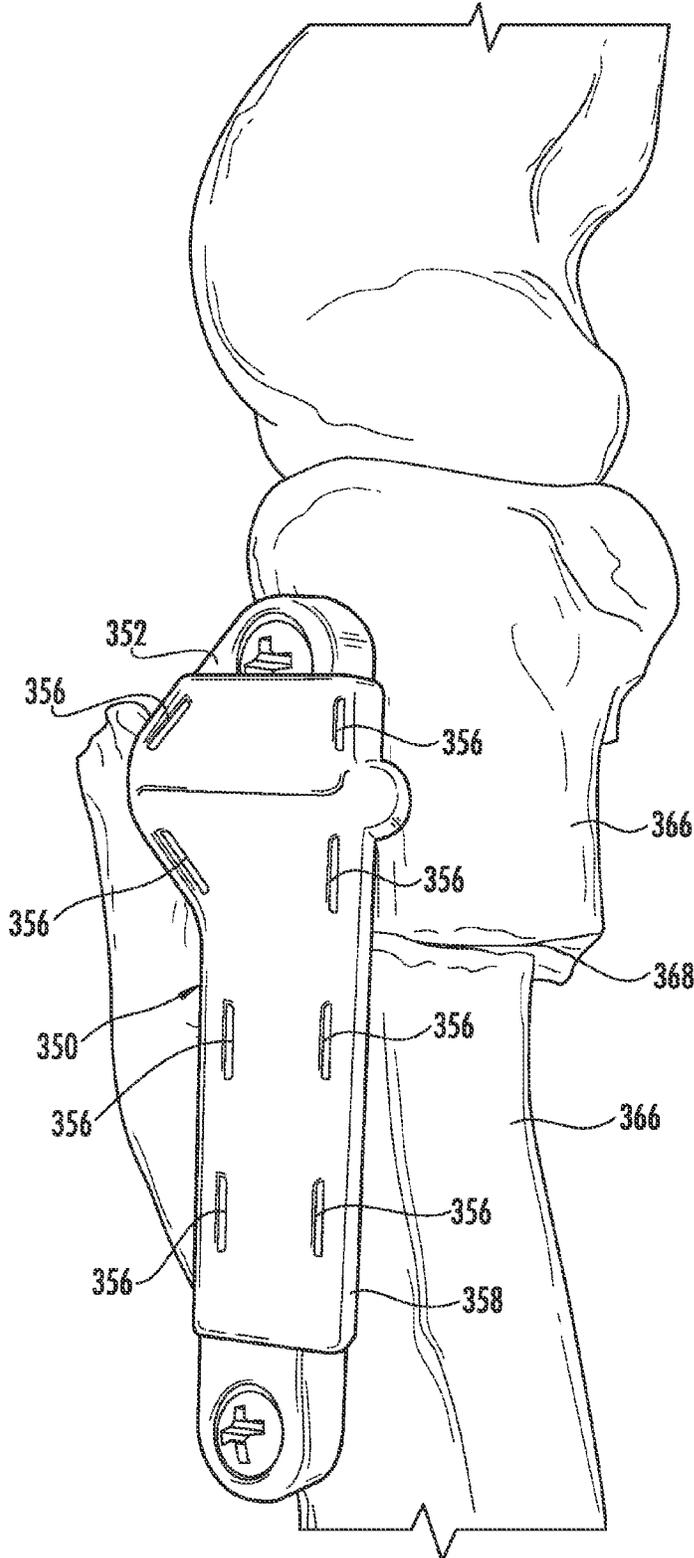


FIG. 74

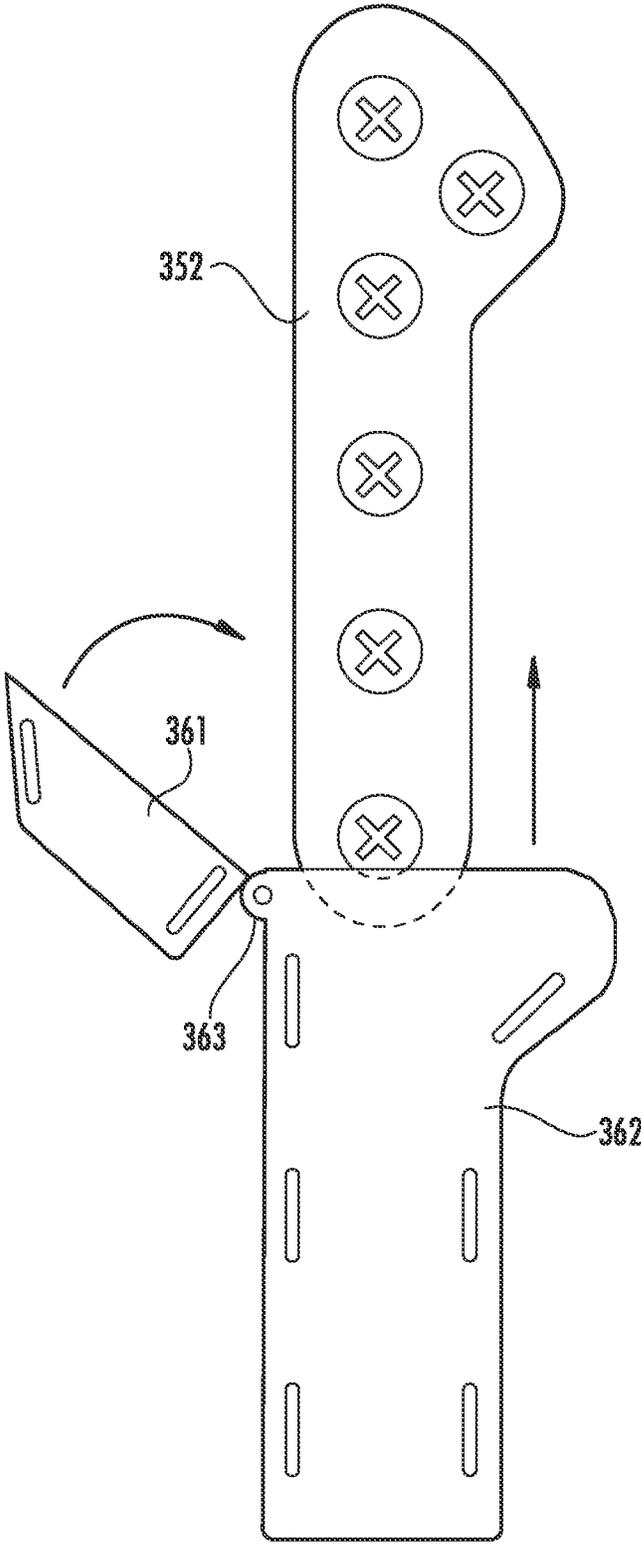


FIG. 75

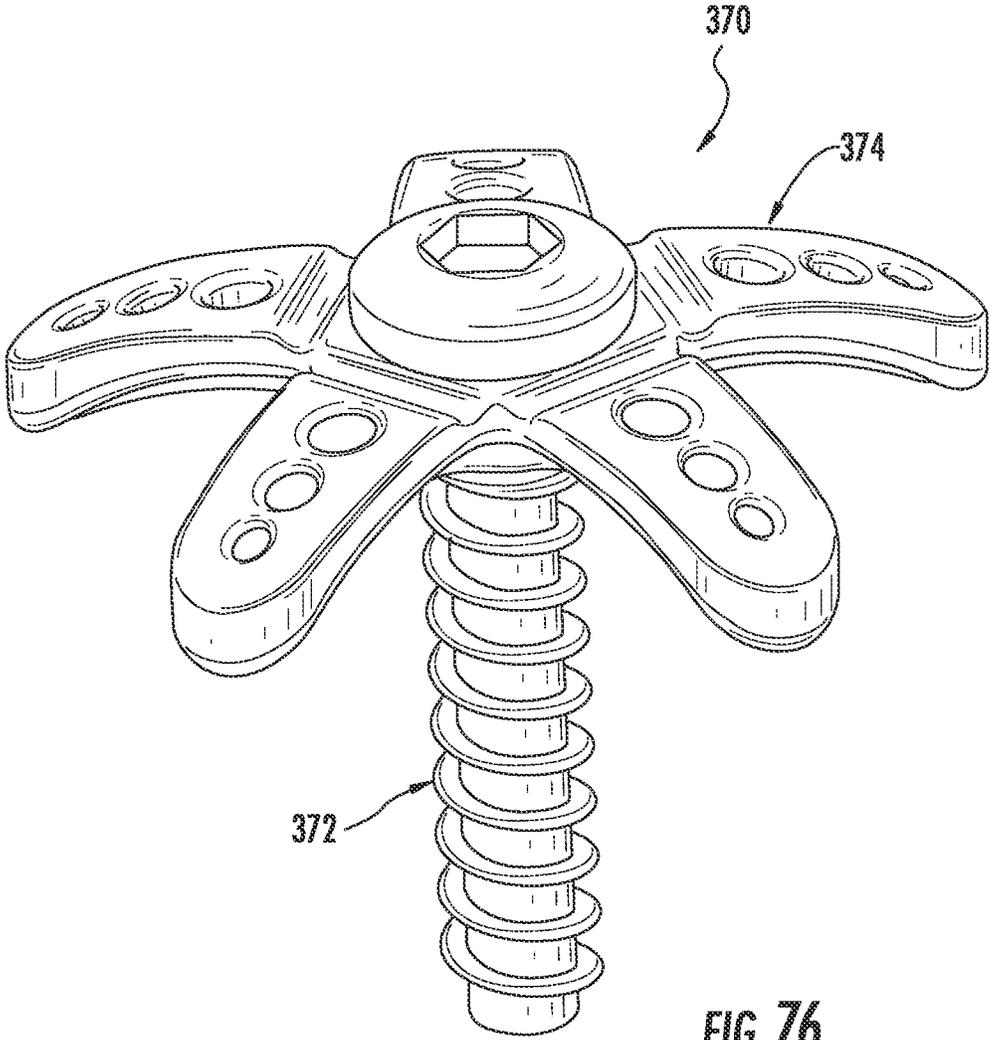
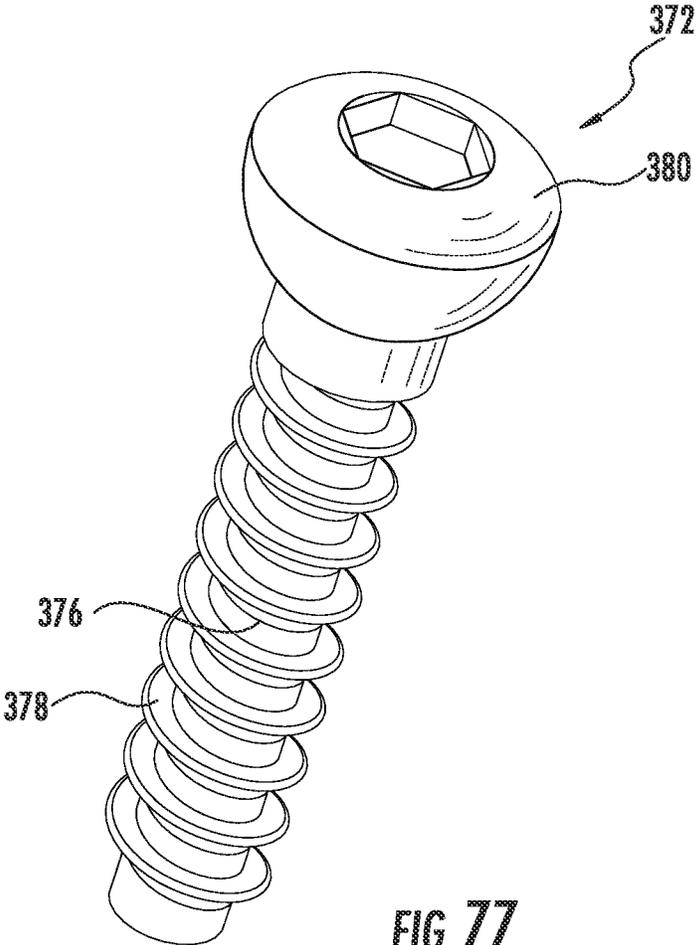
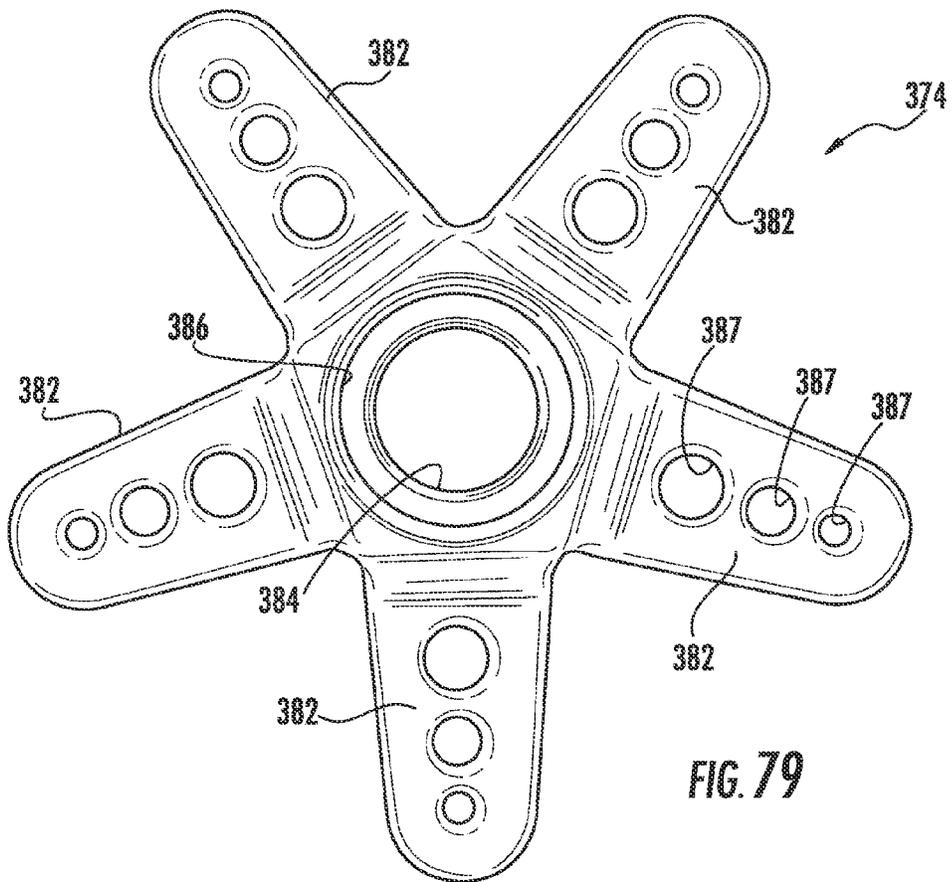
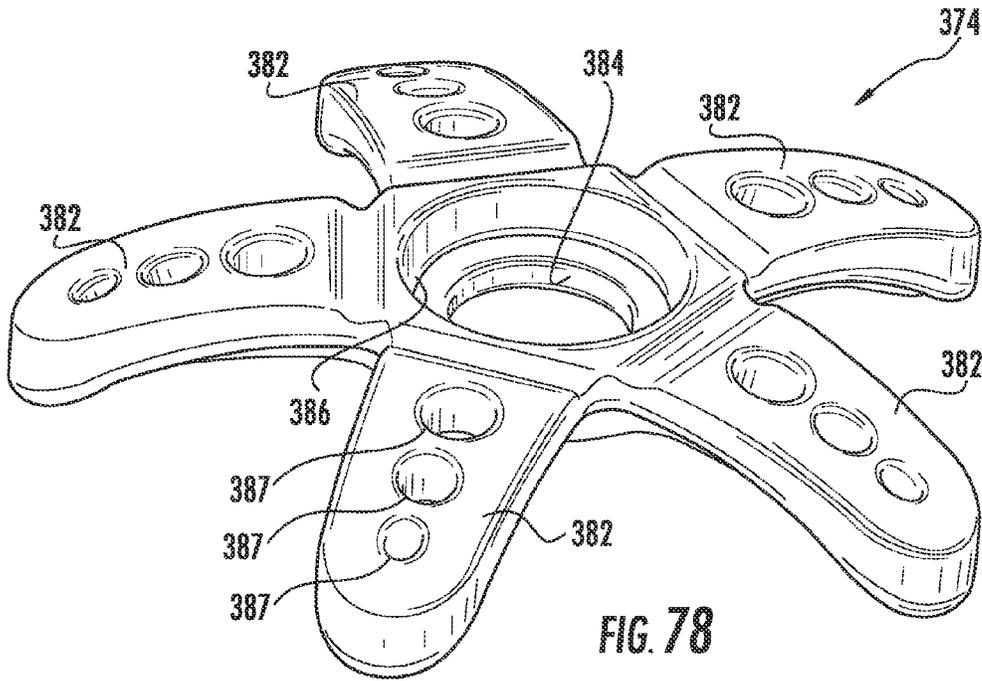


FIG. 76



**FIG. 77**



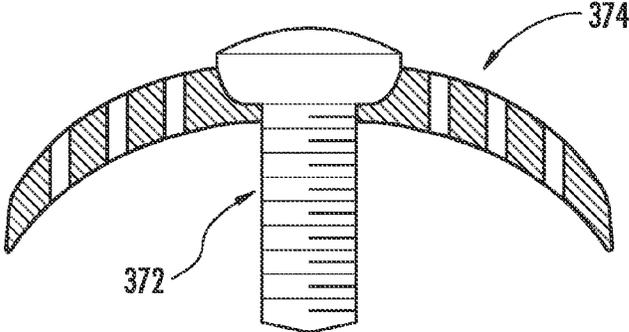


FIG. 80

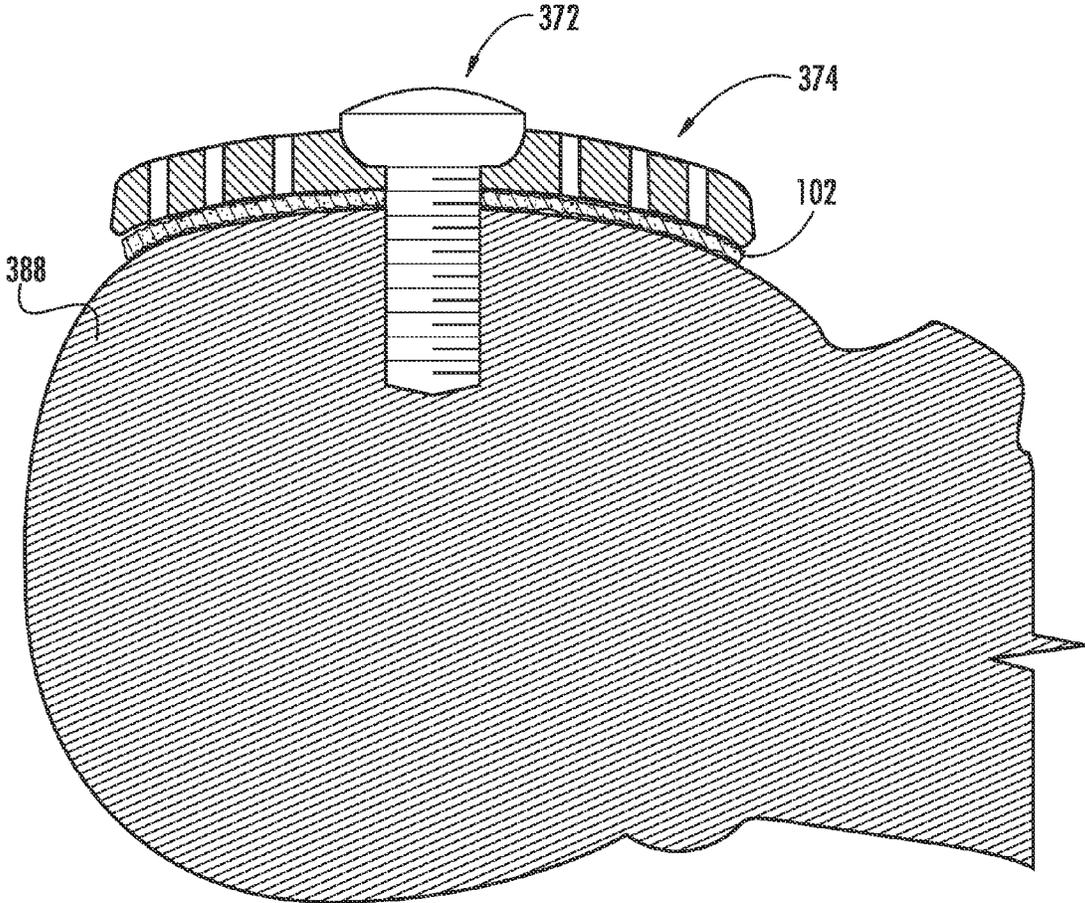


FIG. 81

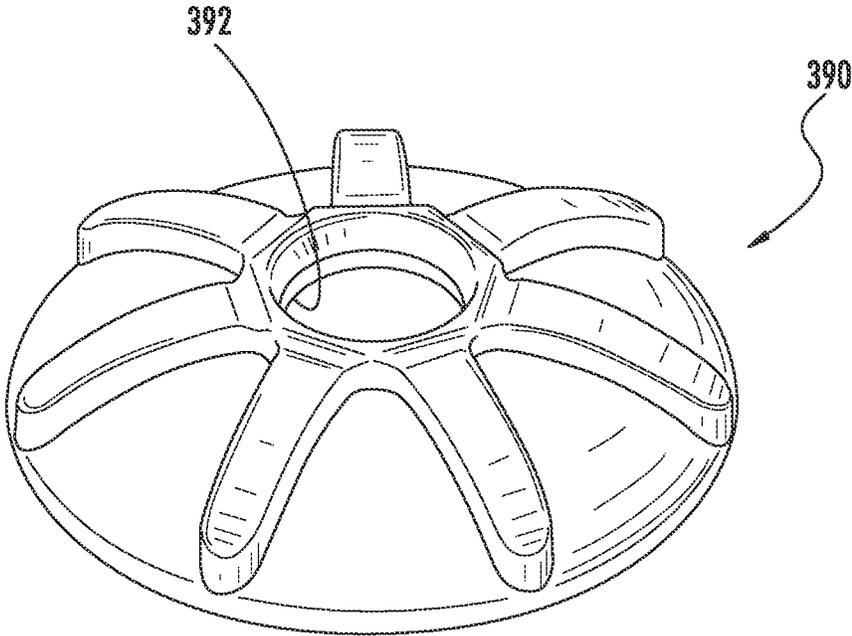


FIG. 82

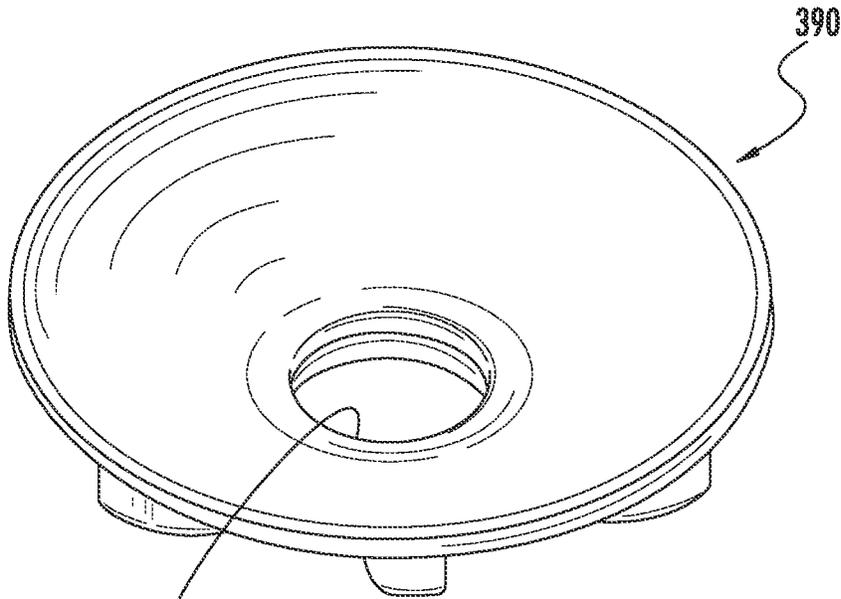


FIG. 83

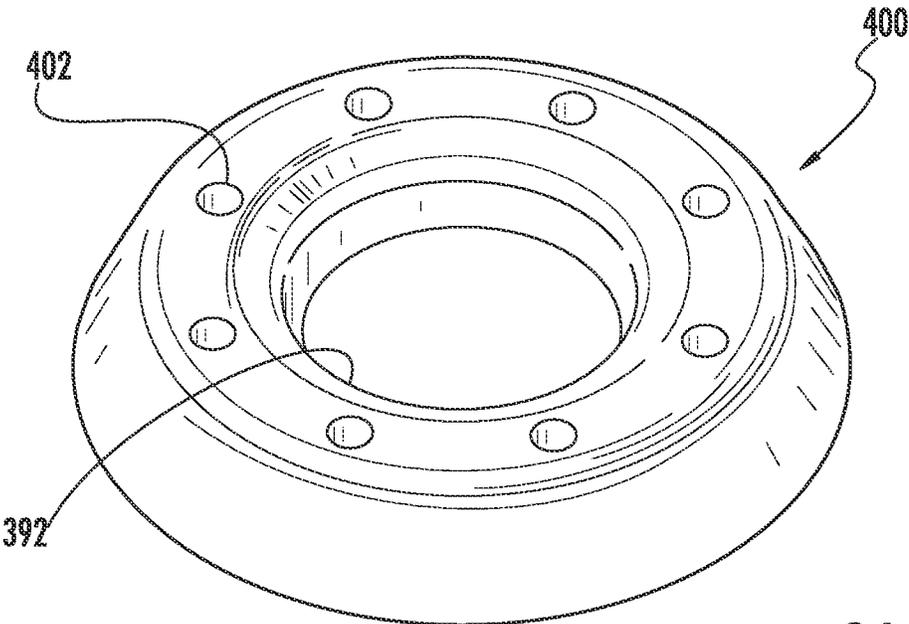


FIG. 84

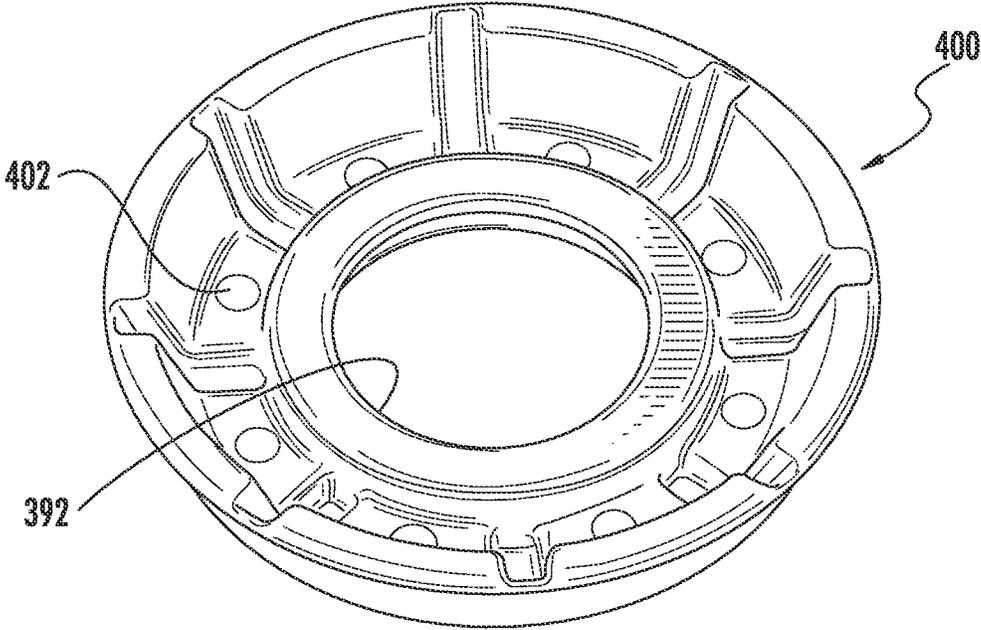


FIG. 85

## DEVICE AND METHOD FOR DELIVERY OF THERAPEUTIC AGENTS VIA INTERNAL IMPLANTS

### CROSS-REFERENCES

This application is a continuation-in-part application of U.S. patent application Ser. No. 12/580,190, filed Oct. 15, 2009, entitled "Device And Method For Delivery of Therapeutic Agents Via Internal Implants," naming Lawrence M. Boyd, Samuel B. Adams, Jr., and Matthew R. Penny as inventors, currently pending, which claims the benefit of U.S. provisional application No. 61/105,659, filed Oct. 15, 2008. The contents of all of the above-listed applications are incorporated herein by reference in their entirety.

### BACKGROUND

This invention relates generally to the delivery of therapeutic agents via artificial biomedical implants, and more particularly to an agent-delivery device adaptable to an internal biomedical implant.

There are many applications in which it is desirable to locally deliver a therapeutic agent adjacent to a biomedical implant such as a fracture plate, spinal rod or total joint prosthesis. For example, for growth factor delivery to secure accelerated bony fusion in a spinal fusion or fracture repair application, local delivery is necessary to concentrate the inductive agent at the site at which bone healing is desired. Another area in which local delivery would be advantageous involves the local delivery of an agent capable of reducing local pain and inflammation (e.g., an analgesic agent, therapeutic protein or antibody) alone or in concert with a surgical procedure such as a bony fusion. Finally, one area of great need involves local delivery of antibiotics for the treatment of implant associated infections.

Infections associated with surgical implants are generally difficult to manage because they require long periods of antibiotic therapy and repeated surgical procedures. Infections related to orthopedic devices and ventricular shunts often result in serious disabilities. Infected joint prosthesis occur in more than ten thousand clinical cases per year in the United States, while infected fracture fixation devices (e.g., fracture plates and intramedullary rods) are even more widespread, as there were nearly 100,000 infected fracture fixation implants in the United States in 2004 (Darouche, 2004). On average, about 5% of initially inserted internal fixation devices become infected. The infection rate for open fractures (those that involve compromise of the skin barrier) may exceed 30%. The cost to treat these infected implant sites is a significant cost to the healthcare system. For example, costs to treat spinal implant infection range from \$40,000 to \$400,000, depending on the severity and duration of the infection.

One significant challenge associated with the treatment of implant associated infections is the formation of a bacterial biofilm on the surface of the prosthesis. Bacteria biofilms involve the clustering of the microorganisms together in a highly hydrated extracellular matrix called a glycocalyx. Implants may be colonized acutely by perioperative airborne, skin- or surgeon-related bacteria seeded during surgery, or may adhere to the prosthesis via blood borne (hematogenous) pathogens at a later time. After attachment on the biomaterial surface, bacteria multiply and physiologically transform into a "biofilm" community. These biofilms are difficult to treat with systemic antibiotics for multiple reasons, including the quiescent nature of the bacteria in the

biofilm community, poor vascularity of the biofilm, and its resistance to drug diffusion into the protein matrix (glycocalyx) formed by bacteria on the implant surface. Depletion of metabolic substances or waste product accumulation in biofilms also causes the microbes to enter into a slow growing or stationary phase, rendering them up to 1,000 times more resistant to most antimicrobial agents.

The nature of the surgical intervention to treat the infected device depends on the type of device, the presence or absence of bony union (for fracture fixation and spinal instrumentation devices) and the patient's underlying condition. For stable implants, debridement of the implant site, copious irrigation, high dose parenteral antibiotics and retention of the device with long-term (sometimes lifetime) oral antibiotic treatment is common. Surgical removal of the implant may be necessary to remove the source of the infection in the absence of a means of locally delivering high doses of therapeutic antibiotics, even in cases where the implant is still required for structural or functional performance. An additional follow-up procedure may be required to place a second implant once the infection is adequately treated.

Implant associated infections are often acquired in the hospital or surgical center. Federal (Medicare and Medicaid) and private insurers expend upwards of \$1 billion treating hospital acquired, implant associated infections. This provides strong incentive and motivation for developing systems and methods for treating active infections and for preventing infection around medical devices.

A variety of methods are currently utilized to treat implant associated infection. These include the use of systemic prophylactic (pre- and post-operative) and post-infection antibiotics, delivery of antibiotic loaded PMMA bone cement, delivery of antibiotic loaded biomaterials, and active and passive surface coatings of the medical device prior to insertion. The most common method is to use systemic antibiotic therapy. However, these have been found to be expensive, prone to complications and very often not successful. One concern in delivering an antibiotic via the systemic route (oral, parenteral) involves the generally poor vascularity of the implant site, such as a bone fracture in the case of internal fixation implants. In order to deliver local therapeutic doses, it may be necessary to deliver high, and potentially toxic, levels of the antibiotic. The literature strongly supports the effectiveness of local treatment compared to systemic routes. This has been a major driving force toward developing methods to locally deliver a therapeutic agent. The local concentrations of antibiotic that can be achieved with local application cannot be achieved with systemic delivery, due to the toxic side effects that most antibiotics produce at such high systemic concentrations.

Another common method for treating implant associated infection, especially for joint replacement arthroplasty and large bony defects, has been the use of antibiotic impregnated bone cement (e.g., polymethylmethacrylate, PMMA). The antibiotic loaded cement may be mixed at the time of surgery, or a specially sized PMMA spacer may be used following removal of the prosthetic hip or knee replacement. In bone defects, for example with osteomyelitis, bone cement beads may be packed into the defect to increase surface-to-volume ratio for antibiotic delivery. For joint replacements, a two-stage replacement approach may be used, where the infected implant is removed and replaced by a biomaterial spacer until the infection is treated and a second prosthesis can be placed.

There are multiple concerns associated with the use of antibiotic-containing bone cement. Antibiotics may be

slowly released over the first 4 weeks, after which a sub-therapeutic dose of the antibiotic may be locally present. There are concerns that the lower dose of antibiotic in later time points, below the minimal inhibitory concentration (MIC) of resident bacteria, may lead to the formation of antibiotic-resistant strains of bacteria around the implant. Also, the bone cement is a two part system that may have residual toxic components, which also undergoes a highly exothermic reaction, both aspects capable of killing local bone cells needed for healing.

Other biomaterials have also been proposed for local delivery of antibiotics. These carriers include collagen scaffolds, bone substitutes (calcium based biomaterials) and allograft bone with incorporated antibiotic agents. For fracture treatment, placing these biomaterials in addition to the extensive hardware used to treat the fracture, and the need to maintain the material adjacent the implant site, have limited their utility in trauma and spine applications.

Implant coatings have been proposed as a means of reducing bacterial biofilm formation. Providing metal implants commonly used for internal fixation or spine surgery with a coating that contains and releases an antibacterial or antiseptic substance after surgery has been an appealing solution to the problem of implant associated infection. Antiseptic coatings such as silver ions and chlorhexidine/chloroxylenol may be immobilized on the implant surface. The main rationale for the use of an antiseptic instead of an antibiotic is the lower potential for developing resistant bacterial strains. Other efforts have involved the coating of the implant with a resorbable polymer coating or film loaded with an antibiotic or antiseptic agent. Animal studies have demonstrated the potential utility of the use of a resorbable biomaterial for local delivery. For example, Kalicke and coauthors reported in 2006 that the use of an antibacterial (Rifampicin and fusidic acid) and biodegradable (poly-lactide) coating on titanium fracture fixation plates resulted in a significant reduction in infection rate in an animal model ("Effect of infection resistance of a local antiseptic and antibiotic coating on osteosynthesis implants: an in vitro and in vivo study" *Journal of Orthopaedic Research* August 2006, pp. 1622-1640). Pilot clinical studies have been performed using polymer/antibiotic coated intramedullary nails for enhanced fracture repair (Schmidmaier, et al., 2006).

Others have proposed to modify the implant by adding channels or openings in the implant that can be filled with a drug-eluting biomaterial. The concept of machining channels into the implant for receipt of a drug eluting biomaterial or gel has been proposed. Concerns with these methods involve the need to prospectively modify the implants, the potential effect of these material modifications on the strength of the device and the potential for pockets or channels to harbor microbes.

For the foregoing reasons, there is a need for local and sustained delivery of therapeutic agents within the body of a patient. The new device should be easily adaptable to medical implants, such as bone fixation implants, spinal fixation implants or reconstructive prostheses.

### SUMMARY

A device is provided for use with a medical implant for delivering an agent to a designated site of action in a body of a patient. The agent-delivery device comprises a body member having an inner surface and a projection on the inner surface of the body member. An agent-delivery medium is associated with the body member. The agent-delivery medium includes a therapeutic agent for treating the

body of the patient. The body member is adapted to be secured to the medical implant such that the projection operatively engages the medical implant for spacing the inner surface of the body member from the implant, and the agent-delivery medium is configured to release the therapeutic agent after implantation in the body of the patient.

Another device is provided for use with a medical implant for delivering an agent to a designated site of action in a body of a patient. The agent-delivery device comprises a first body member having an inner surface and a second body member having an inner surface. Means are provided for connecting the first body member and the second body member. When connected, the inner surfaces of the first body member and the second body member define a cavity adapted to receive the medical implant.

Yet another device is provided for delivering an agent to a designated site of action in a body of a patient. The agent-delivery device comprises a body member defining an opening therethrough, the opening configured to receive an anchor member for fixing the body member in a body of a patient. An agent-delivery medium is associated with the body member. The agent-delivery medium includes a therapeutic agent for treating the body of a patient and is configured to release the therapeutic agent after implantation in the body of the patient.

### BRIEF DESCRIPTION OF THE FIGURES

For a more complete understanding of the present invention, reference should now be had to the embodiments shown in the accompanying drawings and described below. In the drawings:

FIG. 1 is an elevation view of an embodiment of an agent-delivery device adapted to an internal fracture fixation plate secured to a bone fracture.

FIG. 2A is a top perspective view of an embodiment of an agent-delivery device.

FIG. 2B is a top plan view of the agent-delivery device shown in FIG. 2A.

FIG. 2C is a side elevation view of the agent-delivery device shown in FIG. 2A.

FIG. 2D is a bottom plan view of the agent-delivery device shown in FIG. 2A.

FIG. 2E is an end view of the agent-delivery device shown in FIG. 2A.

FIG. 3 is a cross-section view of the agent-delivery device shown in FIG. 2A adapted to an internal fracture fixation plate.

FIG. 4 is an exploded perspective view in partial cross-section of another embodiment agent-delivery device for use with an internal fracture fixation plate secured to a bone fracture.

FIG. 5 is a perspective view in partial cross-section of the agent-delivery device as shown in FIG. 4.

FIG. 6 is a exploded perspective view of the agent-delivery device as shown in FIG. 4 and an internal fracture fixation plate and fasteners for securing to a bone fracture.

FIG. 7 is a bottom perspective view of another embodiment of an agent-delivery device.

FIG. 8 is a cross-section of a bottom perspective view of the agent-delivery device shown in FIG. 7 in place on a fracture fixation plate.

FIG. 9 is a perspective view of the agent-delivery device as shown in FIG. 8.

FIG. 10A is a top perspective view of a snap-in embodiment of an agent-delivery device.

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FIG. 10B is a top plan view of the agent-delivery device shown in FIG. 10A.

FIG. 10C is a side elevation view of the agent-delivery device shown in FIG. 10A.

FIG. 10D is a bottom plan view of the agent-delivery device shown in FIG. 10A.

FIG. 10E is an end view of the agent-delivery device shown in FIG. 10A.

FIG. 11 is a longitudinal cross-section view of the agent-delivery device shown in FIGS. 10A-10E adapted to an internal fracture fixation plate secured to a bone fracture.

FIG. 12 is an elevation view of the agent-delivery device shown in FIG. 11.

FIG. 13 is an elevation view of a total hip joint arthroplasty implant including the agent-delivery device as shown in FIGS. 10a-10E.

FIG. 14 is perspective view of an embodiment of an agent-delivery device adapted to a fracture fixation plate.

FIG. 15 is a cross-section view of the agent-delivery device shown in FIGS. 10A-10E adapted to an internal fracture fixation plate and including a carrier.

FIG. 16 is a cross-section view of the agent-delivery device shown in FIG. 7 adapted to an internal fracture fixation plate and including a carrier.

FIG. 17 is an exploded perspective view of an embodiment of an agent-delivery device and a rod for a spinal fusion construct.

FIG. 18 is a cross-section view of the agent-delivery device shown in FIG. 17 adapted to the rod.

FIG. 19 is an elevation view of the agent-delivery device shown in FIG. 17 adapted to the rod of a spinal fusion construct in an installed position on vertebrae.

FIG. 20A is a top plan view of a two-part embodiment of an agent-delivery device.

FIG. 20B is a bottom plan view of the agent-delivery device shown in FIG. 20A.

FIG. 20C is a side elevation view of the agent-delivery device shown in FIG. 20A.

FIG. 20D is an end elevation view of the agent-delivery device shown in FIG. 20A.

FIG. 20E is another end elevation view of the agent-delivery device shown in FIG. 20A.

FIG. 20F is another side elevation view of the agent-delivery device shown in FIG. 20A.

FIG. 21 is an exploded perspective view of the of the agent-delivery device shown in FIGS. 20A-20F.

FIG. 22 is a top perspective view of the of the agent-delivery device shown in FIG. 21 when assembled.

FIG. 23 is a cross-section view of the agent-delivery device shown in FIG. 21 in place on a fracture fixation plate.

FIG. 24 is a top perspective view of the of the agent-delivery device shown in FIG. 21 in place on a fracture fixation plate secured to a bone fracture.

FIG. 25 is schematic top plan view of an embodiment of an agent-delivery device including a reservoir and valve and an external locator.

FIG. 26 is a perspective view of another embodiment of an agent-delivery device adapted to an internal fracture fixation plate.

FIG. 27 is a cross-section view of the agent-delivery device taken along line 27-27 of FIG. 26

FIG. 28 is an end elevation view of the agent-delivery device shown in FIG. 26 adapted to an internal fracture fixation plate.

FIG. 29 is a bottom plan view of the agent-delivery device shown in FIG. 26.

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FIG. 30 is a top perspective view of another embodiment of an agent-delivery device adapted to an internal fracture fixation plate.

FIG. 31 is a bottom perspective view of the agent-delivery device shown in FIG. 30.

FIG. 32 is a bottom plan view of the agent-delivery device shown in FIG. 30.

FIG. 33 is an end elevation view of the agent-delivery device shown in FIG. 30 adapted to an internal fracture fixation plate.

FIG. 34 is a cross-section view of the agent-delivery device taken along line 34-34 of FIG. 30.

FIG. 35 is an exploded perspective view of a two-part embodiment of an agent-delivery device and an internal fracture fixation plate.

FIG. 36 is a perspective view of the agent-delivery device shown in FIG. 35 adapted to the internal fracture fixation plate.

FIG. 37 is a bottom plan view of the agent-delivery device shown in FIG. 35 adapted to the internal fracture fixation plate.

FIG. 38 is a cross-section view of the agent-delivery device taken along line 38-38 of FIG. 37.

FIG. 39 is an exploded perspective view of a two-part embodiment of an agent-delivery device and a rod for a spinal fusion construct.

FIG. 40 is a perspective view of the agent-delivery device shown in FIG. 39 adapted to the rod.

FIG. 41 is a cross-section view of the agent-delivery device taken along line 41-41 of FIG. 40.

FIG. 42 is a top plan view of one part of the two identical parts of the agent-delivery device shown in FIG. 39.

FIG. 43 is an exploded perspective view of another two-part embodiment of an agent-delivery device and a rod for a spinal fusion construct.

FIG. 44 is a perspective view of the agent-delivery device shown in FIG. 43 adapted to receive the rod.

FIG. 45 is a cross-section view of the agent-delivery device take along line 45-45 of FIG. 44.

FIG. 46 is a top plan view of one part of the two identical parts of the agent-delivery device shown in FIG. 43.

FIG. 47 is an exploded perspective view of another two-part embodiment of an agent-delivery device and a rod for a spinal fusion construct.

FIG. 48 is a perspective view of the agent-delivery device shown in FIG. 47 adapted to receive the rod when assembled.

FIG. 49 is a cross-section view of the agent-delivery device shown in FIG. 47 adapted to receive the rod taken along line 49-49.

FIG. 50 is a perspective view of another embodiment of an agent-delivery device adapted to a rod for a spinal fusion construct.

FIG. 51 is a perspective view of the agent-delivery device shown in FIG. 50 in an open position.

FIG. 52 is a bottom plan view of the agent-delivery device shown in FIG. 50 when in a closed position.

FIG. 53 is an end elevation view of the agent-delivery device shown in FIG. 50 adapted to the rod, in the closed position.

FIG. 54 is a cross-section view of the agent-delivery device taken along line 54-54 of FIG. 52 in the closed position.

FIG. 55 is a perspective view of another embodiment of an agent-delivery device adapted to a rod for a spinal fusion construct.

FIG. 56 is a perspective view of the agent-delivery device shown in FIG. 55 when in the open position.

FIG. 57 is a top plan view of the agent-delivery device shown in FIG. 55 when in the closed position.

FIG. 58 is an end elevation view of the agent-delivery device shown in FIG. 55 adapted to the rod when in the closed position.

FIG. 59 is an end elevation view of the agent-delivery device shown in FIG. 55 adapted to the rod when in the open position.

FIG. 60 is a cross-section view of the agent-delivery device shown in FIG. 55 taken along line 60-60 when in the closed position.

FIGS. 61A and 61B are top and bottom perspective views, respectively, of another embodiment of an agent-delivery device when in an open position.

FIG. 62 is a perspective view of the agent-delivery device shown in FIG. 61 adapted to a rod for a spinal fusion construct when in a closed position.

FIG. 63A is an end elevation view of the agent-delivery device shown in FIG. 62 when in the open position.

FIG. 63B is an end elevation view of the agent-delivery device as shown in FIG. 63A when in a partially closed position.

FIG. 64 is an end elevation view of the agent-delivery device shown in FIG. 62 adapted to receive the rod when in the closed position.

FIG. 65 is a perspective view of another embodiment of an agent-delivery device adapted to an intermedullary nail.

FIG. 66 is a perspective view of the agent-delivery device shown in FIG. 66.

FIG. 67 is a cross-section view of the agent-delivery device shown in FIGS. 65 and 66.

FIG. 68 is a perspective view of an embodiment of an agent-delivery device adapted to an intermedullary nail.

FIG. 69 is a perspective view of the agent-delivery device shown in FIG. 68.

FIG. 70 is a cross-section view of the agent-delivery device shown in FIGS. 68 and 69 taken along line 70-70 adapted to the intermedullary nail.

FIG. 71 is an exploded perspective view of another embodiment of an agent-delivery device adapted in a closed position to an internal fracture fixation plate.

FIG. 72 is an end elevation view of the agent-delivery device shown in FIG. 71.

FIG. 73 is a perspective view of the internal fracture fixation plate secured to a bone fracture or osteotomy location.

FIG. 74 is a perspective view of the embodiment of the agent-delivery device shown in FIG. 71 adapted to the internal fracture fixation plate secured to a bone fracture.

FIG. 75 is an exploded rear elevation view of the agent-delivery device shown in FIG. 71 and the internal fracture fixation plate.

FIG. 76 is a perspective view of another embodiment of an agent-delivery device for use with an anchoring assembly.

FIG. 77 is a perspective view of an embodiment of an anchor for use with the agent-delivery device shown in FIG. 76.

FIG. 78 is a top perspective view of a carrier element for use with agent-delivery device shown in FIG. 76.

FIG. 79 is a bottom plan view of the embodiment of the agent retaining component of the agent-delivery device shown in FIG. 78.

FIG. 80 is a cross-section view of the agent-delivery device shown in FIG. 76.

FIG. 81 is a cross-section view of the agent-delivery device as shown in FIG. 80 secured to a bone at a fracture location.

FIG. 82 is a top perspective view of an embodiment of an agent retaining component for use with the embodiment of an anchor shown in FIG. 77.

FIG. 83 is a bottom perspective view of the embodiment of an agent retaining component shown in FIG. 82.

FIG. 84 is a top perspective view of another embodiment of an agent retaining component for use with the embodiment of a screw shown in FIG. 77.

FIG. 85 is a bottom perspective view of the embodiment of an agent retaining component shown in FIG. 84.

## DESCRIPTION

As used herein, the terms “therapeutic agent” or “agent” are used interchangeably and refer to a compound or composition of matter which, when presented to an organism, human or animal, induces a desired pharmacologic or physiologic effect by local or systemic action. For example, the therapeutic agent includes one or more compounds or composition of matter providing enhanced bone density or bone growth, anti-infection, anti-inflammation, chemotaxis (cellular attraction), cellular differentiation (such as stem cell differentiation down different lineages) or pain relief to the area in proximity to the implant. The term therapeutic agent also includes biological substances such as cells and cell-derived substances found to have a potentially beneficial therapeutic effect at the site of the implant. Cell derived substances may include blood platelet-derived preparations and concentrations, such as platelet rich plasma (PRP). PRP and other cell derived preparations have been shown to have potential therapeutic benefit such as bone osteoinduction for fracture repair. Cells may also be the therapeutic agent of interest, such cells delivered into or onto the devices and migrating to nearby sites for repair and regeneration. These include both cells directly harvested from the patient (autogenous) and those from donor sources (allogenic). Cells types may be of a range of adult or juvenile cell types and may include both already differentiated cells or undifferentiated multipotent stem cells. Stem cells may be from a range of cell lineages, including mesenchymal cells from bone marrow, adipogenic cells from fatty tissues and also those from umbilical cord blood, among others. In addition, these cells may be treated outside the patient, such as via gene therapy, prior to reintroduction at the repair site of interest.

As used herein, the term “therapeutically effective amount” refers to an amount of a therapeutic agent that is nontoxic but sufficient to provide a desired effect. For example, a therapeutically effective amount is an amount sufficient to measurably decrease the symptom or etiology of a bone tissue trauma or to measurably enhance the rate of the targeted cell division, cell migration or cell attachment as necessary to accelerate bone healing and quality of the bone formed in response to injury. The therapeutically effective amount varies according to the patient’s presentation, sex, age and weight, the rate of administration, the nature of the condition and any treatments which may be associated therewith, or any concurrent related or unrelated treatments or conditions of the patient. Therapeutically effective amounts can be determined without undue experimentation by any person skilled in the art or by following the exemplary guidelines set forth herein.

As used herein, the term “absorbable” or variations thereof mean the ability of a tissue-compatible material to degrade or biodegrade at some time after implantation into

products that are eliminated from the body or metabolized therein. Thus, as used herein, "absorbability" means that the material is capable of being absorbed, either fully or partially, by tissue by cellular or biochemical means when implanted into a human or animal. The absorption time may vary depending on the particular uses and tissues involved.

As used herein, the term "non-absorbable" or variations thereof mean completely or substantially incapable of being absorbed, either fully or partially, by tissue after introduction to the subject.

Certain terminology is used herein for convenience only and is not to be taken as a limitation on the invention. For example, words such as "upper," "lower," "left," "right," "horizontal," "vertical," "upward," and "downward" merely describe the configuration shown in the FIGs. Indeed, the components may be oriented in any direction and the terminology, therefore, should be understood as encompassing such variations unless specified otherwise.

Described herein are devices and methods for the local delivery of therapeutic agents to a site of bone fracture, healing or fixation and to surrounding tissues, allowing for immediate, continuous or sustained delivery of therapeutic agents, such as those used to prevent infection or to enhance the tissue healing process. In one aspect, an agent-delivery device is provided that securely adapts to an internal medical implant. Adaptation of the agent-delivery device to the medical implant may be implemented prior to or following implantation (at any time, including a separate surgical procedure at a later date) of the medical implant or other medical device, and may involve secure or reversible fixation.

Referring now to the drawings, wherein like reference numerals designate corresponding or similar elements throughout the several views, an agent-delivery device for delivering therapeutic agents for use with an internal fracture fixation plate is shown in FIG. 1, and generally designated at 20. As is conventional, the plate 22 is fastened to a bone 24 using screws 26 such that the plate 22 spans either side of a fracture 28 or repair site. The agent-delivery device 20 is securely adaptable to the plate, allowing for a highly localized delivery of one or more therapeutic agents in the area around the plate 22. The term "securely adaptable" includes any fastening or securing means. Thus, it is understood that multiple means of adaptation are anticipated that can be used to attach the agent-delivery device to a wide range of medical implants, and is inclusive of securement means providing relative motion of the agent-delivery device relative to the medical implant, such as sliding along an axis of the plate 22 shown in FIG. 1.

The agent-delivery device can be formed of either synthetic or natural materials, including, but not limited to, thermoplastics, thermoset polymers, elastomers, rubbers, or woven or non-woven composite materials. The agent-delivery device may be, for example, any suitable molded form of a polymeric, plastic foam (including open celled foam), woven composite or non-woven composite, mixtures thereof, or the like. In particular, a suitable agent-delivery device may thus be prepared, for example, from Nylon, a polyolefin, such as polyethylene, including UHMW polyethylene, structural plastics such as PEEK (polyetheretherketone), polysulfone, polypropylene, ethylene propylene copolymers, and ethylene butylene copolymers, polyurethanes, polyurethane foams, polystyrenes, plasticized polyvinylchlorides, polyesters, Delrin polyacetal, and polyamides, and homopolymer and copolymers of the above. It

is understood that the agent-delivery device may assume a variety of shapes as necessary to accommodate and adapt to a variety of fixation plates.

The agent-delivery device may be absorbable or non-absorbable. In one aspect, the agent-delivery device may be formed from an absorbable polymer, such as a polymer, copolymer, or homopolymer of glycolide, lactide, caprolactone, trimethylene carbonate, or dioxanone, such as a copolymer of caprolactone and L-lactide, and may include absorbable polyester such as PGA, PLA, PLLA and others like PGLA. In one embodiment, the agent-delivery device may be fabricated out of an absorbable polymer that comprises a therapeutic agent via incorporation of a drug or other therapeutic agent into the base polymer for elution following implantation.

The agent-delivery device may also be fabricated from known biocompatible metals or their alloys such as titanium, stainless steel, cobalt chromium or a combination of multiple types of the materials listed herein.

The agent-delivery device may comprise an amount of a therapeutic agent effective in obtaining a desired local or systemic physiological or pharmacological effect. Suitable therapeutic agents include, but are not limited to, medications such as analgesics, anesthetics, antibiotics, antibacterial agents, antifungal agents, anti-inflammatory agents, antimicrobials, antiseptics, bacteriocins, bacteriostats, disinfectants, steroids, antiviral agents, antitumor agents, growth promoting substances, protein antibodies, antioxidants, or mixtures thereof.

Such therapeutic agents for use in combination with the agent-delivery device further include, but are not limited to, acetic acid, aluminum acetate, bacitracin, bacitracin zinc, benzalkonium chloride, benzethonium chloride, betadine, calcium chloroplatinate, certrimide, cloramine T, chlorhexidine phosphanilate, chlorhexidine, chlorhexidine sulfate, chloropendine, chloroplatinic acid, ciprofloxacin, clindamycin, clioquinol, cysostaphin, gentamicin sulfate, hydrogen peroxide, iodinated polyvinylidone, iodine, iodophor, minocycline, mupirocin, neomycin, neomycin sulfate, nitrofurazone, non-onyol 9, potassium permanganate, penicillin, polymycin, polymycin B, polymyxin, polymyxin B sulfate, polyvinylpyrrolidone iodine, povidone iodine, 8-hydroxyquinoline, quinolone thioureas, rifampin, rifamycin, copper chloride, copper sulfate, copper peptides, silver acetate, silver benzoate, silver carbonate, silver chloride, silver citrate, silver iodide, silver nitrate, silver oxide, silver sulfate, sodium chloroplatinate, sodium hypochlorite, sphingolipids, tetracycline, zinc oxide, salts of sulfadiazine (such as silver, sodium, and zinc), vitamins such as vitamin E, other agents mentioned above, and mixtures thereof. Preferable bioactive materials are USP approved, more preferably USP monographed.

Additional examples of agents include one or more members selected from the group consisting of anabolic agents, analgesic agents, antiresorptive agents aromatase inhibitors, chondroitin sulphate, COX-2 inhibitors, COX-3 inhibitors, disease modifying anti-rheumatic compounds (DMARDs), glucocorticoids, glucosamine, glycine antagonists, inhibitors of inducible nitric oxide synthetase (iNOS), inhibitors of interleukin-1 converting enzyme, inhibitors of matrix metallo-proteinases (MMPs), inhibitors/antagonists of IL-1, inhibitors/antagonists of RANK-ligand, inhibitors/antagonists of TNF-oc, N-acetylcholine receptor agonists, neurokinin antagonists, neuroleptic agents, NMDA receptor antagonists, non-steroidal anti-inflammatory agents (NSAIDs), opioids, palliative agents, PAR2 receptor antagonists, selective estrogen receptor modulators

(SERMs), vanilloid receptor antagonists, anti-infectives, anti-inflammatories, antioxidants, chlorhexidine, silver sulfadiazine, glycosaminoglycans, natural and truncated forms of parathyroid hormone (PTH), aminated natural and truncated forms of parathyroid hormone (PTH), parathyroid hormone related peptide (PTHrP), anabolic Vitamin D analogs, low-density lipoprotein receptor-related protein 5, non-genomic estrogen-like signaling activator, bone morphogenic protein (BMP), insulin-like growth factor (IGF), fibroblast growth factor (FGF), sclerostin, leptin, a prostaglandin, statin, growth hormone, growth hormone releasing factor (GHRF), hepatocyte growth factor (HGF), calcitonin gene related peptide (CGRP), transforming growth factor (TGF)-.beta.1, human calcitonin, non-human calcitonin, calcitonin gene related peptide (CGRP), hormone replacement therapy (HRT) agents, selective estrogen receptor modulators, bisphosphonates, divalent sources of strontium, fusidic acid, cathepsin-K inhibitors, and antibiotics such as rifampicin, gentamicin, vancomycin and others broadly including bacteriocidal antibiotics such as those which target the bacterial cell wall (penicillins, cephalosporins), or cell membrane (polymyxins), or interfere with essential bacterial enzymes (quinolones, sulfonamides), bacteriostatic antibiotics which target protein synthesis, such as the aminoglycosides, macrolides and tetracyclines, and newer antibiotics including the three classes: cyclic lipopeptides (daptomycin), glycylyclines (tigecycline), and oxazolidinones (linezolid).

Particularly preferred therapeutic agents for use in combination with fracture fixation devices include agents capable of modifying bone healing and remodeling, for example, one or more of calcium salts, strontium salts, vitamin D2 or D3, alphacalcidol, calcitriol or dihydrotachysterol, parathyroid hormone (PTH), bisphosphonates, calcitonin, selective estrogen receptor modulators (SERMs), tissue-specific synthetic steroid analog (a selective tissue estrogenic activity regulator-STEAR), bone morphogenic protein (BMP), glucosamine sulphate and/or other glucosamine containing substances, and/or glucagon like peptide 2 (GLP-2). Other growth factors for bone formation besides BMP may include members of the insulin-like growth factor family, platelet-derived growth factor family, fibroblast growth factor family, transforming growth factor family, proteins important to bone formation including collagens, matrix proteoglycans, osteopontin, alkaline phosphatase, and cell surface attachment molecules like integrins and cadherins. Local regulators of bone include interleukins, prostoglandins, and epidermal growth factor.

Other agents of interest may include, but are not limited to, steroids, pain medication and human monoclonal antibodies such as anti-Tumor Necrosis Factor alpha 1.

One or more therapeutic agents may be located within, or optionally on, the agent-delivery device. For example, the therapeutic agents can be dispersed in the agent-delivery device, such as by being absorbed, or adsorbed, contained, chemically bound, physically bound, or combinations thereof to the agent-delivery device. In addition, the therapeutic agents can be either immobilized on the agent-delivery device, for example so that the agent has a desired effect but is not detached from the material of the device during use, or the agent can be attached to the agent-delivery device in a manner such that the agent becomes detached during use. It is understood that any surface or combination of surfaces, of the agent-delivery device herein described may be the site of the therapeutic agent. Further, the agent-delivery device may be manufactured to provide an immediate, continuous or sustained drug delivery profile.

In another embodiment, the agent-delivery device may comprise at least one portion permeable to the passage of the therapeutic agent, allowing diffusion of the agent out of the agent-delivery device. One or more portions of the agent-delivery device may further comprise an impermeable section at least partially surrounding the permeable portion. For example, the agent-delivery device may be formed of an impermeable outer layer at least partially surrounding a permeable portion. A section of the impermeable outer layer may be configured for removal for controlled diffusion of the agent. Alternatively, the impermeable section may contain pores, or openings, of a size capable of providing a targeted agent-delivery profile.

In another embodiment, the agent-delivery device may contain a removable cover or lid to expose the agent or the permeable sections of the agent-delivery device. The cover may be configured to be removed immediately before or after adapting the agent-delivery device to the bone fixation device, for example, just prior to surgically implanting the fixation device.

In one aspect, the agent-delivery device may be configured to adapt to a medical implant, such as a fracture fixation plate, by sliding onto the medical implant. One embodiment of a "slide-on" device is shown in FIGS. 2A-2E and generally designated at 30. The agent-delivery device 30 is an elongated member having a substantially oval profile and comprises a substantially major base portion 32 having a longitudinal axis. The base portion 32 spans between generally planar side walls 34, or legs, two of which depend from the longitudinal edges of each side of the base portion 32. Each of the side walls 34 terminates in longitudinal edges. The base portion and the side walls define an open longitudinal channel 36. As shown in the FIGs., the side walls 34 are angled inwardly relative to the base portion 32.

Referring to FIG. 3, the agent-delivery device 30 having this configuration is adaptable to a fracture fixation plate 22 having an upper surface that is wider than the lower surface (the surface against the bone). In use, the agent-delivery device 30 is adapted to the fracture fixation plate 38 by sliding the device onto the end of the plate. The agent-delivery device 30 may be moved to a desired location along the length of the plate 38 manually or by an instrument such as facilitated by a blunt tamp.

FIG. 4 illustrates another embodiment of a slide-on agent-delivery device and is generally designated at 40. In this embodiment, side walls 42 depend generally perpendicularly along the length of the edges of the base portion 44. In addition, the side walls 42 terminate in flanges 46, which extend inwardly substantially normal to the plane of the side walls 42. The distal ends of the flanges 46 are tapered forming opposed pointed terminal edges 48 which are disposed substantially parallel with respect to the side walls 42. As shown in FIGS. 4 and 5, the sides of the fracture fixation plate 50 define longitudinal grooves 52 corresponding to the pointed edges 48 of the agent-delivery device 40 for slidably receiving the agent-delivery device.

Referring to FIG. 6, in use, the fracture fixation plate 50 is fixed, using surgical screws 26 or other fasteners, to each side of a fracture 28, or otherwise surgically altered site, of a bone 24. The agent-delivery device 40 is adapted by sliding the device onto the end of the fracture fixation plate 50 such that the pointed terminal edges 48 of the flanges 46 are slidably received in the longitudinal grooves 52 in the sides of the plate 50. The agent-delivery device 40 may be advanced along the length of the plate 50 manually or by an instrument such as facilitated by a blunt tamp. The agent-delivery device 40 is positioned so that the agent-delivery

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device is located proximate to the fracture **28** or the surgical alteration site, as shown in FIG. **1**. This is to enable one or more therapeutic agents associated with the device **40** to be delivered to the fracture **28** or site as quickly and efficiently as possible with minimal loss to the system and maximum benefit to the patient. It is understood that the agent-delivery device **40** may be adapted to the fracture fixation plate **50** prior to securing the plate to the bone **24**.

Another embodiment of a slide-on agent-delivery device is shown in FIG. **7** and generally designated at **60**. In this embodiment, a continuous inwardly extending flange **62** extends the length of associated side walls **64**. The agent-delivery device **60** is sized and shaped such that the distance between the inner surface **65** of the side walls **64** and the distance between the inner surface **67** of the base portion **66** and the upper surface **63** of the flanges **62** is slightly larger than width and thickness, respectively, of the fracture fixation plate **68**.

Accordingly, the agent-delivery device **60** is adapted to the fracture fixation plate **68** by sliding the device over the end of the plate, as shown in FIG. **8**. In this embodiment, the location of the agent-delivery device **60** relative to the fracture fixation plate **68** may be controlled using a button **70** depending from the inner surface **67** of the base portion **66** of the device (FIG. **7**). The button **70** results in one or more areas of increased friction between the agent-delivery device **60** and the plate **68**. The button **70** may be sized and shaped to be received within a hole **72** in the plate **68** to prevent relative sliding movement from a desired location. In addition, the agent-delivery device **60** may produce an audible snap as the device is advanced along the fracture fixation plate **68**, thereby aiding control of the movement of the agent-delivery device **60** along the plate by providing audible and tactile indicia to the user. Corresponding features could also be formed along the sides of the fracture fixation device **68**.

It is understood that in any of the slide-on embodiments described herein, that the pairs of opposed side walls may be sized and shaped to correspond to the sides of the fracture fixation plate so that the agent-delivery may optionally snap into place over the plate. For example, a medical grade polymer material can allow the agent-delivery device to flex sufficiently during installation to accomplish a snap-fit.

An embodiment of an agent-delivery device configured to "snap-in" at a desired location on a fracture fixation plate is shown in FIG. **10** and generally designated at **80**. The agent-delivery device **80** comprises a base portion **82** having a top surface **83** and a bottom surface **85**. Two inserts **86** extend at spaced locations from the bottom surface **85** of the base portion **82**. Each insert **86** has a cross-section that is generally circular in shape and includes a length measured from the bottom surface **85** of the base portion **82**. Each insert **86** comprises four spaced arcuate legs **88**. An outwardly extending flange **90** is located at the distal end of each leg **88**. A series of arcuate slots **92** define separate rings on the top surface **83** of the base portion **82**.

In use, the agent-delivery device **80** is aligned such that the inserts **86** correspond to holes **94** in the fracture fixation plate **96**, as shown in FIGS. **11** and **12**. The agent-delivery device **80** is then pressed in a direction toward the fracture fixation plate **96**. The flanges **90** on the legs **88** engage the plate **96** adjacent the holes **94** and, because of the space between each leg, the legs **88** flex inwardly during the downward movement of the device against the fracture fixation plate **96**. The inserts **86** thus advance into and through the holes **94** in the fracture fixation plate **96**. Once the flanges **90** clear the holes **94** on the other side of the plate

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**96**, the legs **88** of the inserts **86** flex outwardly and the flanges **90** engage the plate. The flanges **90** thus serve to anchor the inserts **86** securely against the fracture fixation plate **96** and prevent any movement of the agent-delivery device **80** relative to the plate. In this manner, the agent-delivery device **80** may be fixed to a portion of the fracture fixation plate **96** on either side of a fracture or surgically altered bone. It is understood that multiple means of anchorage to the holes in the plate are suitable, including expandable collets that may allow for anchorage to a wide range of hole diameters.

The snap-in agent-delivery device **80** may also be affixed to a long-term implant such as a femoral component **98** of a total hip replacement device, as shown in FIG. **13**. In this application, the femoral component **98** of the device may be slightly modified to incorporate an undercut pocket **100** for the snap-in device inserts **86**. It is understood that other attachment mechanisms may be used including, but not limited to, a key-way for a slotted insert and the like. In the case of joint arthroplasty, the therapeutic agent may, for example, prevent infection or may accelerate bony ingrowth/ongrowth needed for long-term anchorage in the bone.

In one embodiment, the agent-delivery device may be configured to securely affix to a fracture fixation plate. In one aspect, adhesives are used to secure the agent-delivery device **10** to the fixation device surface (FIG. **14**). The adhesives may be absorbable or non-absorbable. Suitable adhesives for use with the agent-delivery device include cyanoacrylates. Examples of cyanoacrylates include, for example, alkyl ester cyanoacrylates, alkyl ether cyanoacrylates or mixtures thereof. For example, suitable adhesives can be prepared by mixing suitable quantities of an alkyl alpha cyanoacrylate such as 2-octyl alpha-cyanoacrylate with one of butyl lactoyl cyanoacrylate (BLCA), butyl glycoloyl cyanoacrylate (BGCA), isopropyl glycoloyl cyanoacrylate (IPGCA), ethyl lactoyl cyanoacrylate (ELCA), and ethyl glycoloyl cyanoacrylate (EGCA). Such mixtures may range from ratios of about 90:10 to about 10:90 by weight, preferably about 75:25 to about 25:75 by weight such as from about 60:40 to about 40:60 by weight.

In one aspect, the agent-delivery device can include a pressure sensitive adhesive on at least a portion of at least one surface, to assist in initial placement of the agent-delivery device on the desired portion of the fixation device. In other aspects, the agent-delivery device includes a pressure sensitive adhesive on at least one side in combination with one or more mechanical securement means, such as herein disclosed. The pressure sensitive adhesive can be covered by a suitable release layer or liner, if desired, to preserve the adhesiveness of the material until time of use. The pressure sensitive adhesive may also include a therapeutic agent.

Referring to FIGS. **15** and **16**, a therapeutic agent-eluting sponge **102** may be placed between the base portion of the agent-delivery device and the fracture fixation plate. This feature is applicable to both the snap-in and slide-on embodiments of the agent-delivery device **60**, **80**. Openings **104** through the base portion in this and other embodiments provide pathways so that the therapeutic agent within the sponge **102** is immediately available to the localized area to deliver the desired therapeutic effect. As described in detail herein, the eluting sponge **102** may include therapeutic agents that are designed to be released from the sponge **102** at a delayed, sustained, or controlled rate into the surrounding area to achieve a particular delivery profile and provide maximum benefit to the patient. Alternatively, a highly

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viscous gel or a cross-linked gel may be used as the carrier material to fill the cavity and for local delivery of the therapeutic agent.

FIGS. 15 and 16 also show minor modifications to the fracture fixation plate for accommodating the agent-delivery device. Specifically, the fracture fixation plates may be modified to add a small countersink or a slot/chamfer on the underside of the plate to receive the correspondingly configured agent-delivery device.

Another embodiment of a snap-on agent-delivery device is shown in FIG. 17 and generally designated at 110. This embodiment of the agent-delivery device 110 comprises a compartment portion 112 and a sleeve 114. The compartment portion 112 defines an open-ended cavity 113 extending along at least a portion of the compartment 112 for accommodating a therapeutic agent-eluting sponge (not shown). The compartment 112 has one or more slots 115 therein that open into and extend along the length of the cavity 113. The sleeve 114 includes a first side and a second side, each side having a series of opposed arcuate fingers 116.

The agent-delivery device 110 is configured to snap-on to a rod 118 used for spinal fixation (FIG. 18). Referring to FIG. 19, in use, the rod 118 is set in place within the spinal column at the site of the spinal instrumentation, for example to accelerate bone healing or in order to treat (or prevent) infection. The user places the agent eluting sponge or drug eluting gel within the cavity 113 of the compartment portion 112. The sleeve 114 is then snapped onto a portion of the length of the rod 118 so that the fingers 116 are gripping the circumference of the rod 118 and hold the sleeve 114 in place such that the compartment portion 112 may be positioned in close proximity to the area in which a bony fusion is desired, such as adjacent vertebrae. Therapeutic agents within the sponge are released via the slots 115 in the compartment 112 or through the open ends 117 of the compartment. In this manner, the agents are released into the area of the fracture site, or fusion construct site, to deliver the desired therapeutic value.

FIGS. 20A-24 show an embodiment of an adjustable snap-on device, generally designated at 120A, 120B. The body portions 120A, 120B are generally mirror images of one another and include a base portion 122 and depending side walls 124 and inwardly directed flanges 126 at the edges of the side walls 124. Each body portion 120A, 120B also has an inwardly extending tongue 128 in the plane of the base portion 122. Each tongue 128 has transverse ridges 130 along its upper surface. A tab 132 is spaced longitudinally from the tongue 128 on each body portion 120A, 120B and is integral with the base portion 122. Each tab 132 has ridges 134 on its lower surface. The inner side walls 124 of each body portion 120A, 120B define an opening 136 for receiving the tongue 128.

As shown in FIG. 21, the tongues 128 are aligned with the corresponding opening 136 in the body portions 120A, 120B and advanced towards one another in the direction of the arrows. The ridges 130 on the tongues 128 engage the ridges 134 on the tab 132 for securely joining the two body portions 120A, 120B. As seen in FIG. 22, the configuration of the joined body portions 120A, 120B of the agent-delivery device 120 generally now corresponds to the shape of previous embodiments of the device described herein.

In use, the body portions 120A, 120B of the agent-delivery device 120 can be brought together and secured adjacent the upper surface and sides of a fracture fixation plate 136. The body portions 120A, 120B are advanced towards one another such that the sides of the fracture

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fixation plate 136 are received in the slots 138 defined by the side walls 124, flanges 126 and lower surface of the base portion 122. As the body portions 120A, 120B are advanced towards one another, the ridges 130 on the tongues 128 engage the ridges 134 on the respective tabs 132 to form a secure fit on the fracture fixation plate 136. This arrangement can be seen in FIGS. 23 and 24.

It is understood that the sizes of the embodiments of agent-delivery device depicted herein are merely exemplary and that the size may vary as suitable for a particular indication. For example, the agent-delivery device may be sized to substantially cover a fracture fixation plate in order to ensure delivery of therapeutic agent locally to the entire area around the plate. Thus, the applicants do not intend to be limited to the relative sizes of the agent-delivery devices shown herein. Similarly, the same goal can be accomplished by using a plurality of agent-delivery devices along the length of the fracture fixation plate, or other medical implant, as desired.

In one embodiment, an agent-delivery device may define a reservoir adapted to contain a therapeutic agent effective in obtaining a desired local or systemic physiological or pharmacological effect. The reservoir may be integral with or separable from the agent-delivery device. The reservoir, or a portion of the reservoir, may comprise a permeable material which is contained in a substantially impermeable portion of the device. For example, the reservoir may comprise an impermeable outer layer around a permeable material comprising the agent, allowing diffusion of the agent out of the reservoir. The impermeable portion of the reservoir may optionally contain pores of a size capable of providing a targeted delivery profile. The reservoir may comprise a carrier, such as a sponge or gel material, capable of absorbing or adsorbing or otherwise containing the therapeutic agent. A removable cover or lid may be adapted to be removed as desired to expose the carrier or a permeable portion of the reservoir. For example, a section of the impermeable outer layer of the reservoir may be configured for removal. The cover may be configured to be removed to introduce one or more agents to the reservoir, or immediately before or after adapting the agent-delivery device to the fixation device, for example, just prior to surgically implanting the fixation device.

An integral, resealable valve may be provided to allow the reservoir to be filled by a physician during a postoperative, outpatient procedure without surgical intervention. Filling of the reservoir may be accomplished by percutaneous injection through the valve into the reservoir. An external valve-location means may be provided to accurately locate the position of the valve among the surrounding tissue.

An embodiment of a resealable valve and valve locator combination is shown in FIG. 25, comprising an agent-delivery device including a reservoir and a locator, generally shown at 140. The agent-delivery device comprises a resealable valve 142 which is designed to operate with the external locator 140, allowing a surgeon to determine the position of the valve for post-operative injections to fill the reservoir with a desired therapeutic agent. The valve 142 is provided with indicia in the form of magnetically-responsive elements, such as magnets, although other metallic elements could be used provided they are magnetically-responsive, as well as any other means to signify the position of the valve which are capable of being determined by external locator devices.

The locator comprises a base 146, including a plurality of sensors 148, 150, each of which may comprise a magnetic compass needle. Each needle is allowed to freely orientate

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with either the north or south magnetic pole within a closed recess in the base **146**. The sensors **148**, **150** are spaced from one another such that when the locator **140** is maneuvered into position over the valve **142** the pair of north or south indicating needles **148**, **150** orientate with one another and define a third point **152**, shown by the target opening which indicates a true position of the valve **142**. FIG. 25 shows the needles **148**, **150** pointing toward the target **152** to signify the true location of the underlying valve **142**. Thus, a physician (or nurse) is able to precisely locate the injection valve.

It is understood that the injection valve may be situated at a location remote from the medical implant, and the valve coupled with a fill tube feeding into the reservoir, whereby agent injected into the valve flows through the fill-tube into the reservoir.

A suitable arrangement of this type, including a resealable valve and locator means, is described in U.S. Pat. No. 5,146,933, the contents of which are hereby incorporated by reference in their entirety.

Another embodiment of an agent-delivery device configured to adapt to a fracture fixation plate by sliding onto the medical implant is shown in FIGS. 26-29 and generally designated at **160**. The agent-delivery device **160** is an elongated member having a substantially rectangular profile and comprises a major base portion **162** having a longitudinal axis and a plurality of openings **163** therethrough. The base portion **162** spans between generally planar side walls **164**, or legs, depending from the longitudinal edges of each side of the base portion **162**. Each of the side walls **164** terminates in longitudinal edges. The base portion **162** and the side walls **164** define an open longitudinal channel **166**. The inner surface **168** of the agent-delivery device **160** has a central longitudinal ridge **170** or projection (FIG. 29). As shown in FIGS. 26-28, the side walls **164** are angled inwardly relative to the base portion **162**. The terminal edges of the side walls **164** include a continuous inwardly directed shoulder **172** extending along the length of the associated side walls. The agent-delivery device **160** is sized and shaped such that the distance between the inner surface of the side walls **164** and the distance between the inner surface **168** of the base portion **162** and the shoulders **172** is slightly larger than width and thickness, respectively, of the fracture fixation plate **22**.

Referring to FIGS. 26 and 28, the agent-delivery device **160** having this configuration is adapted to a generally planar rectangular fracture fixation plate **22** by sliding the device **160** onto the end of the plate. The agent-delivery device **160** may be moved to a desired location along the length of the plate **22** manually or by an instrument such as facilitated by a blunt tamp. As best seen in FIG. 28, the ridge **170** engages the upper surface of the plate **22** for providing space between the inner surface **168** of the agent-delivery device **160** and the fracture fixation plate **22** for disposing a carrier, such as a sponge or gel. The openings **163** through the base portion **162** provide pathways so that the therapeutic agent within the carrier is immediately available to the localized area to deliver the desired therapeutic effect. Alternatively, the device may be snapped onto the plate **22**, the sidewalls being sufficiently flexible to deflect outward prior to securely affixing to the plate at the shoulders **172**.

FIGS. 30-34 illustrate another embodiment of a slide-on agent-delivery device, generally designated at **180**. This embodiment **180** is similar to the embodiment of the agent-delivery device shown in FIGS. 4 and 5 and described above. The agent-delivery device **180** is an elongated member having a substantially rectangular profile and comprises

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a major base portion **182** having a longitudinal axis and a plurality of openings **183** therethrough spaced along the edges. Side walls **184** depend generally perpendicularly along the length of the edges of the base portion **182**. Tabs **186** are punched into the side walls **184** along their length. The tabs **186** extend inwardly substantially in a direction toward the inner surface **188** of the base portion **182**. The distal ends of the tabs **186** are tapered forming opposed pointed terminal edges which are disposed substantially parallel with respect to the side walls **184**. Short transverse ridges **190** are spaced longitudinally along the inner surface **188** of the base portion **182**. The ridges **190** extend inwardly in a direction substantially normal to the plane of the side walls **184**.

Referring to FIGS. 30 and 33, in use, the agent-delivery device **180** is adapted by sliding the device onto the end of the fracture fixation plate **50** such that the distal ends of the tabs **186** are slidably received in the longitudinal grooves **52** in the sides of the fracture fixation plate **50** for securing the agent-delivery device **180** to the plate **50**. The agent-delivery device **180** may be advanced along the length of the plate **50** manually or by an instrument such as facilitated by a blunt tamp. It is understood that the agent-delivery device **180** may be adapted to the fracture fixation plate **50** prior to securing the plate to the bone. It is also understood that the agent-delivery device may be alternatively secured to the plate **50** from a direction perpendicular to the surface, snapping into place. As best seen in FIG. 33, the ridges **190** engage the upper surface of the plate **50** for providing space between the inner surface **188** of the agent-delivery device **180** and the fracture fixation plate **50** for disposing a carrier. The openings **183** through the base portion **182** provide pathways so that the therapeutic agent within the carrier is immediately available to the localized area to deliver the desired therapeutic effect.

An embodiment of an multiple-component agent-delivery device configured to "snap-on" at a desired location on a fracture fixation plate is shown in FIGS. 35-38 and generally designated at **200**. The agent-delivery device **200** comprises an inner member **202** and an outer member **204**. The inner member **202** includes a web portion **206** and generally planar side walls **208** extending generally perpendicularly from along the length of the edges of the web portion **206**. The web portion **206** together with the side walls **208** define an open longitudinal channel **210**. The terminal edges of the side walls **208** of the web portion **206** include a continuous outwardly directed flange **212** extending along the length of the associated side walls **208**. The inner member **202** is sized and shaped such that the distance between the inner surface of the side walls **208** and the distance between the inner surface of the web portion **206** and the upper surface of the flanges **212** is slightly larger than width and thickness, respectively, of the fracture fixation plate **20**.

The outer member **204** comprises a base portion **214** and generally planar side walls **216** depending generally perpendicularly along the length of the edges of the base portion **214**. The base portion **214** and the side walls **216** define an open longitudinal channel **218**. The terminal edges of the side walls **216** of the base portion **214** include a continuous inwardly directed flange **220** extending along the length of the associated side walls **216**.

In use, the inner member **202** of the agent-delivery device **200** receives the fracture fixation plate **20**. The outer member **204** is aligned in registry over the inner member **202** and then advanced in a direction toward the fracture fixation plate **20**. The flanges **212**, **220** on the side walls **208**, **216** engage and, because of the angular upper surface of the

flanges (FIG. 38), the side walls 216 of the outer member 204 flex outwardly during the movement of the outer member 204 toward the fracture fixation plate 20. The flanges 220 on the outer member 204 eventually pass over the flanges 212 of the inner member 202. The side walls of the outer member 204 flex inwardly and engage the flanges 212 of the inner member 202 for capturing the fracture fixation plate (FIG. 36). In this manner, the agent-delivery device 200 may be fixed around a portion of the fracture fixation plate 200 on either side of a fracture or surgically altered bone.

FIGS. 39-49 show three additional embodiments of a two-piece snap-on agent-delivery device, generally designated at 230a, 230b and 230c. Each embodiment 230a, 230b, 230c comprises a first body portion 232a, 232b, 232c and a second body portion 234a, 234b, 234c, which are substantially mirror images of one another, respectively. Flanges 236a, 236b, 236c extend from the opposite corners of each body portion. In the first two embodiments 230a, 230b shown in FIGS. 39-46, the side walls 238a, 238b at the other opposed corners of each body portion define slots 240a, 240b having an opening for receiving the flanges 236a, 236b. Referring to FIGS. 47-49, shoulders 242 are formed on the outer surface of the body portions for securing the flanges 236c.

In use, the agent-delivery devices 230a, 230b, 230c are configured to snap-on to the rod 118 used for spinal fixation (FIG. 17) or long bone fracture fixation using intra-medullary nails or rods (not shown). As shown in FIGS. 39 and 43, the body portions are positioned such that the flanges 236a, 236b are aligned with the corresponding slots 240a, 240b in the body portions and advanced towards one another in the direction of the arrows until the flanges are received in the slots 240a, 240b. The flanges 236a, 236b of the first two embodiments are provided with outwardly directed lips 244a, 244b. The lips 244a, 244b on the flanges 236a, 236b extend through the slots 240a, 240b and engage the outer edges of the side walls 238a, 238b defining the respective slots 240a, 240b for securely joining the first and second body portions to form a secure fit of the agent-delivery device 230a, 230b on the rod 118 (FIGS. 40 and 44). Referring to FIGS. 47-49, the flanges 236c of the third embodiment of the agent-delivery device 230c are provided with inwardly directed lips 244c. The lips 244c engage the shoulders 242 formed on the outer surface of the body portions for securing the first and second body portions 232c, 234c together around the rod 118.

As shown in FIGS. 41, 45 and 49, each embodiment of the agent-delivery device 230a, 230b, 230c defines a compartment portion 246a, 246b, 246c between the inner surface of the body portions and the rod 118. The defined compartment portions 246a, 246b, 246c are open-ended cavities extending along at least a portion of the compartment for accommodating a carrier. The body portions have one or more openings into the compartment along the length of each body portion. When the user places the carrier within the cavity of the compartment portion 246a, 246b, 246c, therapeutic agents are released via the openings 248a, 248b, 248c into the compartment or through the open ends of the compartment. In this manner, the agents are released into the area of the fracture site, or bony fusion construct site, to deliver the desired therapeutic value.

FIGS. 50-60 show embodiments of the agent-delivery device which are similar to the two-piece snap-on design. However, in these embodiments, the pieces are longitudinally hinged along one side for movement between an open position and a closed position. In one embodiment (FIGS.

50-54), the agent-delivery device, generally designated at 250, comprises a first body portion 252a and a second body portion 254a which are substantially mirror images of one another. The first and second body portions 252a, 254a are joined by a flexible hinge 256 along a common side. The free side of the first body portion 252a includes integral longitudinally spaced pins 258. The free side of the second body portion 254a has longitudinally spaced holes 260 positioned to receive the pins 258. In a second embodiment of the two-piece hinged agent-delivery device 270, shown in FIGS. 55-60, a first body portion 252b and a second body portion 254b are provided that define a different interior profile than in the first embodiment, but the two embodiments are otherwise similar. The pins 258 and holes 260 of the first embodiment are also replaced by longitudinally spaced flanges 272 with outwardly directed lips 273 and corresponding slots 274.

In use, the agent-delivery devices 250, 270 are configured to snap-on to the rod 118 used for spinal fixation (FIG. 17) or long bone fracture fixation (using intra-medullary nails or rods) (figure not shown). The first and second body portions 252a, 254a, 252b, 254b are positioned adjacent the rod 118 and the free sides advanced towards one another in the direction of the arrows toward the closed position (FIGS. 51 and 56). The pins 258 and flanges 272 are received in the holes 260 and slots 274, respectively, to provide a secure fit on the rod 118 (FIGS. 50 and 55).

As shown in FIGS. 53, 54, 59 and 60, each embodiment of the two-piece hinged agent-delivery device 250, 270 defines a compartment portion 262a, 262b between the inner surface of the body portions 252, 254 and the rod 118. The defined compartment portions 262a, 262b are open-ended cavities extending along at least a portion of the compartment for accommodating a carrier. The body portions 252a, 252b, 254a, 254b have one or more openings 264 into the compartment along the length of each body portion. When the user places the carrier within the cavity of the compartment portion, therapeutic agents are released via the openings 264 into the compartment or through the open ends of the compartment. The compartment portion 262a, 262b may be positioned in close proximity to an area in which a bony fusion is desired, such as adjacent vertebrae.

FIGS. 61A-64 show a triple-hinged embodiment of an agent-delivery device, generally designated at 280. In this embodiment, a first body portion 282 comprises an inner half 284 and an outer half 286, which are hingedly connected to one another along their length. A second body portion 288 also comprises an inner half 290 and an outer half 292, which are hingedly connected to one another along their length. The outer edge of the inner half 290 of the second body portion 288 includes integral longitudinally spaced pins 294. The outer edge of the inner half 284 of the first body portion 282 has longitudinally spaced holes 296 positioned to receive the pins 294.

In use, the outer halves 286, 292 are folded into the inner halves 284, 290 along their hinged edges. The opposite body portions 282, 288 are then brought together around a rod 118, as described above. The first and second body portions 282, 288 are positioned adjacent the rod 118 and the free sides advanced towards one another in the direction of the arrows toward the closed position (FIG. 63B). The pins 294 are received in the holes 296 to provide a secure fit on the rod (FIG. 62).

As shown in FIG. 64, when the triple-hinged embodiment of an agent-delivery device 280 is in a closed position, the halves of the body portions 282, 288 define compartment portions 294 between the inner halves 284, 290 and the outer

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halves **286, 292**. The defined compartment portions **294** are open-ended cavities extending along at least a portion of the compartment for accommodating a carrier. When the user places the carrier within the cavity of the compartment portion **294**, therapeutic agents are released through the open ends of the compartment. Openings through the outer halves **286, 292**, similar to openings **248a** in FIG. **39**, may also be provided to release the therapeutic agents. The compartment portion **294** may be positioned in close proximity to an area in which a bony fusion is desired, such as adjacent vertebrae.

Another embodiment of a snap-on agent-delivery device for use with an intramedullary nail is shown in FIGS. **65-67** and generally designated at **300**. This embodiment of the agent-delivery device **300** comprises a C-shaped sleeve **302** having a plurality of openings **304** spaced along and opening into the interior of the sleeve **302**. The terminal ends of the sleeve **302** include a plurality of opposed arcuate fingers **306**.

In use, the agent-delivery device **300** is configured to snap-on to a portion of the length of the intramedullary nail **308** used to be driven into a bone, such as the femur (FIG. **65**). The user snaps the sleeve **302** onto the intramedullary nail **308** so that the fingers **306** engage the circumference of the nail and hold the sleeve **302** in place. As seen in FIG. **67**, the distal ends of the fingers **306** are shaped to correspond to longitudinal grooves **310** circumferentially spaced on the periphery of the intramedullary nail **308**. Multiple devices **300** may be affixed to the implant **308** as required to deliver one or more therapeutic agents.

Another embodiment of a slide-on agent-delivery device for use with the intramedullary nail **308** is shown in FIGS. **68-70** and generally designated at **320**. In this embodiment the agent-delivery device **320** is a substantially cylindrical sleeve as best shown in FIG. **69**. The agent-delivery device **320** comprises a plurality of longitudinal compartments **322** circumferentially spaced around the inner surface of the sleeve. Each compartment **322** defines an open-ended cavity for accommodating a carrier.

In use, the agent-delivery device **320** is configured to slide-on to the intramedullary nail **308** (FIG. **68**). The user places the carrier within the compartment portions **322**. The sleeve is then slid onto a portion of the length of the intramedullary nail **308**, the interior surface gripping the circumference of the nail and holding the sleeve in place. The intramedullary nail is then set in place within the bone, for example the femur, to accelerate bone healing or in order to treat (or prevent) infection. Therapeutic agents within the carrier are released through the open ends of the compartments **322** and also via the outlet holes **324** as shown in FIG. **70**. In this manner, the agents are released into the area of the fracture site, or fusion construct site, to deliver the desired therapeutic value.

FIGS. **71-75** illustrate another embodiment of a snap-on agent-delivery device, generally designated at **350**. This embodiment of the agent-delivery device **350** has particular application in veterinary orthopedics. Referring to FIG. **71**, the agent-delivery device **350** is an elongated member having a profile substantially corresponding to a fracture fixation plate **352**. The device **350** comprises a major base portion **354** having a longitudinal axis and a plurality of openings **356** spaced along the edges. Side walls **358** depend generally perpendicularly along the length of the edges of the base portion **354**. Flanges **359** are spaced along the length of the edges of the side walls **358**. The flanges **359** extend inwardly in a direction substantially perpendicular to the side walls **358** (FIG. **72**). The distal ends of the flanges

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**359** are disposed substantially parallel with respect to the side walls **358**. Short transverse ridges **360** are spaced longitudinally along the inner surface **355** of the base portion **354**. The ridges **360** extend inwardly in a direction substantially normal to the plane of the side walls **358**. The agent-delivery device is segmented in two portions **361, 362** at a hinged connection **363** that facilitates adapting the device **350** to the fracture fixation plate **352**.

Referring to FIGS. **73-75**, in use, the fracture fixation plate **352** is secured to a bone **366** across a fracture site **368**. The agent-delivery device **350** is adapted to the fracture fixation plate **352** by opening the end segment **361** around the hinged connection **363** and sliding the device **350** over the fracture fixation plate **352**. Then the end portion **361** is snapped closed in the direction of the arrow (FIG. **75**), with the lip **364** extending from the sidewall **368** of the end portion **361** engaging a recess **365** in the sidewall **360** of the major portion **362**. The distal ends of the flanges **359** are disposed against the inner surface of the plate **352** for securing the agent-delivery device **350** to the plate **352**. The ridges **360** engage the upper surface of the plate **352** for providing space between the inner surface **355** of the agent-delivery device **350** and the fracture fixation plate **352** for disposing a carrier. The openings **356** through the base portion **354** provide pathways so that the therapeutic agent within the carrier is immediately available to the localized area to deliver the desired therapeutic effect.

An embodiment of a delivery device and a retaining assembly for use as an agent-delivery device is shown in FIGS. **76-81**, and generally designated at **370**. The retaining assembly **370** comprises an anchor element **372** and a carrier element **374**. The anchor element **372** is configured for anchoring in bone and can be selected from the group consisting of a screw, staple, nail, hook, pin, or combinations thereof. In one embodiment, the anchor element **372** is a screw (FIG. **77**) configured for threading into bone for securing the carrier element **374**. The screw **372** includes a shank **376** defining a longitudinal axis and an external thread **378** for screwing into bone, and a screw head **380**. The screw head **380** is circular in cross-section and functions as a retaining device by means of which the carrier element is fixed in place. Various bone screws of this kind are known and can, for example, be used to stabilize bones, or fix bones in place relative to each other in that the respective bone screws are screwed into the bones to be fixed.

Referring to FIGS. **78** and **79**, the carrier element **374** is generally star-shaped, including five arms **382** extending radially outwardly from the center of the carrier element **374**. The carrier element **374** defines a central opening **384**. The inside diameter of the opening **384** is larger than the outside diameter of the screw shank **376**. The upper surface of the carrier element **374** defines a recess **386** concentric with the central opening **384** for at least partially accommodating the screw head **380**. Each arm **382** includes three openings **387**, or chambers, in which therapeutic agent may be deposited.

The components of the retaining assembly **370** can be made of materials that are durable and that can be implanted in a body, including titanium, stainless steel, carbon fiber, and the like. In one embodiment, the screw **372** is made of titanium. In another embodiment, the carrier element **374** is made of a biocompatible material, a reabsorbable material or a combination of any of the foregoing materials.

The retaining assembly **370** is configured for attachment to bone or another structure in a patient. Referring to FIGS. **80** and **81**, in use, the carrier element **374** receives the screw **372** to form the retaining assembly **370**. In one implemen-

tation, the carrier element **374** is combined with the screw **372** just prior to deployment of the assembly in the patient, and in another implementation, the retaining assembly **370** is pre-assembled. The screw **372** is then threaded into the bone or another structure to secure the carrier element **374** in place. The depth of the recess **386** in the carrier element is sufficient to extend at least partially over the screw head **380**. When the screw **372** is seated in the bone the arms **382** are in a position adjacent an area of the outer surface of the bone **388**. In one embodiment, the arms **382** flexible and resilient and are configured to define a smaller diameter when not seated on the bone. When in use, the arms **382** engage the bone and flex outwardly into position over a circumference of an area of the bone in an essentially circular outer contour.

The retaining assembly **370** can be used to support the carrier element against a bony structure, which can include a femur or other bones of the leg (e.g. tibia and fibula), bones of the arm and wrist (e.g. humerus, radius and ulna), and other bones such as the calcaneus, pelvis, spine (vertebrae) and the like. A single retaining assembly **370** may be provided on the bone, or a plurality along a single long bone such as the femur, tibia, humerus, or for more than one bone (i.e. vertebrae). In addition, as shown in FIG. **81**, the retaining assembly **370** may be used to capture between the carrier element **374** and the bone a carrier for therapeutic agent, such as a therapeutic agent-eluting sponge **102** or a gel. In this application, the resiliently flexible arms **382** function to provide a biasing force for holding the carrier against the bone.

Two circular embodiments of the carrier element for use with the retaining assembly **370** are shown in FIGS. **82-85**, and generally designated at **390** and **400**, respectively. Both embodiments of the carrier element **390**, **400** comprise cup-shaped members that, when positioned to an adjacent structure, such as bone, define an interior chamber. Each of the carrier elements **390**, **400** define a central opening **392** therethrough, and the upper surfaces of the upper portions define a recess **394** concentric with the central opening **392** for receiving the screw head **380**. In one embodiment **400** (FIGS. **84** and **85**), the carrier element **400** has a plurality of openings **402** formed axially through therethrough. The openings **402** provide communication between the interior chamber and the exterior of the carrier element **400**. In use, a carrier for delivering therapeutic agent, such as a therapeutic agent-eluting sponge or a gel (not shown), is placed in the interior cavity defined by the carrier element **390**, **400** and the screw **372** is passed through the central opening **392** and threaded into bone for securing the carrier element **390**, **400** in place and holding the carrier in the cavity against the bone.

It is understood that the retaining assembly **370** is intended for use in a wide variety of sizes. The dimensions of the retaining assembly **370** will vary necessarily with the application in which the device is used. A common feature of the carrier elements **374**, **400** shown in FIGS. **78** and **84** is that they include hollow parts to create chambers for delivery of a therapeutic agent. The carrier element **390** shown in FIG. **82** features a simple retaining assembly that holds the carrier in place and, as with other agent-delivery devices, can also deliver its own therapeutic agent and resorb over time.

As described herein, the agent-delivery device allows for a highly localized delivery of one or more therapeutic agents. Without being bound by any particular theory, it is believed that the therapeutic agent associated with the device is released into the body locally proximate to a

fracture site. The mechanism of action in a fracture repair is generally the diffusion of the therapeutic agent inward, toward the separated bony regions and the central intramedullary canal. This is the site at which primary or secondary healing of the separated bony surfaces will occur during the fracture repair and bone fusion process. The diffusion process may be facilitated by the holes in the fracture fixation device at the fracture site, for example, those which are not occupied by anchoring screws. In addition to diffusion of the agent toward the fracture healing site, diffusion may also occur outward along the outer periosteal surface of the bone and the outer surface of the fracture callus that forms at the site of fracture repair. Thus, the therapeutic agent is delivered with maximum efficiency to the needed area to enhance bone growth, decrease swelling, minimize pain, fight infection, or any number of other therapeutic achievements.

A plurality of therapeutic agents may be utilized depending on the particular situation or as determined by a health-care provider. The agent-delivery device may be configured to provide diffusion from specific portions, or surfaces, thereof of one or more therapeutic agents in proximity to one or more specific tissues. For example, an antibiotic may be allowed to diffuse outward into a region around the plate in order to prevent infection at the site of the fracture, while a growth factor may diffuse inwards to accelerate the recruitment of bone precursor cells needed for bone formation and fracture incorporation.

The agent-delivery devices and methods described herein have many advantages, including allowing the surgeon to achieve intra-operative antibiotic resistance, such as in open fractures or other environments of high risk for infection. Alternatively, the agent-delivery device may be easily affixed to an implant at a later time, such as during a debridement and exploration of an infected implant. The local or sustained delivery via the described technology is cost effective. For example, when a fixation device with an agent-delivery device comprising a reservoir is employed, the ability to easily and conveniently affix or replenish the agent-delivery device or the reservoir will likely not delay the operative procedure or increase the operating room time and expense. Cost savings may be achieved via reduced post-operative hospitalization time, reduced likelihood of a revision surgery, for either infection or pseudoarthrosis, and more rapid patient recovery and return to work. Drugs or protein therapies may be conserved by locally delivering a targeted dosage of the therapeutic agent desired. More rapid healing should result in reduced narcotic usage by the patient, and the fixation device with an agent-delivery device may also allow for local delivery of pain-relieving substances into the local environment as opposed to high dosages of systemic narcotics or NSAIDs.

The agent-delivery device is easily adapted to or incorporated into an implant system already in clinical use. Commercially available fracture fixation plates are suitable for use with the agent-delivery device. The device is able to be adapted to affix to a wide range of off-the-shelf medical devices without a requirement to significantly modify the implant for receipt of the local delivery agent. At the same time, agent-delivery devices described herein may be fabricated that adapt to atypical or custom fixation plates with little or no modification to the plate required. The agent-delivery device may be configured to securely adapt to the geometry of the fixation device.

Because the agent-delivery device is entirely separate from the, usually, metallic fixation implant. The two components of a delivery system may be separately constructed, packaged, stored and processed. This allows for separate

sterilization of the two systems, should each require differ-  
 ing means of packaging and sterilization. For example,  
 metallic devices are robust and can be sterilized using high  
 doses of radiation or heat and steam. Polymeric materials  
 and therapeutic agents are more fragile and may require low  
 5 doses of ionizing radiation or gas for sterilization. A thera-  
 peutic drug may be processed aseptically rather than  
 undergo a terminal sterilization step. The therapeutic drug,  
 for example a protein growth factor, may be added to the  
 agent-delivery device either in advance of the surgery or at  
 10 the time of surgery. This will allow the healthcare practition-  
 er to select the agent of interest and dosing required that  
 will be tailored to the patient and the implant environment.

Surgeons may utilize the implants in a standard fashion,  
 including rather vigorous handling of the devices during  
 templating, sizing and implant insertion. In some cases, the  
 implant may be shaped or bent to conform to the body at the  
 time of surgery. The agent-delivery device may be fixed to  
 the implant at the time of surgery or at a later time, such as  
 in the case of revision for infection or non-fusion. In some  
 20 embodiments, a reservoir containing the therapeutic agent is  
 filled at the time of surgery (or at later follow-up), allowing  
 the surgeon great intra-operative flexibility to select the  
 required antibiotic, growth factor or other agent at the time  
 of surgery.

Although the agent-delivery device has been shown and  
 described in considerable detail with respect to only a few  
 exemplary embodiments thereof, it should be understood by  
 those skilled in the art that we do not intend to limit the  
 invention to the embodiments since various modifications,  
 omissions and additions may be made to the disclosed  
 embodiments without materially departing from the novel  
 teachings and advantages of the invention, particularly in  
 light of the foregoing teachings. For example, the agent-  
 delivery devices described herein are generally applicable to  
 35 other implant devices in addition to internal fracture fixation  
 devices. Accordingly, we intend to cover all such modifica-  
 tions, omission, additions and equivalents as may be  
 included within the spirit and scope of the invention as  
 defined by the following claims. In the claims, means-plus-  
 40 function clauses are intended to cover the structures  
 described herein as performing the recited function and not  
 only structural equivalents but also equivalent structures.  
 Thus, although a nail and a screw may not be structural  
 equivalents in that a nail employs a cylindrical surface to  
 secure wooden parts together, whereas a screw employs a  
 helical surface, in the environment of fastening wooden  
 parts, a nail and a screw may be equivalent structures.

We claim:

1. An agent-delivery device for delivering an agent to a  
 50 designated site of action adjacent to a bone in a body of a  
 patient, the agent-delivery device comprising:

- a medical implant including a fracture fixation plate  
 having a lateral dimension and a depth dimension, the  
 fracture fixation plate adapted to be secured to the  
 55 bone;

an elongated body member having a longitudinal axis and  
 an inner surface, the body member comprising  
 a base portion terminating in longitudinal edges, a  
 distance between the longitudinal edges of the base  
 portion being substantially equal to the lateral  
 5 dimension of the fracture fixation plate, and

legs extending from the longitudinal edges of the base  
 portion, the legs terminating in longitudinal edges,  
 the base portion and legs defining an open longitudi-  
 nal channel for receiving the fracture fixation plate;

a projection on an inner surface of the base portion,  
 wherein a distance the projection extends from the  
 inner surface of the base portion is less than a distance  
 from the longitudinal edges of the base portion to the  
 longitudinal edges of the legs, the distance from the  
 longitudinal edges of the base portion to the longitudi-  
 nal edges of the legs being substantially equal to the  
 distance the projection extends from the inner surface  
 of the base portion plus the depth dimension of the  
 fracture fixation plate; and

an agent-delivery medium associated with the body mem-  
 ber, the agent-delivery medium including a therapeutic  
 agent for treating the body of the patient, and a carrier  
 for the therapeutic agent,

25 wherein the body member is adapted to be secured to the  
 fracture fixation plate such that the projection operatively  
 engages the fracture fixation plate for spacing the inner  
 surface of the base portion from the fracture fixation plate  
 forming a channel between the inner surface of the base  
 30 portion and the fracture fixation plate for accommodating  
 the carrier, and wherein the agent-delivery medium is con-  
 figured to release the therapeutic agent after implantation in  
 the body of the patient.

2. An agent-delivery device as recited in claim 1, wherein  
 the projection extends longitudinally along the body mem-  
 ber.

3. An agent-delivery device as recited in claim 2, wherein  
 the projection extends along the longitudinal axis of the  
 body member.

4. An agent-delivery device as recited in claim 2, wherein  
 the body member has a first end and a second end, and the  
 projection extends from the first end to the second end.

5. An agent-delivery device as recited in claim 4, wherein  
 the projection extends along the longitudinal axis of the  
 body member.

6. An agent-delivery device as recited in claim 1, wherein  
 the carrier is a sponge.

7. An agent-delivery device as recited in claim 1, wherein  
 the carrier is a gel.

8. An agent-delivery device as recited in claim 1, wherein  
 the projection extends transversely to the longitudinal axis  
 of the body member.

9. An agent-delivery device as recited in claim 1, wherein  
 the body member has at least one passage opening into the  
 inner surface of the body member.

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