

Mechanical clamp stress on poly(vinyl chloride) infusion tubing: Impact on the surface degradation

Johanna Saunier, Christian Marlière, Alexandre Dazzi, Ariane

Deniset-Besseau, Najet Yagoubi

▶ To cite this version:

Johanna Saunier, Christian Marlière, Alexandre Dazzi, Ariane Deniset-Besseau, Najet Yagoubi. Mechanical clamp stress on poly(vinyl chloride) infusion tubing: Impact on the surface degradation. Journal of Applied Polymer Science, 2020, 137 (43), pp.49324. 10.1002/app.49324 . hal-02346602v2

HAL Id: hal-02346602 https://hal.science/hal-02346602v2

Submitted on 13 Nov 2020

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers. L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

1	Mechanical clamp stress on PVC infusion tubing: impact on the surface degradation
2	Johanna Saunier ^{III} , Christian Marlière ² , Alexandre Dazzi ³ , Ariane Deniset-Besseau ³ , Najet
3	Yagoubi ¹
4	
5	¹ Université Paris-Saclay Matériaux et santé, 92296, Châtenay-Malabry, France.
6	² Université Paris-Saclay, CNRS, Laboratoire de Physique des Solides, 91405, Orsay,
7	France.
8	³ Université Paris-Saclay, CNRS, Institut de Chimie Physique, UMR 8000, 91405, Orsay,
9	France
10	
11	Corresponding Author: }.Saunier
12	Email: _iohanna.saunier@universite-paris-saclay.fr.
13	
14	
15	

16 Abstract

Several commercial infusion tubes made of plasticized PVC were shown to present a layer of bloomed species on their internai wall (lubricants and stabilizers), which are poorly soluble in water. During infusion, tubes are crushed and pinched to regulate the flow. The impact of mechanical stress on these layers infusion was studied.

Device inner surfaces were characterized by AFM in order to put into evidence surface
 degradations before and after infusion. This was correlated with a global and local IR
 analysis.

Because of the clamp stress, the deposits were damaged. Thus, injecting water into the damaged tubing increased the layer degradation. Rolling clamp and pinch clamp may have very different effects on the inner layer morphology and degradation and this may be modulated by the initial layer morphology.

Injecting water into clamp stressed tubing may increase the risk of detaching parts of the
internal layer and be a supplementary factor of particulate contamination for the patient.

30 Keywords

PVC - Mechanical stress - Surface degradation - Blooming - Particulate contamination Atomic force microscopy

33 Introduction

Infusion is a very common act in hospitals. Its benefits are widely recognized for the patient in particular in emergency cases, for unconscious patients and for the nutrition of critically ill patients. Infusion is performed by using transparent flexible tubing mostly made in plasticized PVC. This PVC contains several additives such as plasticizers but also stabilizers and lubricants. In a previous paper ¹, we showed that the internal walls of several PVC infusion tubes were covered by a layer made of additives that bloomed and crystallized onto the PVC surface (metallic stearates and bis amide lubricant). Water contact eroded this layer and we

41 suspected it to conduct to a particulate contamination of the infused solution. This particulate contamination is potentially harmful to the patient: depending on the particle's size and 42 shape, on the patient's health and age, it may damage different organs; it may lead to a 43 thrombo-embolization or to the formation of granulomas ^{2 3 4 5}. Moreover, during the infusion, 44 45 mechanical stress on the tubing can occur because of the use of clamps. Pinch and slide clamps are used to stop the flow by pinching very locally the tubing (fig 1a). Roller clamps 46 are equipped with a small roller which allows the tube to be more or less crushed in order to 47 incrementally occlude it (fig. 1b). This allows a regulation of the flow rate by defining the size 48 49 of the tubing lumen. Both kinds of clamps can be found on the same set (fig 1 c). The aim of this paper was to characterize the effect of both kinds of clamp stresses on the layers found 50 on the internai wall of PVC infusion tubes and the consequences of water injection into the 51 tubing after this stress: we suspected it may lead to a potential higher and faster degradation 52 53 of the layer with a higher risk of particulate contamination. Indeed, the effect of repeated compression of plastic tubing was studied in the case of hemodialysis circuit ⁶; because of 54 the high and complex stress exerted by the peristaltic pump, cracks were observed on the 55 plastic surface and particles were then shed from these defects because of the shear stress 56 exerted on the inner wall of the tubing 7 8 9 10. These particles may then be injected into the 57 bloodstream. This complication is well known in dialysis when using silicone tubing and is 58 called spallation; it was studied by several authors mainly between 1980 and nowadays; it 59 can be implicated in brain dysfunction, granulomatosis hepatitis, macrophage 60 activation ... long-term treated patients could show up to 250 mg of silicone particles lodged in 61 organs because of the use of silicone tubing ¹¹ ¹². But, the PVC used to replace it produces 62 particles too: they were mainly below 5 μ m in diameter but they can reach 50 μ m¹³. 63 Moreover, in another publication, Madsen et al.¹⁴ advised against the stripping of PVC 64 infusion sets with a pair of scissors, by compressing the tubing between the thumb and a 65 scissor blade, a clinical practice used to manage with flow malfunctions: because of this, an 66 increased number of particles (5 to 100 µm) in the infused liquid were detected. 67

In a first part, after having discussed the structure and homogeneity of the tube internal

69 lumen surface, the impact of the different kinds of clamps on the additive layer's morphology

70 will be described and then the impact of water injection on damaged layers will be discussed.

71 Material and methods

72 <u>Material</u>

Different PVC tubes were used for this study. These tubes were chosen because, as we 73 shown in a previous paper¹, they had internal layers with very distinct morphologies. For the 74 AFM studies, tubes were cut in 10 cm long parts. The tubes came from the following kinds of 75 76 infusion sets: Infusomat® Space line (old reference with DEHP as a plasticizer), Intrafix® SafeSet (BBraun, Germany) and Volumat® Line (Fresenius Kabi, Germany). Intrafix® 77 contains DEHT as a plasticizer and Volumat® line contains TOTM. The dimensions of the 78 tubes are given in table 1 and were very similar; typical plasticizer ratios were between 37 79 80 and 40% (see ref). Typical commercial tubes for infusion are made in relatively soft materials with a shore A index between 65 and 80. For this study, a same production batch was used 81 for each reference. 82

	Infusomat	Intrafix	Volumat
Internal diameter (mm)	3	3	3
Extemal diameter (mm)	4.1	4.1	4.1

83

84

Table 1: dimensions of the tubes used

Mechanical stress

Stress was applied by using a rolling clamp or by using a pinch clamp. To insure that the analyzed region by AFM corresponds to a stressed one, the pinch clamp and the roller were used on the whole length of the cut tube part. In both case compressive stress was applied on the tube. In the case of the roller clamp, the tube was progressively crushed on a large portion of the tubing to reach a maximum stress when the flow is completely blocked. The roller uniformly compresses the tube sides to confine its cross-section. For the pinch clamp, the compression stress was exerted locally by the two jaws and shear stress can occur if
their edges are misaligned.

To study the impact of a clamp stress in a case of an infusion act, the tubing was first stressed by the clamps and then an infusion by gravity act was mimicked by infusing 40 ml of filtered water (Direct Q UV ultrapure water type 1). After letting the sample dry, it was analyzed. For this study, only Infusomat® and Intrafix® tubes were analyzed.



Figure 1: a) pinch clamp that allows stopping the flow by pinching the tube between two jaws
 b) roller clamp: the drawing shows the movement of the roller along the tube which it crushes
 progressively to regulate the flow rate c) example of placement of clamps on a standard
 primary set (Volumat®VLST22)

102

104

103

Tapping mode

<u>AFM</u>

The analyses were performed with an Innova AFM (Bruker, Palaiseau, France). The tapping mode in air was used (cantilever frequency= 320 kHz, stiffness= 42 N/m, NCHV probe from Bruker). At least six different areas of each sample (a sample corresponds to a 10 cm long part of a tube) were imaged using a scan rate between 0.5 and 1 Hz. Three samples were used for each tube analyzed: one for studying the non-stressed state, one for studying the impact of pinch clamp and another one for studying the impact of roller clamp.
For the impact of water injection, three samples of another tube were used (one for the nonstressed state, one for the stressed tube before infusion and the last one for the stressed
tube after infusion).

114 Force imaging mode

The AFM used was a Nanowizard III (JPK Instruments AG, Berlin, Germany) using 115 Quantitative Imaging® (QI) mode which is a force curve imaging mode. Force distance curve 116 was realized for every pixel of the image. The probes were CSC 37 (Micromasch, stiffness 117 118 around 0.35 N/m). The stiffness data were calculated from the slope of the force versus scanner elongation curves in the repulsive regime. For every point, the maximum applied 119 force (set-up value) to the sample was 2nN. This analysis was used for studying the impact 120 121 of water injection on stressed tubes because by using adhesion and stiffness measurements 122 it is possible to easily identify the areas where the additive layer was removed. It was indeed showed in a precedent paper¹ that polymer surface was softer but has a higher interaction 123 124 with the tip as compared to the bloomed additive layer.

125 **FTIR-ATR**

The spectrometer apparatus was a Perkin Elmer (Courtaboeuf, France) Spectrum Two used in the ATR (Attenuated Total Reflection) mode with a diamond crystal (500 to 4000 cm⁻) and a LiTaO3 (lithium tantalate) MIR detector with a SNR of 9,300:1. 8 scans were performed with a resolution of 4 crn⁻, The inner surfaces of each sample were analyzed at least on 10 different points of the surface. For FTIR studies, 20 cm long tube samples were used: for each condition (stressed, not stressed, pre and post infusion), two different tubes were analyzed, and, for each tube, infusion was realized on two different parts of the same tube

133 IR nanospectroscopy, AFM IR

134 NanoIR2 (Anasys Instruments, CA USA) was used; the AFM microscope is combined with an infrared pulsed tunable laser to perform infrared analysis under the AFM tip. The laser 135 was a multi-chip quantum cascade laser QCL (MIRCAT, Daylight solution, CA USA) ranging 136 from 1530 crn' to 1850 cm". The repetition rate of this source is tunable (1 kHz to 500 kHz) 137 138 and was chosen to match the contact resonant frequency of the AFM cantilever. The beam was focused from the top side of the sample onto the AFM cantilever. A gold coated probe 139 140 was used (MikroMasch : HQ:CSC38/AI-BS-50 - spring constant 0,03 N/m - resonance 141 around 190 kHz).

142 The spectra were collected with 1 cm["] spectral resolution.

143 <u>SEM</u>

A FlexSEM 3000 (Hitachi) was used in back scattered electron mode (15 kEV) to image the internai lumen surface of the tube

146 **Results and discussion**

147 Initial texture of the layer

148 As already mentioned in a previous paper l, the morphology of the inner layer was very 149 different depending on the tubing reference. But the topography was guite uniform along 150 the same tubing with very consistent images, especially at the 20*20 or 10*10 µm² 151 scales. However textures might vary depending on the commercial batch: even if the structures of the different batches have a quite high degree of similarity, discrepancies 152 were observed between batches and even between tubes of the same batch; this may 153 154 come from small variations in the production process or in the aging of the sample (time between production and analysis, temperature ...). That is why, for more convenience and 155 accuracy, we compared the impact of stress and infusion only on several parts of a same 156 tube for AFM studies. 157

158	As we mentioned above, compared to the morphologies observed in a precedent
159	publication ¹ , we observe similar but not identical structures. For the Intrafix® sample (fig
160	2.a.b) big ovoid and smooth nodules (20-30 nm high) were still present (mostly-around 3-
161	6 μmin length and 2 μmin width), surrounded with thin protrusions (less than 0.2 to 1 μm
162	wide and between 20-50 nm high) ; the rms roughness was equal to 9.5 \pm 0.6 nm for Rq
163	and 7 \pm 0.5 nm for Ra (20*20 μm^2). For Volumat®, a kind of network of protrusions (5-10
164	nm high and less than 1 μm wide) was observed but the layer was less uniform and
165	smooth than the samples previously analyzed from another batch (fig 2.c d): the
166	roughness was 6.3 \pm 1.4 nm for Rq and 4.6 \pm 1.1 nm for Ra (20*20 μ m ²).



Figure 2: AFM images (height and phase) in tapping mode of the internal layer a) of the Intrafix® tube 20*20 µm². b) of the Intrafix® tube 10*10 µm² c) of the Volumat® tube 20*20 $\mu m^2 \, d)$ of the Volumat® tube 10*10 μm^2

For Infusomat® the layer shows the same kind of needle- like structure previously observed but with a lower density of these needles (fig 3). The rms roughness of the surface was 7.1 ± 1 nm for Rg and 5.3 ± 0.9 nm for Ra ($10*10 \mu m^2$).



10 µm * 10 µm



175

1**7**6 177

<u>Figure 3</u>: AFM images in tapping mode (height and phase) of the internal layer of the Infusomat® tube. Scan sizes are either a) 10*10 µm² or b) 5*5 µm²

178

179 It was previously showed that these layers were made of bis-amide lubricant (EBS) and 180 of zinc and calcium stearates ¹, which are additives contained in PVC able to bloom and 181 recrystallize onto the surface. The repartition of the different compounds however is not 182 easy to characterize because of the small thickness of the bloomed layer. Thanks to the 183 Intrafix® tube analysis by nanoIR and SEM backscattered electrons (fig. 4), it is however 184 possible to see that the composition of the layer may change very locally, with some area 185 much or less rich in metallic stearates.



187Figure 4: a) Local IR spectra obtained on the surface of Intrafix using IR188nanospectroscopy, AFMIR b) AFM height image of the surface with dots corresponding189to the spectra c) backscattered electrons SEM image of Intrafix intern lumen. Three190contrasted zones appear in the images; the brighter correspond to the higher atomic191numbers; the different area may be due to the repartition of Zn stearates (Zzn=30) ,192calcium stearates (Zca=20) and lubricant (only C, O and N atoms)

193 Impact of pinch and roller clamps

The topography (roughness and texture) was impacted by the mechanical stress but it may differ depending on the initial layer topography and on the nature of the clamp used. For example, the pinch clamp has a trend to increase the roughness (fig 5.a.b) and to locally dislocate the layer with significant parts of it that were clearly detached from the PVC surface (this can be seen by analyzing conjointly phase and height images on the fig 2; the area of lower height are not in the same color in the phase image

200 suggesting it is only bare PVC surface and no more a bloomed additive layer). This was true for Intrafix® and Volumat® layers. However, this was not the case for the Infusomat® 201 202 layer: the kind of needle-like structure seems to be crushed, flattened and it seems that no part of the layer was removed (fig 3). As a consequence, in this case, the roughness 203 204 was slightly decreased (fig 5c). In a general way, the crushing of the tubing by roller 205 clamp has a trend to reduce the roughness by crushing, flattening and smoothing 206 efficiently the layer (fig 2-3). This was very significant for Infusomat® and Volumat® 207 tubing: the layer was much more homogenous and uniform after crushing (fig 2c.d-5) 208 and the roughness decreased from 25%-30% for Rq (fig 5 b.c). This decrease in roughness was not observed for Intrafix®, because, by crushing the surface, the very 209 smooth initial surface of nodules was lost because of their fragmentation by the stress 210 (see phase and height images of the fig.2.a.b). 211



- 213 <u>Figure 5:</u> Roughness Ra and Rq of the inner surface a) for stressed and not stressed Intrafix® 214 $20*20 \ \mu\text{m}^2$ b) for stressed and not stressed Volumat® $20*20 \ \mu\text{m}^2$ c) for stressed and not 215 stressed Infusomat® $10*10 \ \mu\text{m}^2$ d) for stressed Intrafix® before and after infusion $20*20 \ \mu\text{m}^2$ 216 e) for stressed Infusomat®before and after infusion $10*10 \ \mu\text{m}^2$
- 217

218 Impact of both mechanical stresses followed by water injection into the tubing on the 219 surface morphology

Intrafix®, for which both stresses conduct to a higher roughness and 220 Infusomat® for which the opposite trend was observed, were subjected successively 221 222 to both clamp stresses and then water was injected into the tubing. The appliance of the mechanical stresses led to the same trend as before: the stress on the smooth 223 224 nodules of the Intrafix® layer led to a rougher and more heterogeneous surface (fig 5d and 6b). On the contrary, the Infusomat® layer was flattened and smoothed (fig 5e 225 226 and 7d). this flattening was very clear on the force images (fig.7), because initially there were some kinds of crazes (fig 7a) in the layer of the studied tube; we observed 227 on fig 7b and 7c that these crazes correspond to areas that were less rigid and have 228 a higher interaction with the tip and thus may be characteristic of bare PVC surface. 229 230 After mechanical stress, the crazes tend to disappear (fig 7 d-f).



231
232Figure 6: AFM images in tapping mode of the internal layer of the Intrafix® tube 20*20233 μm^2 . a) Height image of the initial state b) height image after stress and before234infusion c-d) height images of different areas after stress and infusion e-f) Phase235image corresponding to the height images after stress and infusion

However, after the water injection, an increase in roughness was clearly observed for the both tubes (fig 5 d,e). Their surfaces become much more chaotic, with the presence of big deposits (fig 6 c and 7g). Surface state may change a lot between two areas and it explained the great dispersity of the roughness in particular for Intrafix® tubing. Moreover in the case of Intrafix®, we observed several areas for

which the additive layer was in part detached after the infusion (fig 6 d-f); this was 242 suggested by the comparison of height image 6d to its phase image 6f: lower height 243 and smoother area on the height image appear darker on the phase image, showing 244 the nature of the surface has changed and may correspond to a bare PVC surface 245 246 (unfortunately it was not possible to properly image Intrafix® in the force imaging mode because of disruptive interactions between the tip and surface); by using 6d 247 image, the additive layer thickness can be estimated to only a few dozen of 248 249 nanometers. For Infusomat®, big deposits observed had different properties than the 250 layer before infusion: they were less stiff and had higher interactions with the AFM tip (fig 7 h.i), certainly because of a lower hydrophobicity. Moreover, at a small scan size, 251 we observed that the residual layer of Infusomat® became very different in texture 252 with small nodules on its surface (fig 7.j,k). However, no bare PVC surface was put 253 254 into evidence on the Infusomat® sample.



Figure 7: Infusomat® tube a-k) AFM images in force imaging mode of the internal layer of the
 tubing. a-c) Initial state d-f)j) after both stresses pre infusion g-i)k) after both stresses post
 infusion.; a, d, g, j, k are height images ; b, e, h are stiffness images and c,f, i are adhesion
 images. Scan size is 10*10 μm² except for j) and k) (2*2 μm²)

260

FTIR-ATR analysis

We focused on the analysis on the 1660-1500 crn' range because there are 261 characteristic bands of the lubricant (1637 cm') and of the metallic stearates (Ca: 262 1535+1574 crn', Zn: 1535 cm') in this range. The band positions for stearates are 263 however very dependent on the crystalline state and the formation of complexes ^{15 16} 264 ¹⁷. As the analysis was performed in ATR mode, it focused on an area close to the 265 surface and was useful to put into evidence the additive blooming. For the tubing 266 batches studied in this paper, the FTIR spectra are given on figure 8. For Intrafix®, we 267 268 observed a small band for EBS at 1637 crn' and two bands at 1574 and 1538 crn' that can be attributed to metallic stearates. For Infusomat®, a band was clearly 269 observed for the lubricant at 1537 crn': moreover some bands were observed at 270 1568 and 1555 cm" which can be attributed to EBS or mix of stearates complexes 271 272 and EBS. The bands were normalized by using a plasticizer band (DEHP band at 1580 crn' for Infusomat® and DEHT band at 1578 crn' for Intrafix®) and we compared 273 the band ratio A1537/A157a for Intrafix® and the band ratio A1537/A15aa for Infusomat®. 274



277

Figure 8: FTIR-ATR spectra of intremix" (top blue spectrum) and iniusomet" (bottom red spectrum) in the 1660-1480 cm" range.

By working on different parts of a same tube and on different tubes, we 278 279 observed variations in the precedent band ratios; it should be noticed that the 280 absorbances of the plasticizer band were quite similar on a same sample: for example, the variation coefficient (standard deviation, divided by the absolute value of 281 the arithmetic mean) for the DEHT band absorbance was below 6% for each sample 282 283 (before and after stress, before and after infusion); moreover we do not correlate an evolution of this band absorbance with the treatment of the tube (infusion, stress...): 284 the coefficient for all the values of this band absorbance observed on the different 285 parts of a same tube were below 6% too. The band ratio variations can be mostly 286 correlated to the significant variations of the stearate and EBS band absorbance even 287 before infusion for the not stressed samples: the variation coefficient was between 10 288 to 64 % for the stearate depending on the sample and between 5 and 117% for EBS. 289 These variations occur certainly because of thickness variations of the bloomed 290 291 additive layer along the tube. As a consequence, it was not possible to put into evidence significant variations of the mean absorbance of the bands of the bloomed 292 species after stress, infusion or stress and infusion. In some cases, for the stressed 293 Intrafix® tube after infusion, some areas without bloomed additive layer were 294 295 analyzed, but in most cases, the layer was always present on the sample. Moreover 296 the surface analyzed was much bigger than for AFM (crystal size=2000*2000 microns, that is to say 10 000 times higher than our bigger images in AFM); so it is 297 possible that small fragments (only several micrometers wide and several dozen of 298 299 nanometers thick) detached from the layer that we observed by AFM does not impact in a significant way the band absorbance of the bloomed additives. 300

301

Conclusion

303 This study proves that the internal layer of infusion tubing made of bloomed lubricant 304 and stearates is guite fragile and can be damaged by the stress exerted by the clamps 305 during the infusion act. It must be kept in mind that this stress is not only applied once on the 306 tubing, because readjusting the flow rate is necessary during infusion for several reasons: bent or kinked tubing, venous pressure change, decreasing fluid volume in the bottle, and 307 change in arm position ... Flow rate has to be checked hourly and adjusted if necessary. 308 309 Moreover, as the rate is readjusted, the clamp should be repositioned along the tubing on a new part of it, because of the cold creep of the plastic that can have a pinched section ¹⁸. 310 This means that, during one infusion, the internal layer will be damaged in several parts of 311 312 the tubing, increasing the risk of leaching solid particles into the solution. It was indeed shown in this paper that injecting water into the damaged tubing may increase the risk of 313 detaching parts of the internai layer and increase the level of particulate contamination. 314 However, several points have to be further studied, such as the impact of water contact time 315 316 and flow inside the tubing; moreover this contamination can be difficult to be put into evidence by classical methods recommended by pharmacopeia, due to the potential very 317 small size of detached layer part. Further studies must be conducted to try to evaluate if the 318 particle leaching is significant compared to other sources of contamination. 319

320

Acknowledgement: This work is supported by a public grant overseen by the French National Research Agency (**ANR**) as part of the "Investissements d'Avenir" program (Labex NanoSaclay, reference: ANR-10-LABX-0035).

325 References

- 3261. 1. Al Salloum, H.; Saunier, J.; Dazzi, A.; Vigneron, J.; Marlière, C.; Aymes Chodur, C.; 327 Herry, J. M.; Bernard, M.; Jubeli, E.; Yagoubi, N. *Mater. Sei. Eng.* C **2017**, 75, 317.
- 3282. 2. Illum, L.; Davis, S. S.; Wilson, C. G.; Thomas, **N.** W.; Frier, M.; Hardy, J. G. *Int J.* 329 *Pharm.* **1982**, 12, 135.
- 33Cl3.
 3. Puntis, J. W.; Wilkins, K. M.; Ball, P. A.; Rushton, D. I.; Booth, I. W. Arch. Dis. Child.
 331 **1992**, 67, 1475.
- 3321. 4. Subramanian, P.; Ainsworth, P.; Cassey, J.; Phelan, D. *Pediatr. Surg. /nt.* **2002**, *18*, 658.
- 3345. 5. Garvan, J.; Gunner, B. Med. J. Aust. 1964, 2, 1.
- 3393. 6. Hoenich, N. A. Sernin. Dia/. 1991, 4, 227.
- 330'. 7. Morley, A. R.; Barron, D.; Thompson, P.; Hoenich, N. A.; Harbottle, S.; Kerr, D. N. S.
 337 Med. Eng. Phys. 8, 255.
- 33ffi. 8. Bednarski Spiwak, A. J.; Horbal, A.; Leatherbury, R.; Hansford, D. J. J. Extra. Corpor.
 339 Technol. 2008, 40, 188.
- 34CB. 9. Kim, W. G.; Yoon, C. J. Artif Organs 1998, 22, 892.
- 3411 10. Faria, M.; Liu, Y.; Leonard, E. F. **2017.**
- 3421 11. Leong, A. S.-Y.; Disney, A. P.; Gove, D. W. *N. Engl. J. Med.* **1982**, *306*, 135.
- 3431 12. Laohapand, T.; Osman, E.; Morley, A.; Ward, M.; Kerr, D. 1982; Vol. 19, pp 143.
- 3441 13. Liu, Y.; Faria, M.; Leonard, E. Artif Organs 2017, 41,672.
- 3451 14. Madsen, H.; Winding, O. *Biomaterials* **1996**, *17*, 663.
- 15. Ishioka, T.; Maeda, K.; Watanabe, I.; Kawauchi, S.; Harada, M. Spectrochim. Acta. A.
 347 Mol. Biomol. Spectrosc. 2000, 56, 1731.
- 3481 16. Toda, S.; Sakai, A.; Kojima, Y. Spectrochim. Acta Part Mol. Spectrosc. 1971, 27, 581.
- 3491 17. Mackenzie, M. W.; Willis, H. A.; Owen, R. C.; Michel, A. Eur. Polym. J. 1983, 19, 511.
- Hadaway, L. C. In *Infusion Nursing: An Evidence-based Approach*; Elsevier Health
 Science; Mary Alexander, Ann Corrigan, Infusion Nurses Society, Judy Hankins,
 2009; pp 391.
- 353 354

356

357

358