

Regenerative Medicine Program - Updates

Nora Sarvetnick

Transplant Division; Surgery Department

**Mary and Dick Holland Regenerative
Medicine Program**



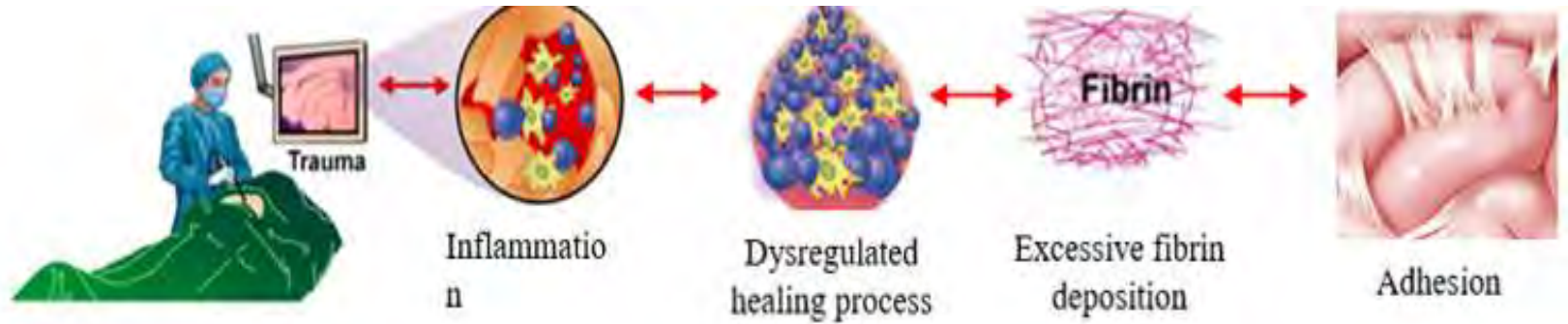
**University of Nebraska
Medical Center**

Disclosures

None to disclose



Prevention of postoperative abdominal adhesions



Scar-like
tissues



Abdominal tissues and
organs stick together

Cause **intestinal obstruction, chronic pain,**
and **female infertility**

Bin Duan, PhD, Associate Professor



Current clinical barrier materials have limited efficacy



Interceed®



Seprafilm®

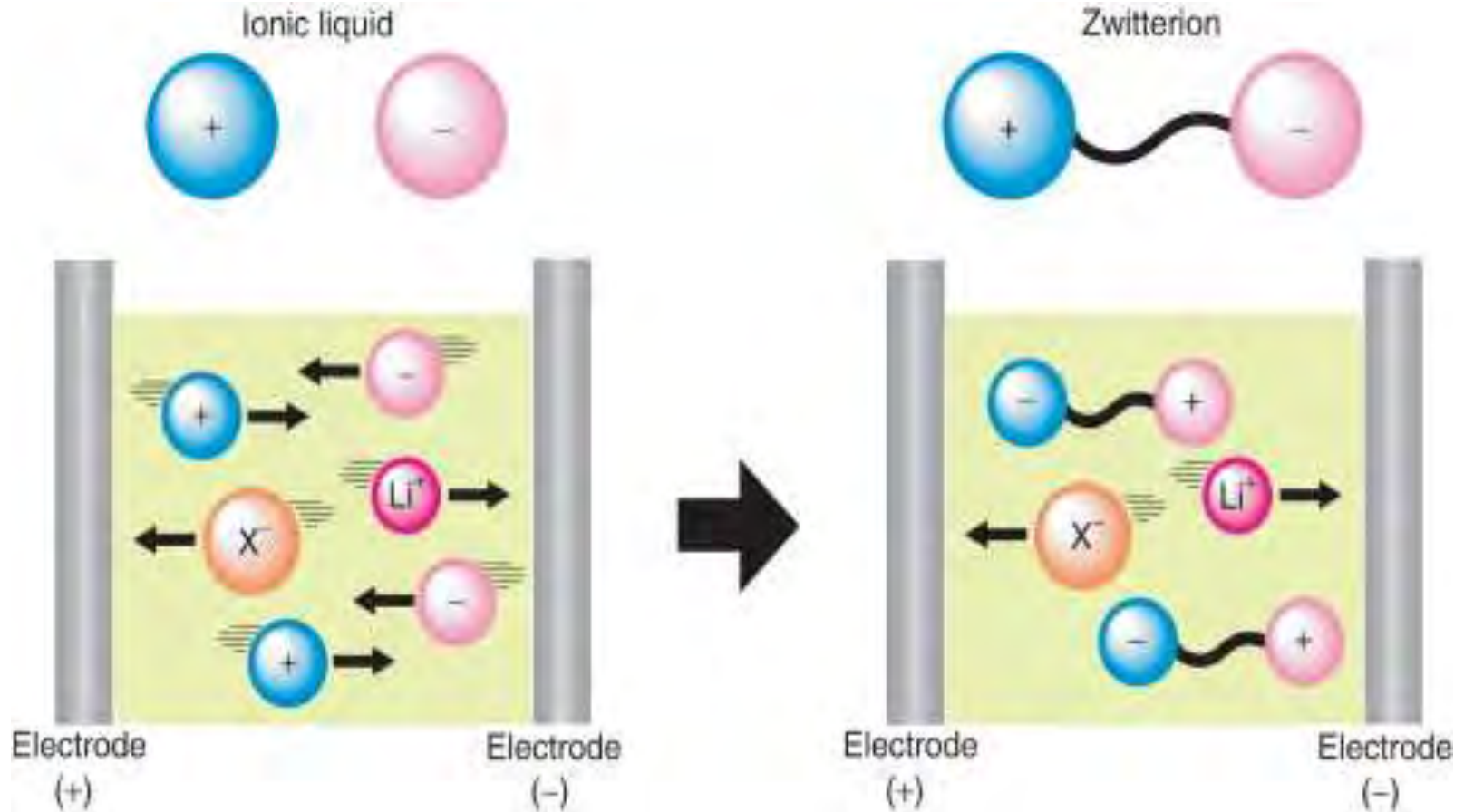
- Difficult to apply
- Incomplete coverage
- Only serve as physical barriers
- Relatively low efficacy (~50%)

Problems: when wet surface becomes sticky, extremely difficult to remove laparoscopically and separate from other organs

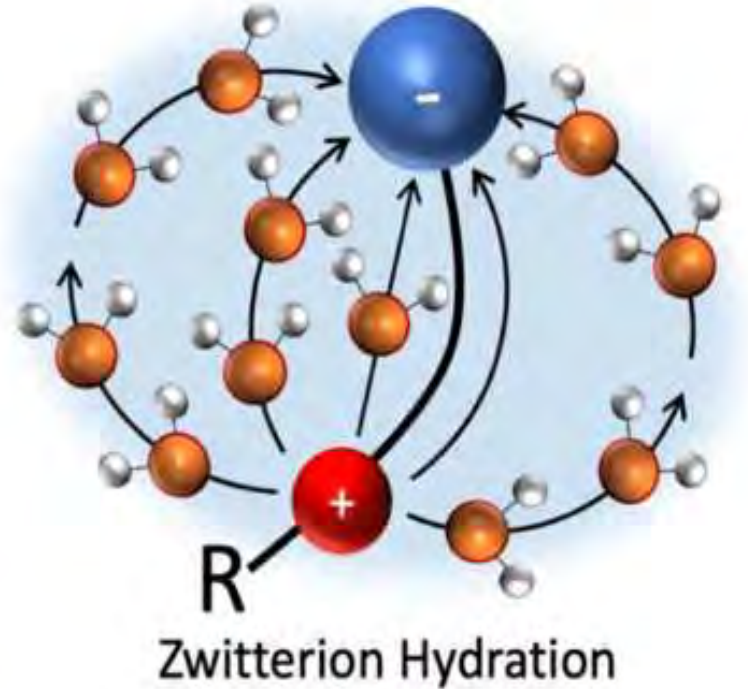
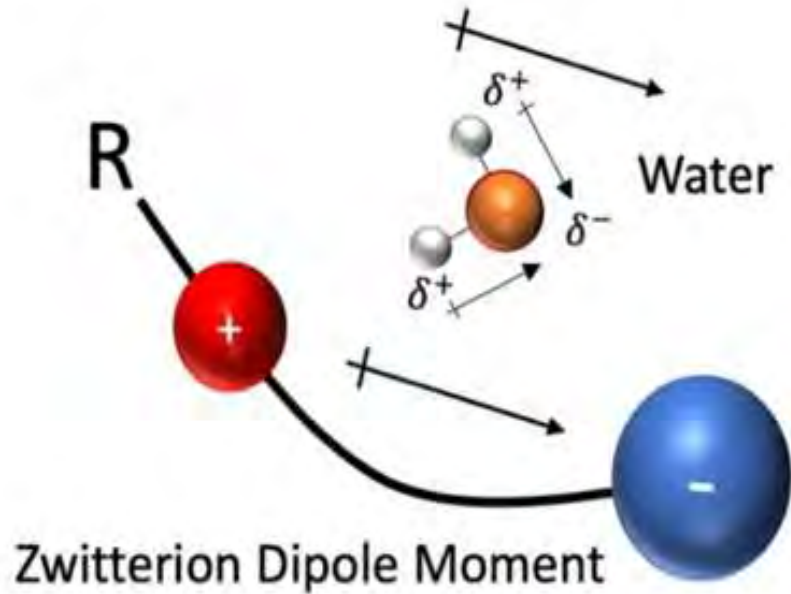
difficult to insert via a laparoscopic port: easily torn

Although reduced adhesions; does not translate to clinically significant small bowel obstruction requiring

Zwitterions (hermaphrodite): +/- neutral charge

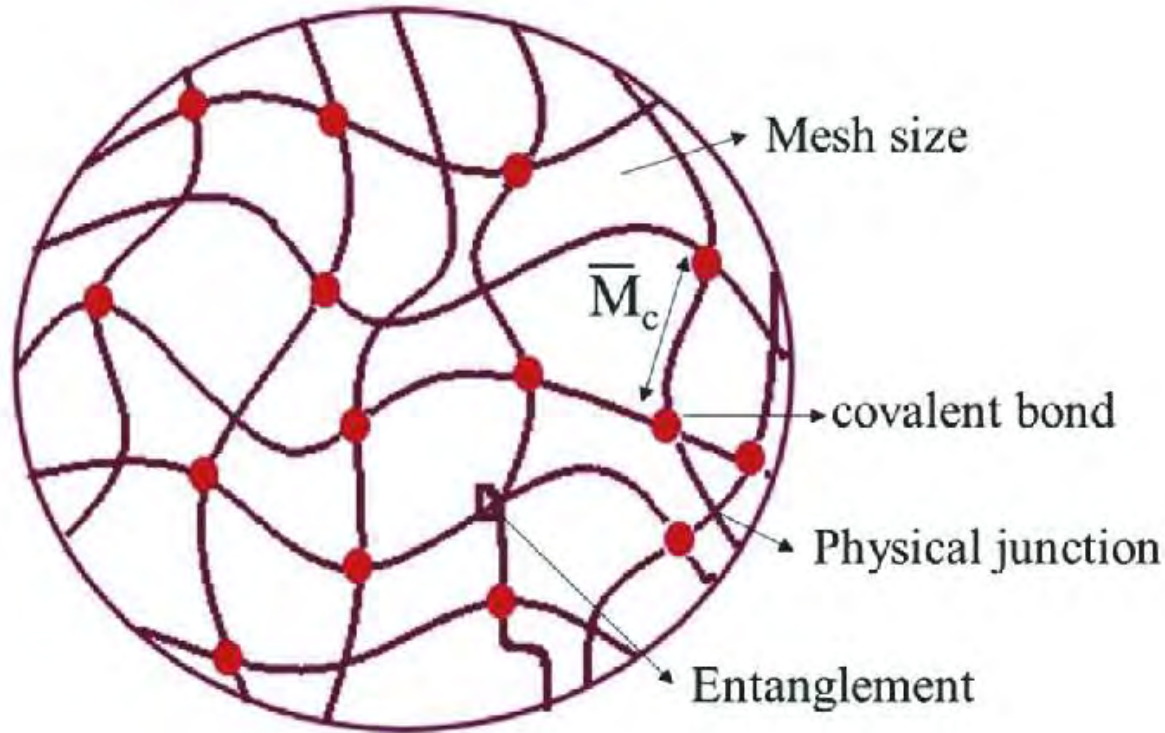


Zwitterions Attract Water

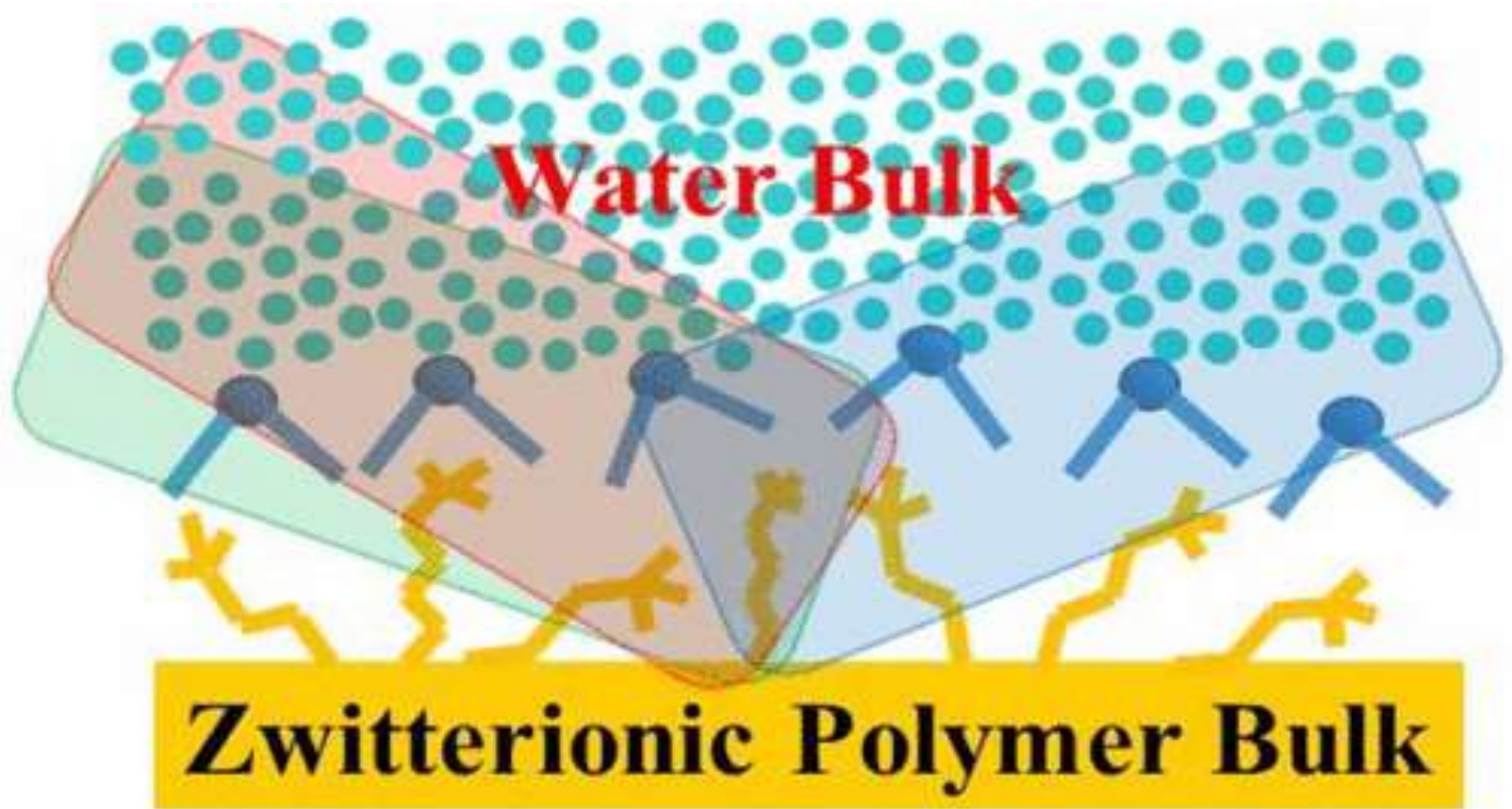


Hydrogels: water absorbing polymers ⁽¹⁸⁹⁴⁾

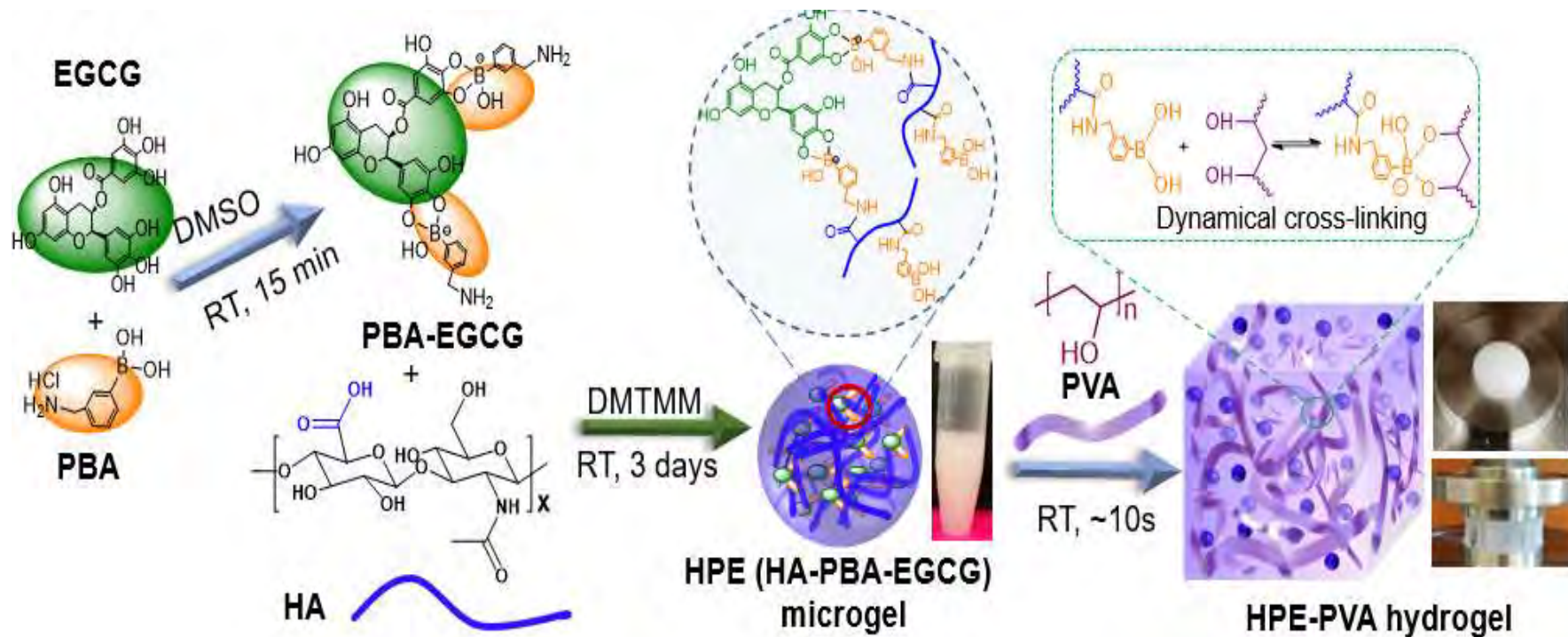
example: jello



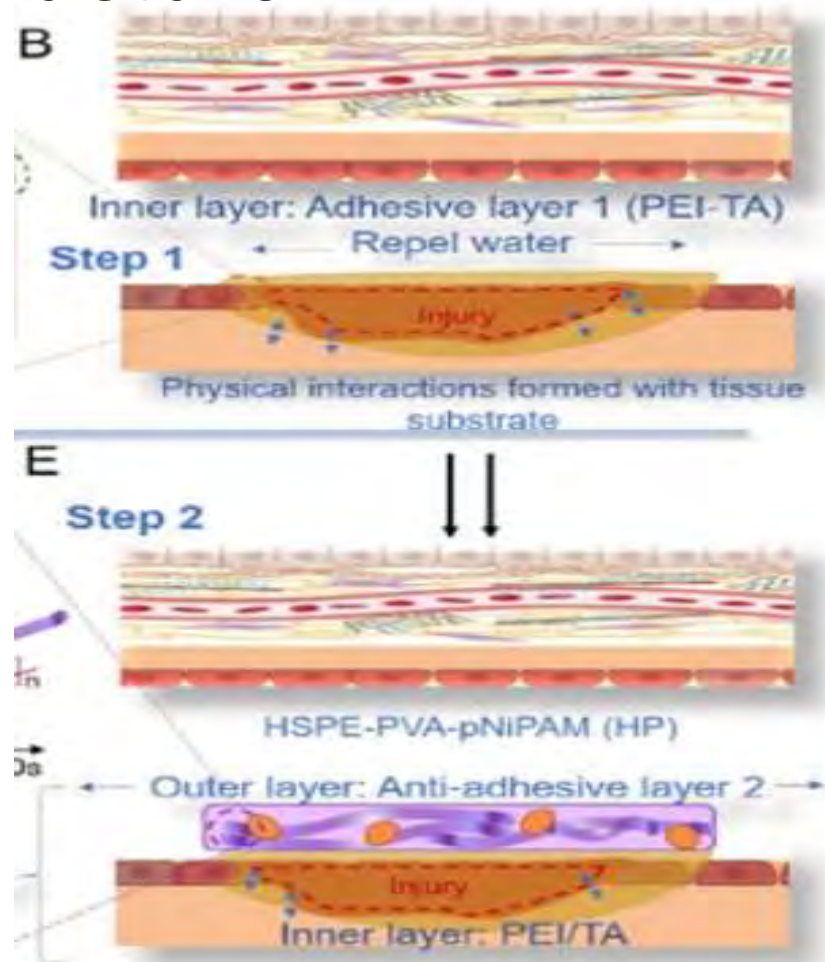
Twitter ion polymers+hydrogel: anti-adhesive gel/slippery



Synthesis of dual-sided hydrogels: adhesive/anti-adhesive sides



Sandwich structure



HPE-PVA hydrogels prevent adhesions in a mouse intestine-abdominal wall adhesion model



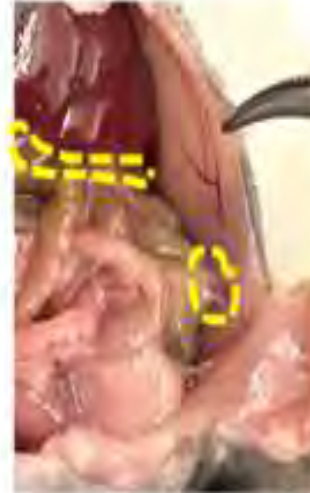
Sham



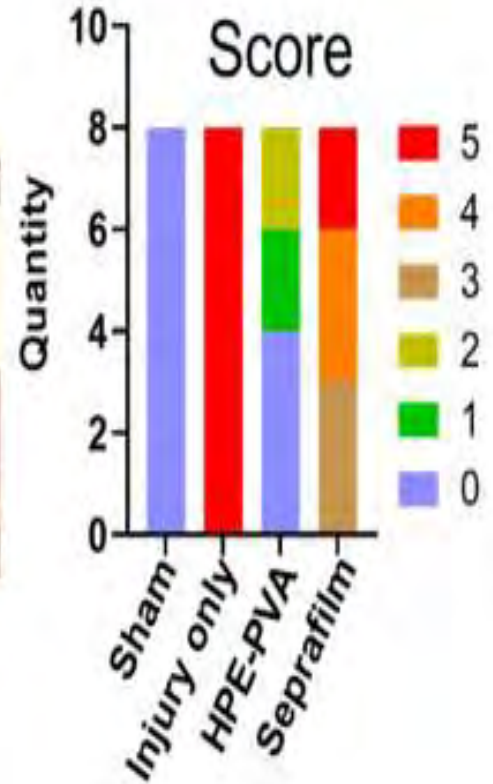
Injury only



HPE-PVA

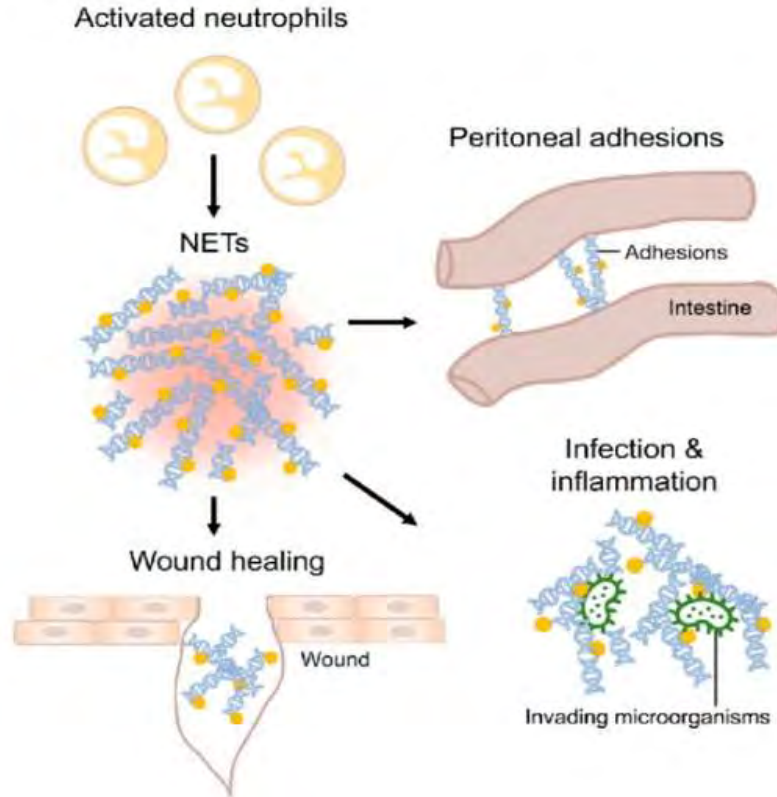


Septrafilm

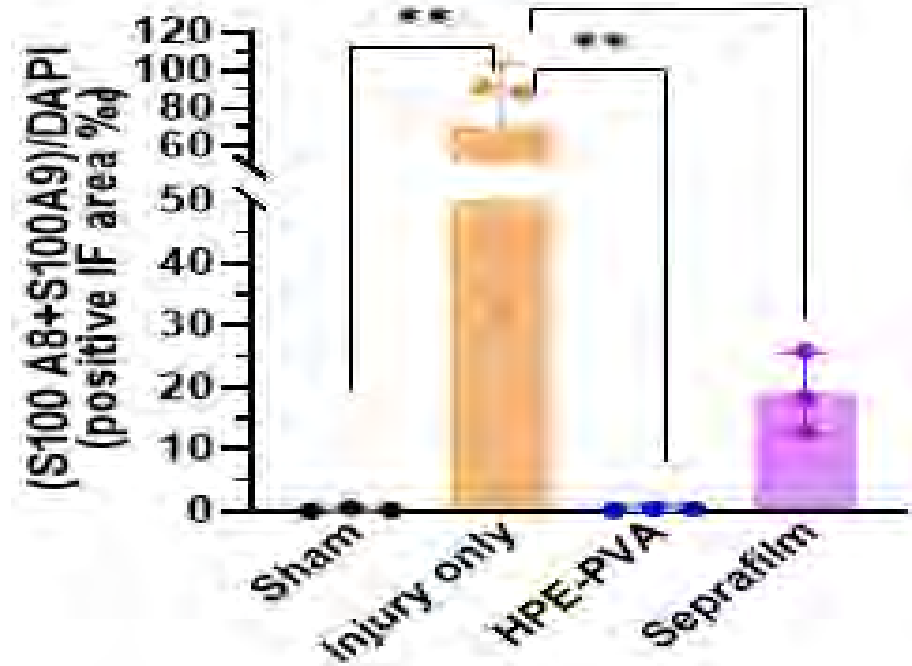
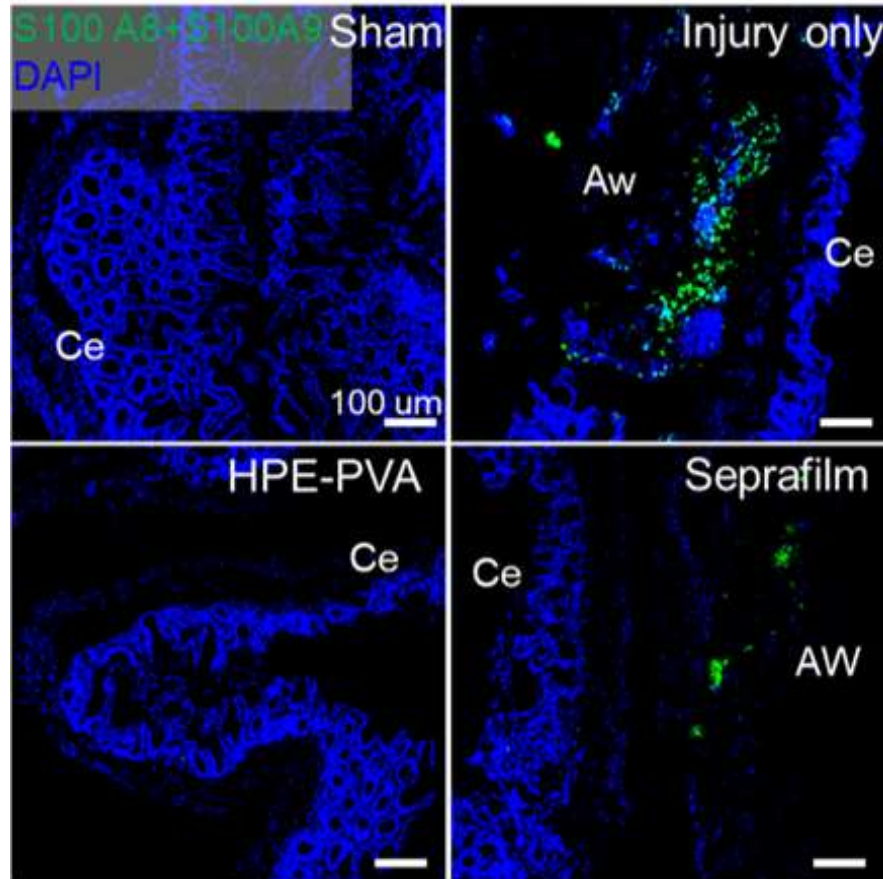


Neutrophils are critical for adhesion development.

-release NETS "neutrophil extracellular traps": DNA/protein mesh acts as adhesion substrates



S100A8/9 protein: NET release; neutrophil activation; fibrinogen binding



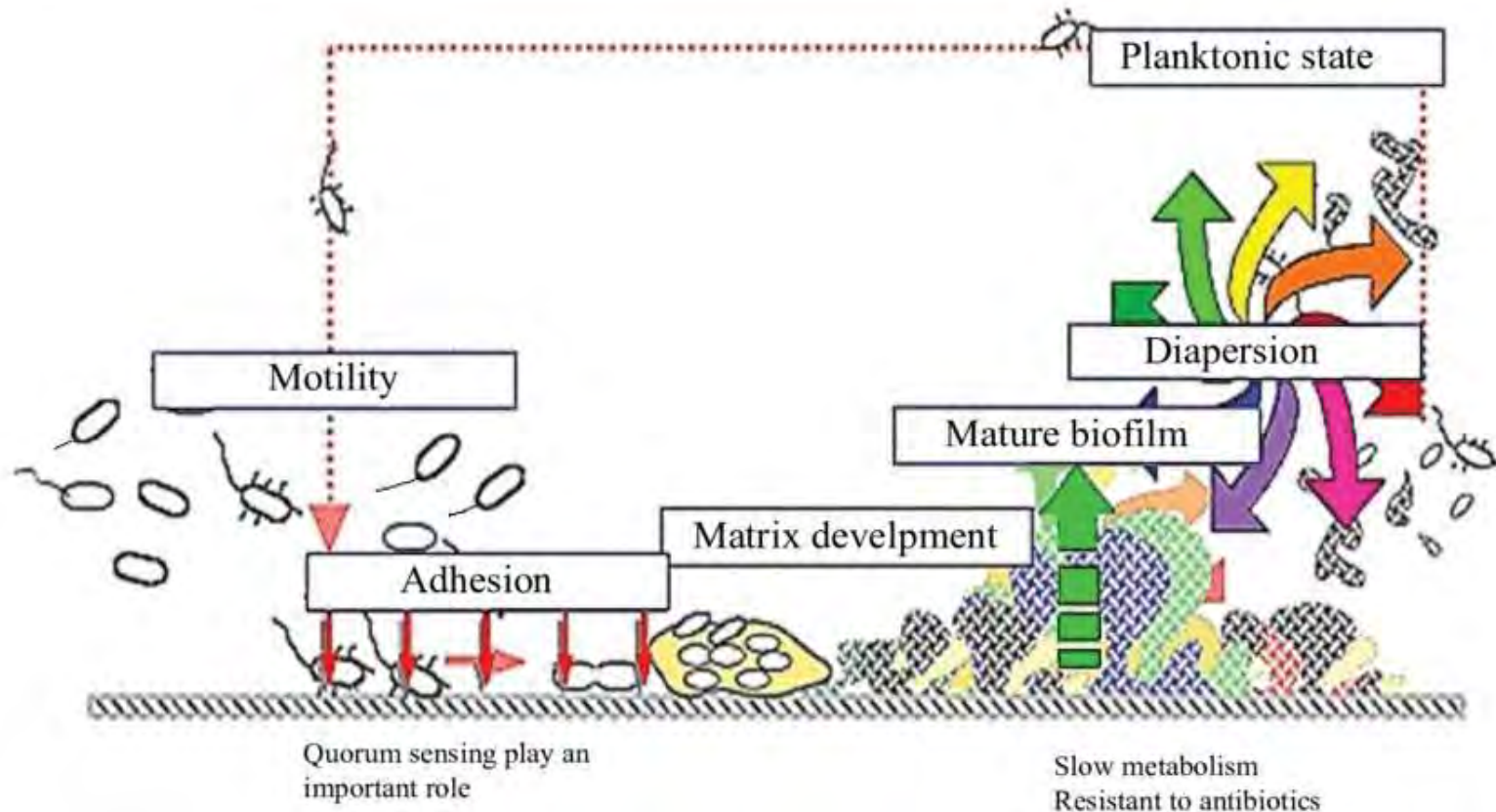
Biofilm: complex pathogenic microenvironment



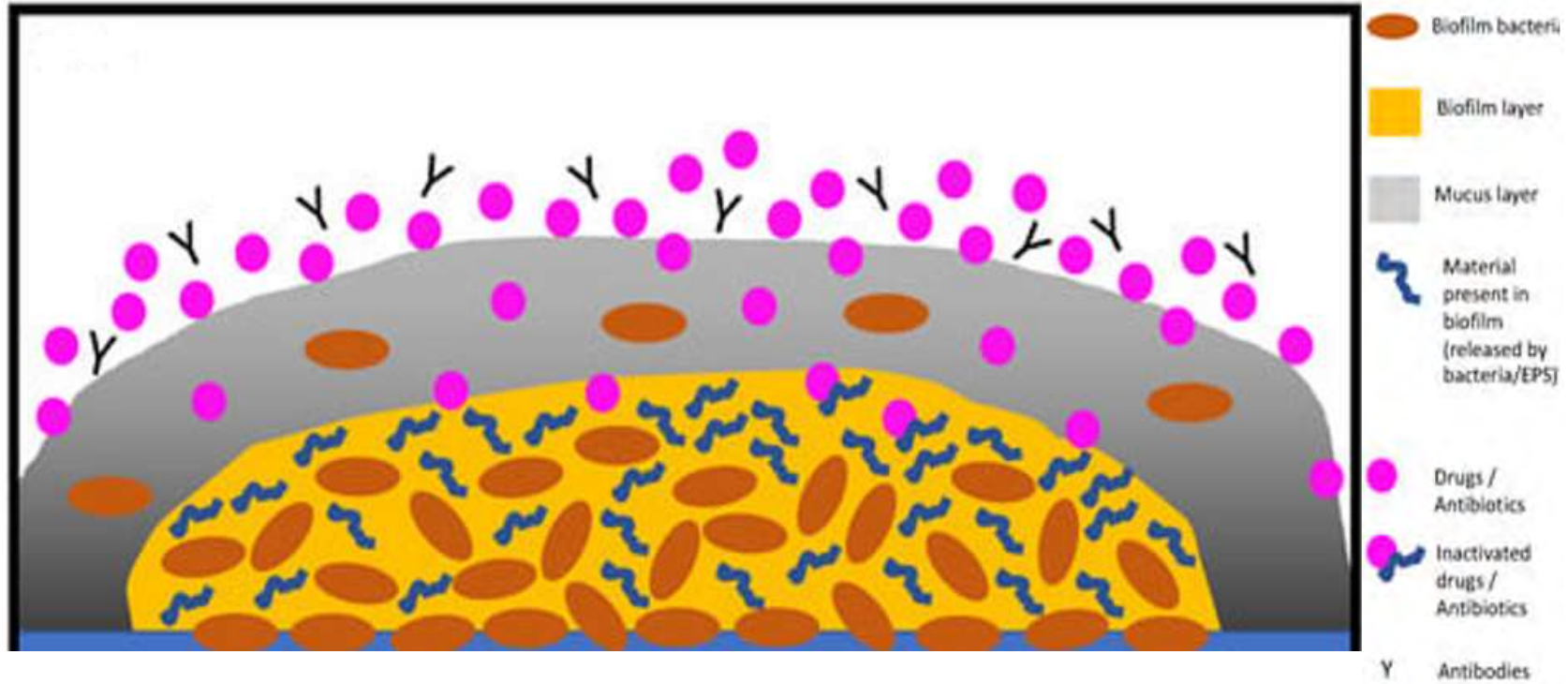
Siwei Zhao, PhD, Assistant Professor



Surface wound: Biofilm development polymicrobial community, extracellular polymeric matrix



Antibiotics do not penetrate biofilms



Clever biofilm bacteria can outsmart anti-microbials

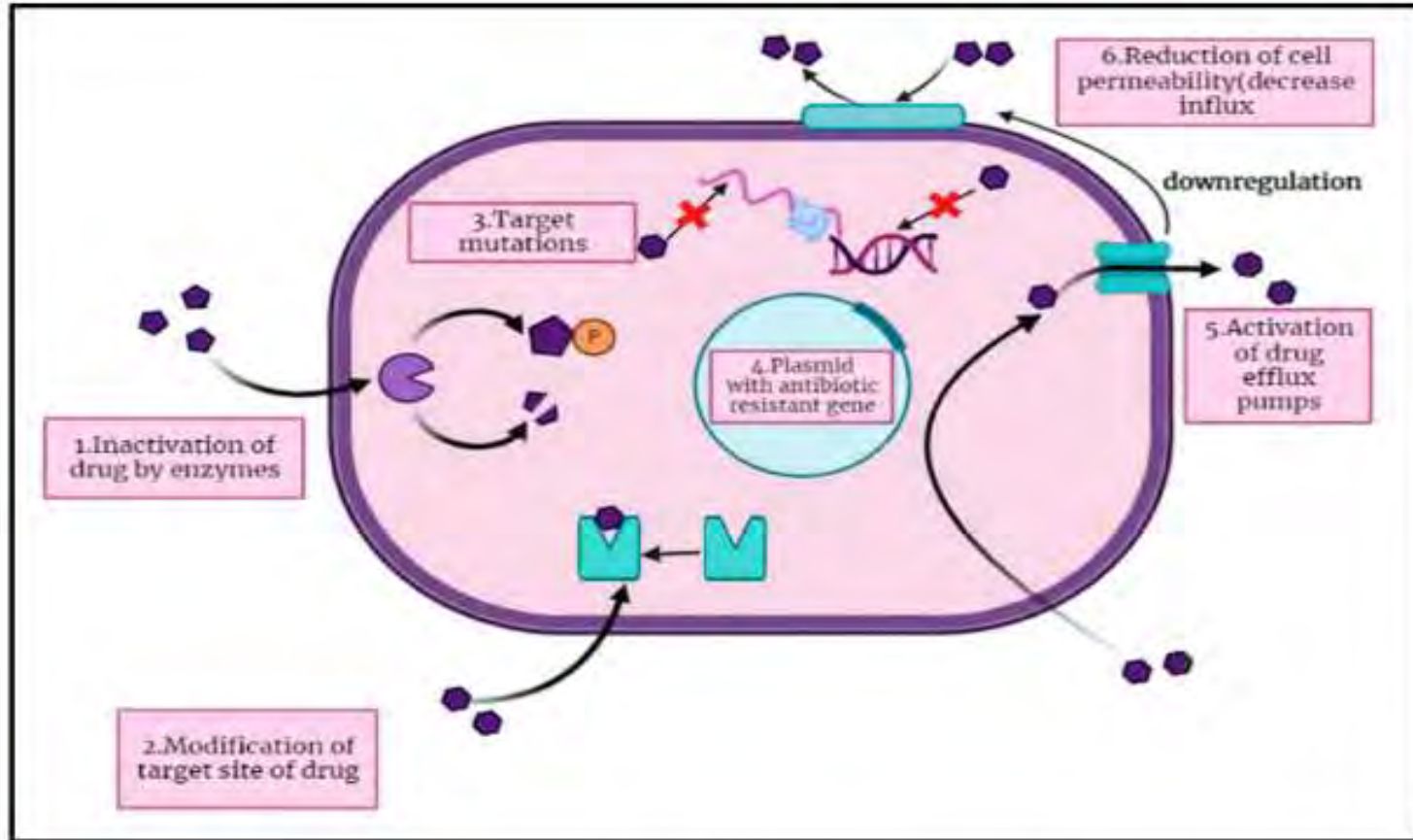
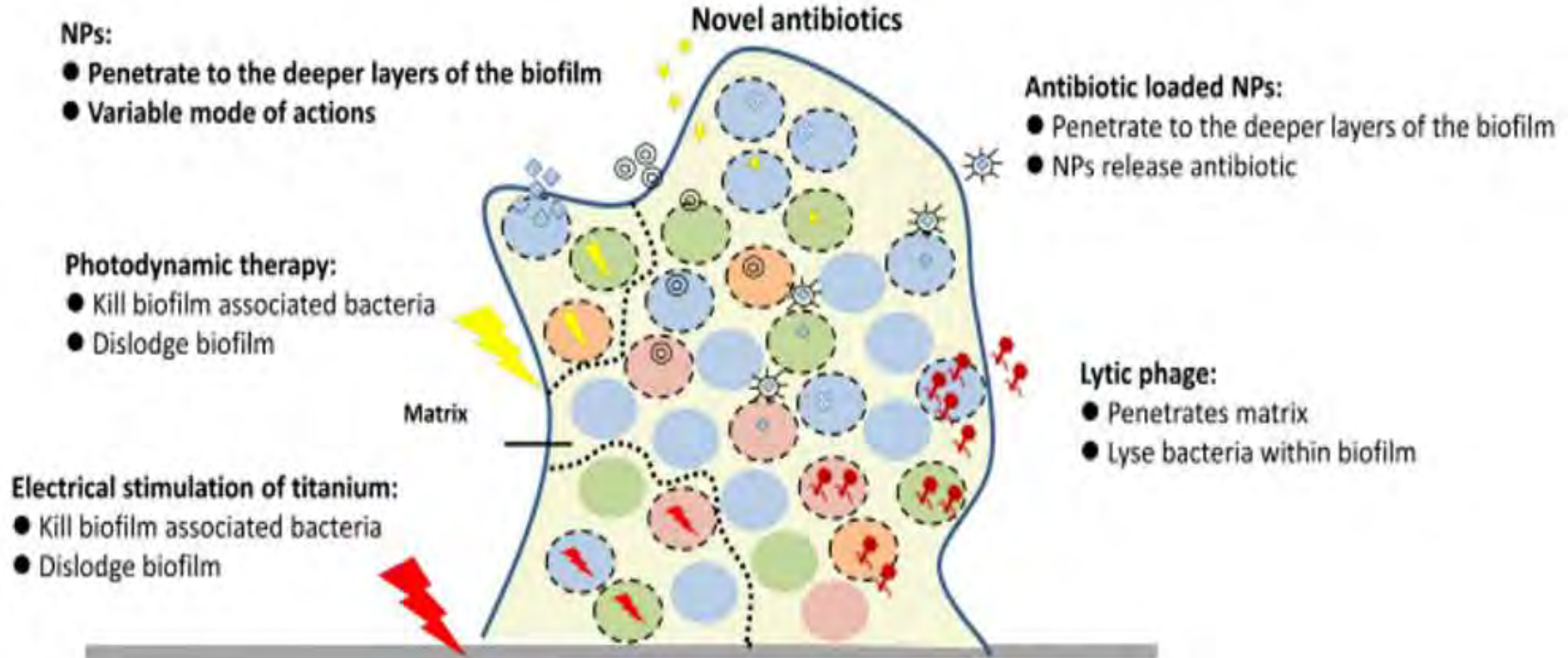


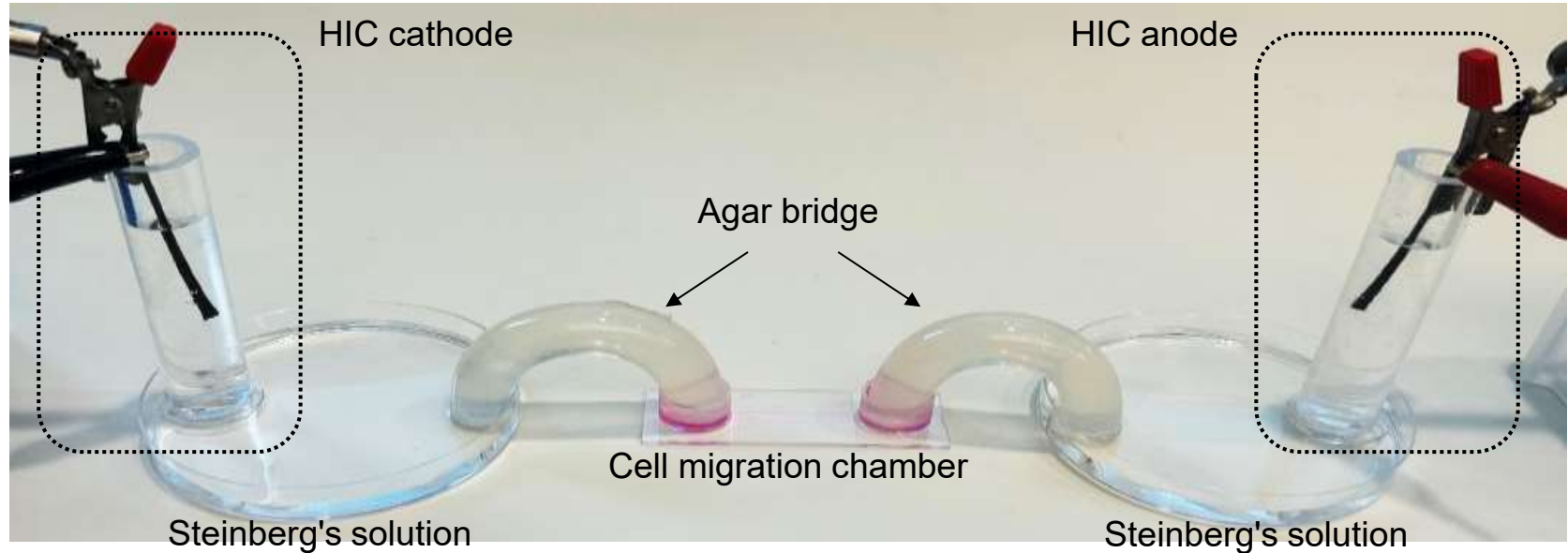
Figure 1. Different pathways of antibiotic resistance as antibiotic enters into the cell of bacteria

Approaches for Biofilm elimination



Iontophoresis: Electric current magnifies speed and penetration of transdermal antimicrobial delivery

In vitro electrotaxis cell migration setup



Electric Current-Based Wound Biofilm Treatment System

- high-intensity ion electric current reduces biofilm burden
- detachment of bacteria through electrostatic force
- delivery of antibiotics (daptomycin) into biofilm
- reduces bacterial count of MRSA biofilm

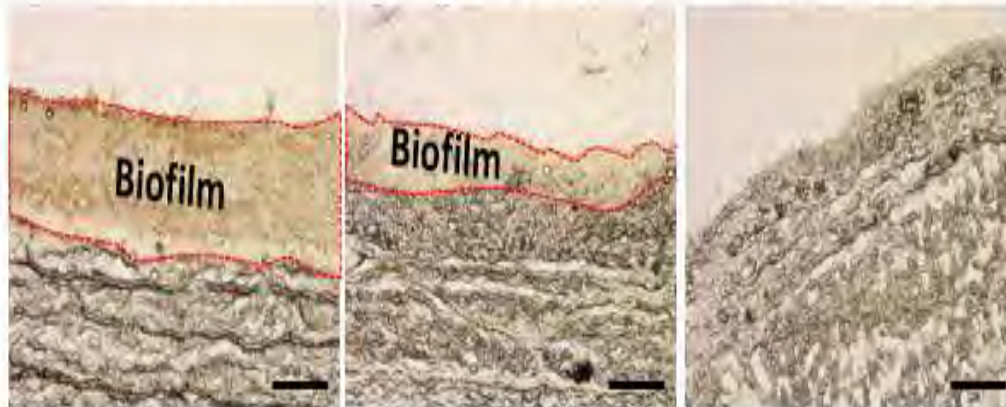
Direct electrical detachment of biofilm

Control

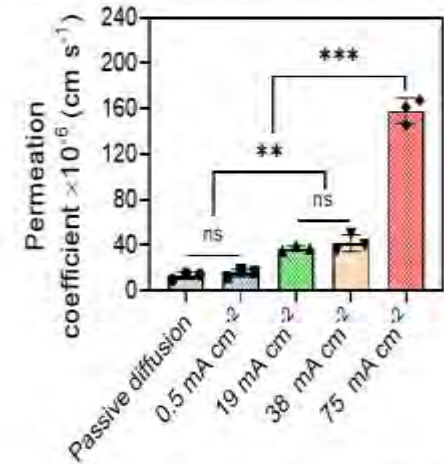
0.5 mA cm⁻²

75 mA cm⁻²

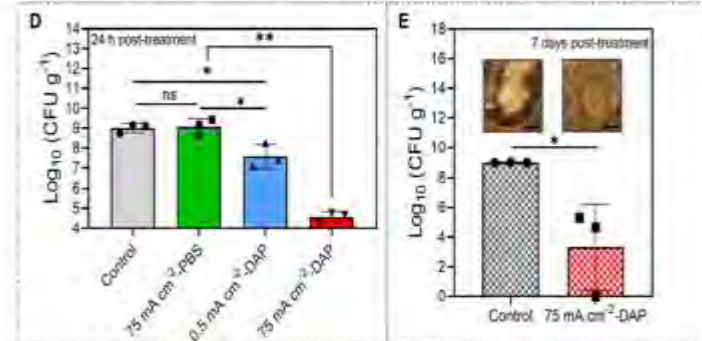
Immediately after
current application



Iontophoretic delivery of daptomycin (DAP)

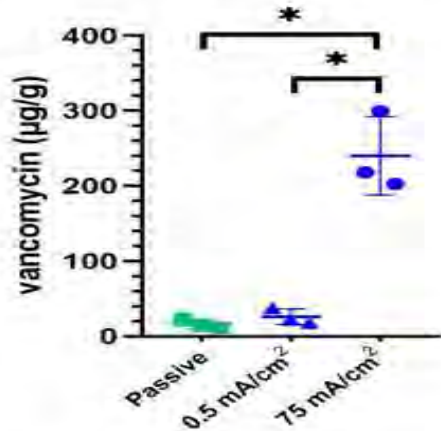


One 1-hour treatment with DAP reduced MRSA CFU (log₁₀ scale) from 9.0 to 4.6 at 24 h and 3.3 at day 7



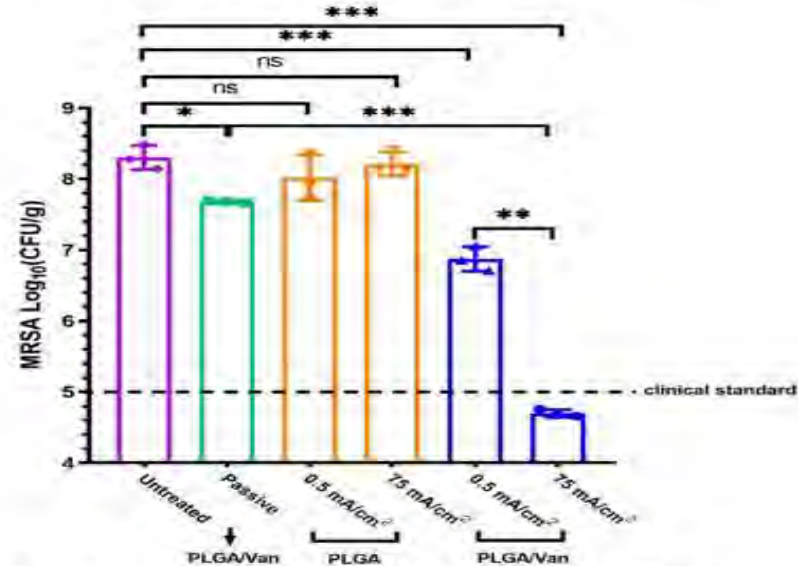
Antibiotic-containing nanoparticle delivery achieves long-term biofilm inhibition in chronic wounds

Vancomycin concentration in *ex vivo* porcine skin wound tissues



75 mA/cm² iontophoresis increased the vancomycin skin concentration (in NP formulation) by ~9-fold than 0.5 mA/cm² conventional iontophoresis, and by ~14-fold than passive diffusion

MRSA biofilm inhibition efficacy of delivered PLGA/Van



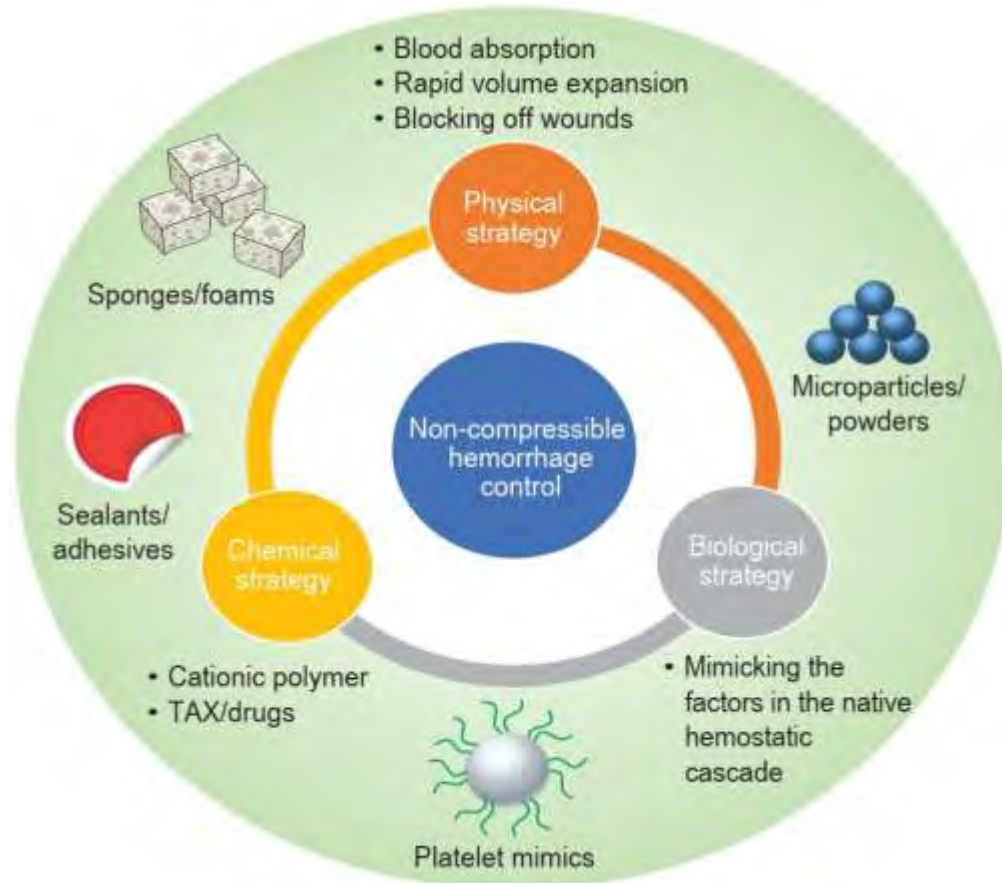
Porcine skin wounds were treated with iontophoretic delivery or passive diffusion of PLGA/Van and then challenged with MRSA inoculation. After 3 days, 75 mA/cm² iontophoresis maintained the lowest bacterial load at 10^{4.70} CFU/g (i.e., highest biofilm inhibition)

TEXT

Hemorrhage



Current approaches for treating Hemorrhage



Jingwei Xie, PhD, Professor

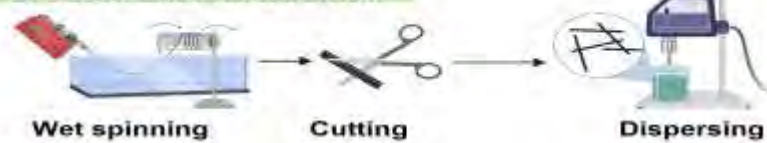


Nanofiber/Microfiber Hybrid Aerogels

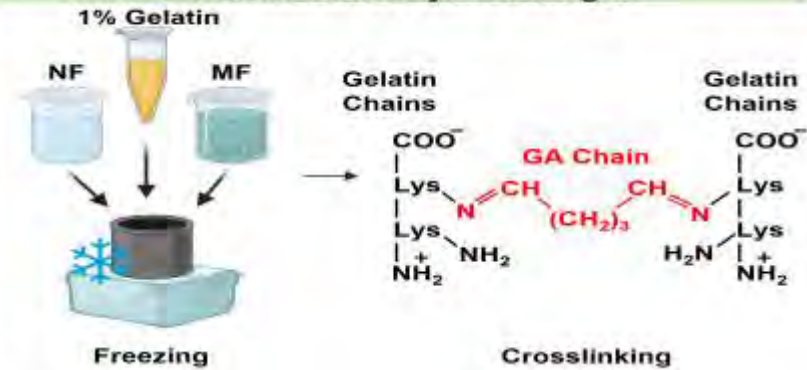
a. Fabrication of Short NF



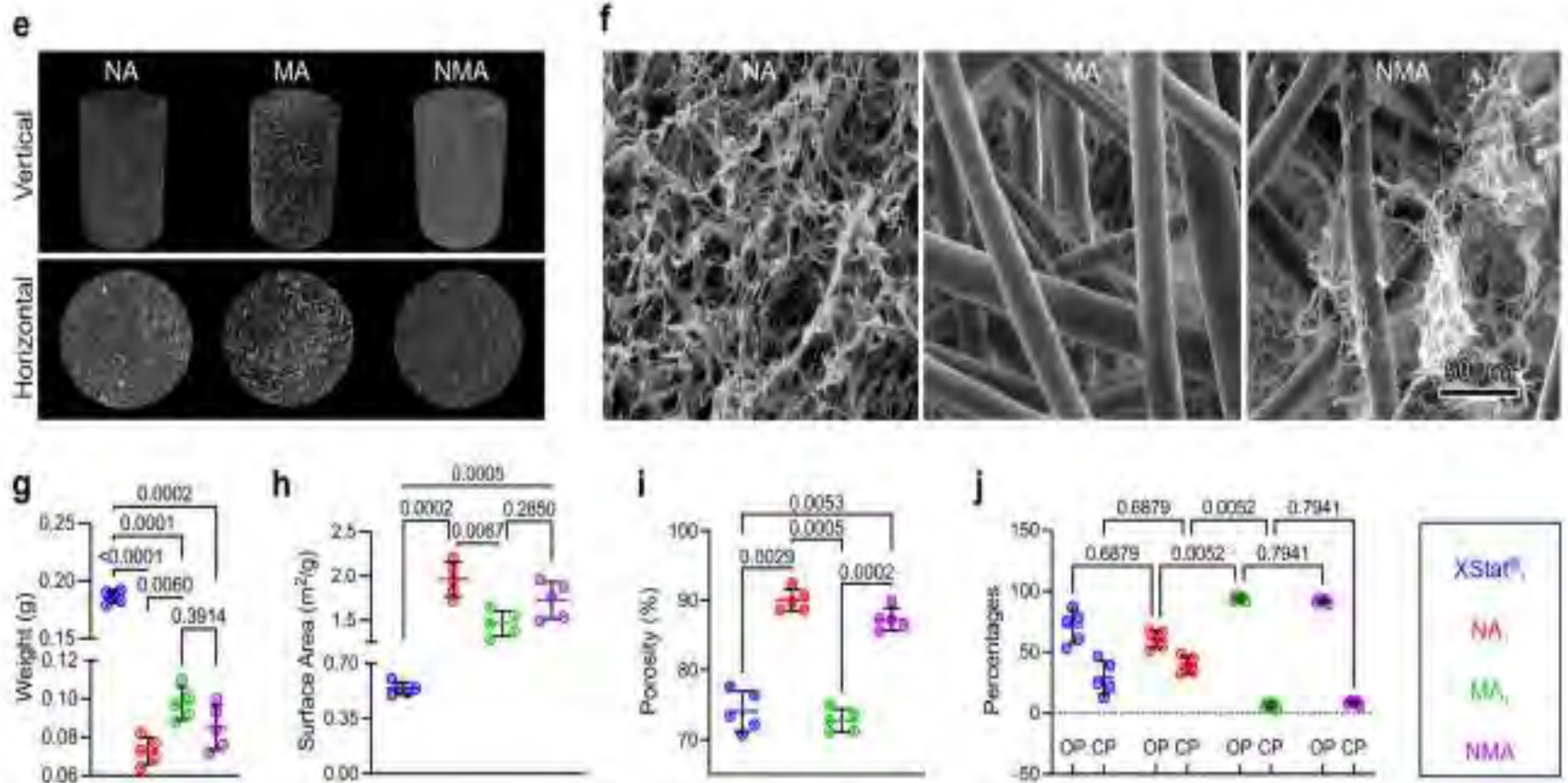
b. Fabrication of Short MF



c. Fabrication of Hybrid Aerogels



Structure/Function of aerogels



Porcine Junctional Hemorrhage Test

Injury
+
Free flow 30 s
+
Treatment
+
3 min of
compression



Pig was stable and survived for 3 h



Expansion in the wound site

Shape recovery of NMA in water

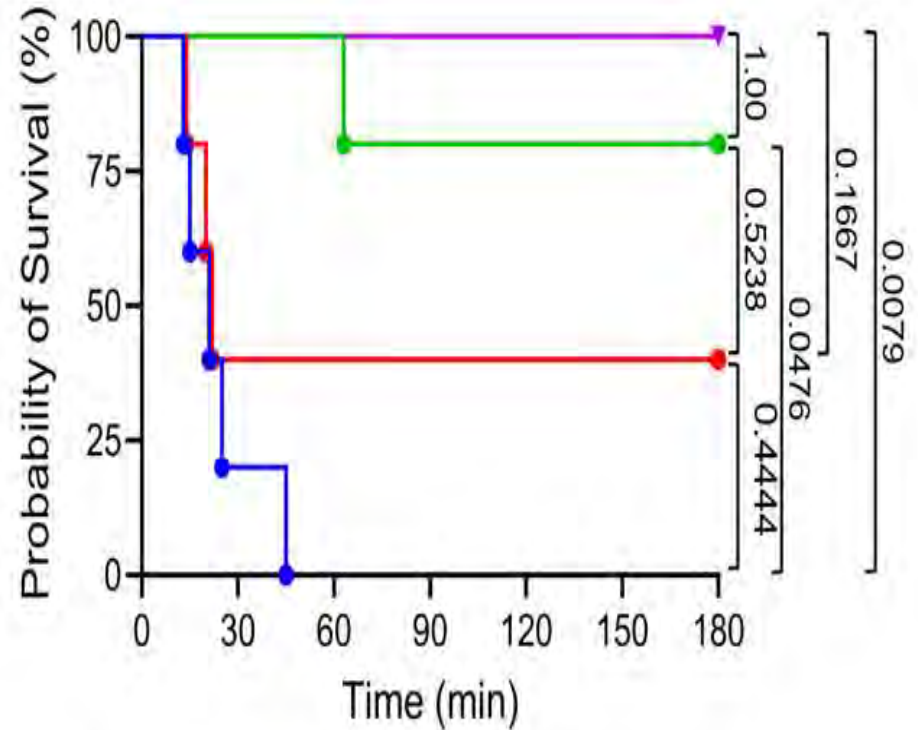
University of Nebraska
Medical Center



Results: Aerogel for Porcine Junctional Hemorrhage

Control, QCG®, XStat®, NMA

Groups	Blood Loss (mL)	"n"	p-Value
Control	1603.2 ± 343.0	5	0.0007
QCG®	1265.3 ± 559.0	5	0.0469
XStat®	634.9 ± 219.3	5	Ref.
NMA	42.9 ± 17.5	5	0.0003



Thanks

Engineers:

Bin Duan: dual sided adhesion barrier

Siwei Zhao: iontophoresis for biofilms

Jingwei Xie: hemorrhage aerogel

Wei Shi: heart regeneration

+Their collaborators

Alan Langnas: wonderful continuous support

Hillary Piper: Administration

Shaheed Merani: Organizing this conference

