

QUATERNARY
AMMONIUM COMPOUND
on
POLYVINYL
CHLORIDE
used in medical practice
a preliminary report

by W. L. GUESS, L. F. WORRELL, AND J. AUTIAN

► FOR THE PAST SEVERAL YEARS OUR LABORATORY HAS been investigating problems associated with the use of plastics in pharmaceutical and medical practice. Results from our studies, as well as reports from other sources, have indicated that drug-plastic interactions may and do occur which may not be evident to those using the particular plastic device.¹⁻¹⁴

Nicolaides and Autian¹⁵ have summarized two potential consequences in the use of plastics in medical practice. These may be stated as follows:

W. L. GUESS, Ph.D., is Associate Professor of Pharmacy, L. F. WORRELL, Ph.D., is Professor of Pharmaceutical Chemistry, and J. AUTIAN is Associate Professor of Pharmacy at The University of Texas, Austin.

Presented at the AAAS, Denver Meeting, December 1961.

Acknowledgment is given to Mr. John Prescott for technical assistance throughout this study.

From the Drug-Plastic Research Laboratory, College of Pharmacy, The University of Texas, Austin, Texas. This research project was conducted under a grant from The University Research Institute, The University of Texas.

Direct Consequence. Many plastic substances may have direct contact with the patient for a very short time or an extremely long time. For example, a surgical implant might well last for the lifetime of the patient while a drainage catheter may remain for a very short period. In both instances, the polymer or other ingredient in the plastic might cause a tissue sensitivity or toxic response.

Indirect Consequence. Plastic administration devices, such as syringes and tubings, may react with the drug or nutritional product and either (1) release a constituent from the plastic to the solution which will then be injected into the patient, or (2) the plastic device may bind or adsorb a significant quantity of the active ingredient, thus reducing the potency of the drug product to be administered to the patient.

Since at the present time there are no standards for safety of plastics to be used in medical practice, a great responsibility rests upon those who purchase, distribute, and use these devices. The hospital pharmacist, of course, is very much involved with the devices and should be continually alert to practice his professional judgment in the selection of plastic devices to be used in his own hospital. A guide to the hospital pharmacist in the evaluation of plastic devices has already been published.¹⁰

name "vinyl" or "polyvinyl chloride" is assigned to this material, other ingredients are added to the polymer which gives to the final material flexibility as well as other desired properties. Often the other additives in the formula amount to as much as 40 percent by weight of the total weight of the plastic.

The very high proportion of other ingredients added to the basic polymer, polyvinyl chloride, increases the opportunity of one or more of the additives to migrate into a solution having contact with the plastic. For example, previous studies have shown that polyvinyl chloride tubings used for medical purposes would leach a constituent to various alcohols and that certain of these tubings would react with a parenteral drug product.^{3,8,9,10}

A year or so ago, our laboratory received reports that certain hospitals were resterilizing disposable tubings by a "cold" method using benzalkonium chloride. This directed our attention to other polyvinyl chloride materials which might also conceivably be sterilized by the use of a specific agent. In particular, we became interested in polyvinyl chloride sheets which are used for various and sundry purposes in a hospital.

This particular paper deals with a preliminary report on the observations made after benzalkonium chloride solution was kept in contact with a particular brand of PVC sheets which are now being used in certain hospitals. The results reported in this paper have also been noted for commercially obtained PVC tubings used in medical practice. The information in this preliminary report should once again emphasize the seriousness of the "misuse" of plastics and alert the hospital pharmacists and others to test or have tested the plastic device for safety until proper standards are formulated and followed in the manufacture, distribution, and use of a plastic item to be used by the medical profession.

EXPERIMENTAL

Materials Polyvinyl Chloride Sheet (4 mils)
Benzalkonium Chloride (as Zephiran® Chloride Solution)
Sodium Lauryl Sulfate Solution 0.012%
Alcohol, Absolute
Propylene Glycol, U.S.P.
Glycerin, A. R.
Polyethylene Glycol 400, U. S. P.

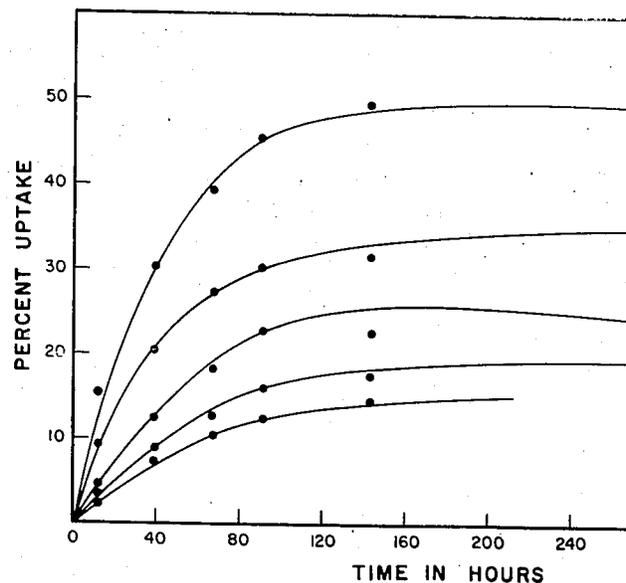
Apparatus Leeds & Northrup pH meter
Semi-micro Burette
200 ml. Glass Stoppered Pyrex Tubes

ated water, 5 ml. of dilute sulfuric acid, 0.01 percent W/V solution of methyl yellow, 1 ml. of chloroform. After thorough agitation, the benzalkonium chloride was titrated with a 0.01 percent solution of standardized sodium lauryl sulfate using a semi-micro burette. This assay follows the procedure as outlined by Carkhuff and Boyd.¹⁶ Proper controls were used during each series of analyses.

Effect of Concentration on Uptake

Previously washed and dried strips of polyvinyl chloride (PVC) sheets (approximately 20 g. samples) were accurately weighed and transferred to specially constructed glass stoppered tubes containing exactly 150 ml. of benzalkonium chloride solution at four different concentrations. Each tube was sealed with a silicone-grease coated, ground glass stopper and further secured by the use of rubber bands. These prepared tubes were placed in a constant temperature water bath adjusted to $49^{\circ} \pm 0.1^{\circ}$. At certain time intervals 1 ml. aliquots of solution were withdrawn and assayed according to the procedure previously outlined. The data obtained were as follows:

Fig. 1.—EFFECT OF CONCENTRATION ON UPTAKE OF BENZALKONIUM CHLORIDE BY P.V.C.



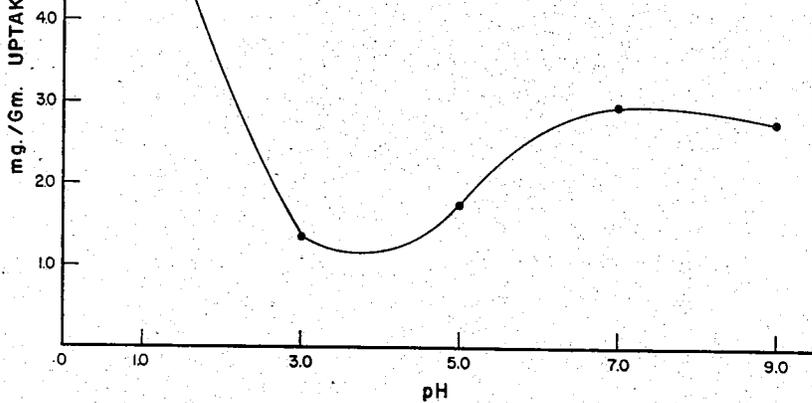


Fig. 3.— EFFECT OF pH ON UPTAKE OF BENZALKONIUM CHLORIDE BY P.V.C.

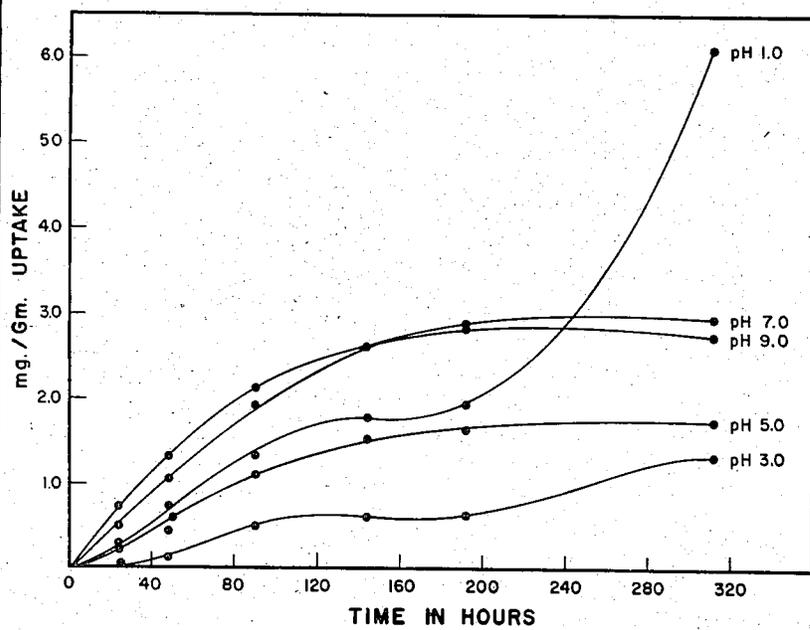
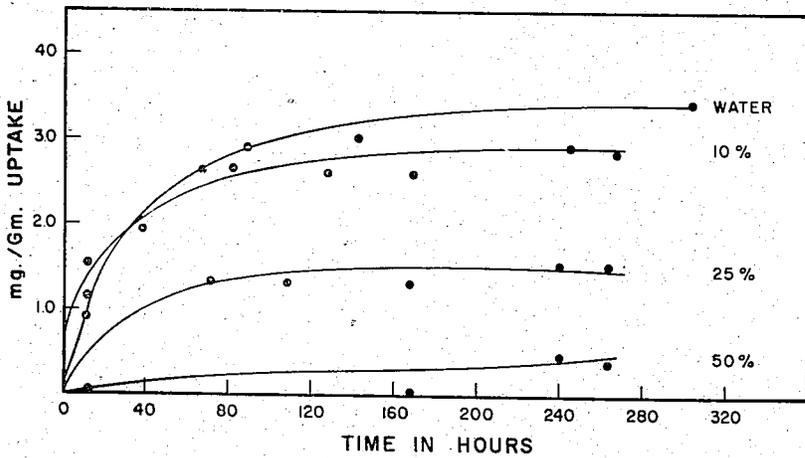


Fig. 4.— EFFECT OF ETHYL ALCOHOL ON UPTAKE OF BENZALKONIUM CHLORIDE BY P.V.C.



In order to determine the influence of pH on the uptake of benzalkonium chloride by PVC, weighed strips of PVC film were placed in 150 ml. of solution containing 1.28 mg. of benzalkonium chloride per ml. and adjusted to various pH's by the addition of sulfuric acid-ammonium sulfate solutions for acidic pH's and sodium hydroxide-ammonium sulfate solutions for the basic pH's. These buffer systems were chosen because it has been reported¹⁶ that acids, other than sulfuric acid, interfere with the assay. The procedure for the experiment was exactly as previously described except that initial pH and final pH values were determined. These experiments were run for a period of 312 hours. At the end of the experiment, the pH of the original solution having a pH of 7.0 had dropped to 5.7 and the pH of the solution at 9.0 had dropped to 6.2. The results of this study are shown in graphic form (uptake in mg./Gm. vs pH) in Figure 2 and (uptake vs time) in Figure 3.

Effect of Solvents on Uptake

In order to determine the effect various solvents may have on the uptake of benzalkonium chloride by PVC, a study was conducted using various concentrations of glycerin, propylene glycol, alcohol and polyethylene glycol 400. Weighed strips of PVC film were placed in the glass tubes and exactly 150 ml. of solution containing 1.28 mg. of benzalkonium chloride per ml. with the required amount of test solvent was added. The tubes were sealed as before and placed in the water bath set at $49^{\circ} + 0.5^{\circ}$ C. At certain time intervals, aliquots were withdrawn and assayed as outlined. The results are presented graphically in Figures 4 to 7.

Desorption of Benzalkonium Chloride

Previous experiments had shown that some of the benzalkonium chloride which had been absorbed by the PVC would be leached back out of the plastic if the plastic were exposed to distilled water. Therefore

* In all experiments which contained benzalkonium chloride, the PVC released a constituent to the solution as evidenced by the original, clear solution becoming progressively cloudy. Attempts were made to isolate and identify the leached constituent but this was soon relegated for future studies. The leached constituents did not materially alter the assay results.

Partition coefficient experiments were also conducted but the results could not properly be interpreted because of the leaching.

exposure to the distilled water, the PVC samples were rinsed three times in distilled water to remove any surface solution of benzalkonium chloride adhering to the plastic. The surface moisture was then air-dried so that the exact volume of added distilled water would be known. At the end of 222 hours from 24 to 30 percent of the absorbed benzalkonium chloride was released back to water.

DISCUSSION

The results found in the various experiments clearly indicate that a reaction will take place between a solution of benzalkonium chloride and flexible PVC. Even though cold sterilization is usually carried out at a much lower temperature and for much shorter periods of time, than employed in the experiments reported here, the more severe conditions were used to accentuate the reaction and to permit the collection of useful information in a much shorter period of time.

Effect of Concentration

It may be surprising to note that large quantities of benzalkonium chloride were removed from the various aqueous solutions in contact with the PVC, as may be noted in Figure 1. The uptake of the agent can occur at either the surface of the plastic (*adsorption*) or the benzalkonium chloride can penetrate the plastic (*absorption*). Even though *adsorption* is probably taking place, this could not account for the large amounts of uptake. Surface adsorption on plastics is usually instantaneous and thus a state of equilibrium would be reached within a very short time, but as the data indicates, many hours were needed before an apparent equilibrium was approached. This would suggest that the main route of uptake was by absorption.

The question still to be answered, however, is the mechanism of interaction. There is no theoretical reason to indicate that a quaternary ammonium compound is interacting with the polyvinyl chloride since this polymer is relatively a non-polar molecule with no real sites to attract large amounts of an ionic compound such as benzalkonium chloride. The compound must be interacting with one or more of the additives, or partitioning itself between the solvent and the plastic. Delineation of one from another was not possible since the ingredients in the final PVC sheet were not made known to us and since the partition coefficient experiments were continually being marred by the leaching of an ingredient into the aqueous phase. The large amount of desorption into pure water, however,

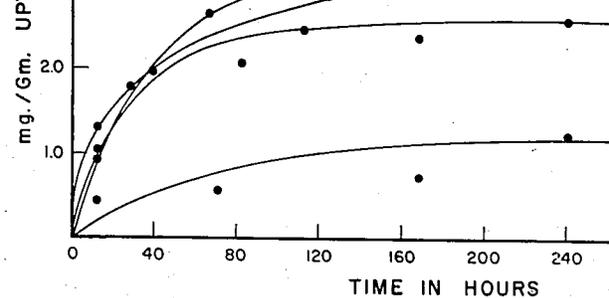


Fig. 6.—EFFECT OF GLYCERIN ON UPTAKE OF BENZALKONIUM CHLORIDE BY P.V.C.

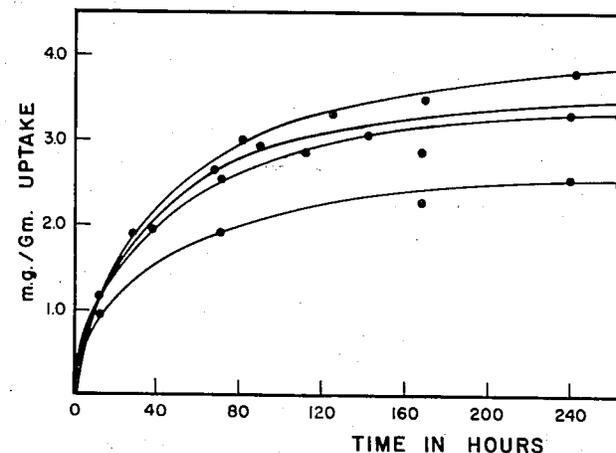
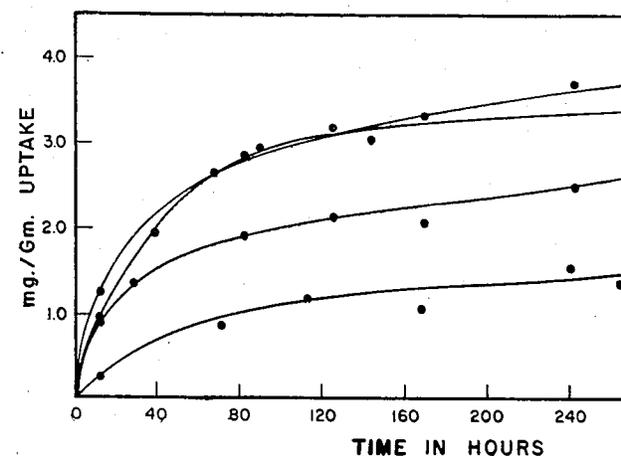


Fig. 7.—EFFECT OF POLYETHYLENE GLYCOL 400 ON UPTAKE OF BENZALKONIUM CHLORIDE BY P.V.C.



uptake as depicted in Figure 1 the relationship reverses and must be interpreted as meaning that dilute solutions will lose more of the solute to the plastic *as percent* than a more concentrated solution. Since benzalkonium chloride is often used in dilute solutions (1:1000 to 1:10,000) much of the original solute may be removed from a solution, thereby reducing the effective bacteriostatic or bacteriocidal activity of the agent. Kundsins and Walter¹⁷ and Myers and Lefebvre¹⁸ have emphasized the importance of this point.

In the experiments conducted, apparent equilibrium was approached but true equilibrium was probably never attained since leaching from the plastic would keep altering the equilibrium. For this reason the quantizing of the concentration data by the usual Freundlich or Langmuir adsorption isotherms was not possible.

Effect of pH

The effect of pH on the uptake of benzalkonium chloride presents an interesting result in that the uptake at pH 1.0 is very high, decreasing at pH 3.0 and then rising at pH 5.0 and beyond. The very low pH (1.0) apparently alters the PVC to a greater extent than the other pH's, permitting greater uptake of the benzalkonium chloride. Figure 3 illustrates the leaching tendency of one or more of the additives which are of an acidic nature since the buffer capacity is broken at the higher pH values (7.0 and 9.0) and the pH reduced to within an acid range.

Effect of Solvents

Reducing the dipolar characteristic of the solvent system by replacing the water with less polar solvents tends to decrease the uptake by the PVC. In two cases, (alcohol and propylene glycol) the decrease in uptake of benzalkonium chloride by the plastic was observed for all three percentages of solvent added while in the case of polyethylene glycol 400 and glycerin, the decrease in uptake was not noted except at a solvent concentration of 2 percent or more. The explanation for these observed effects is difficult to elucidate within the experimental framework employed in the study.

Summary and Conclusion

Since flexible polyvinyl chloride and tubings and sheets are being used in medical practice for one reason or another, it was thought judicious to investigate

no such information appears to have been reported for PVC. The implications of uptake and leaching should caution those in the medical field employing PVC sheets and tubings to test their own particular PVC item prior to actual use to ensure safety. The results of this study once again emphasize the need for standards for plastics to be used in medical practice if better and safer patient care is to be achieved. Further work on this problem is continuing and will be reported at a later date.

References

1. Autian, J.: The Effect of Plastics on Parenteral Products. *Bull. Parenteral Drug Assoc.* 11:25 (1957).
2. Autian, J. and Brewer, J. H.: The Effect on Parenteral Products of Disposable Needles Having a Plastic Hub, *A. J. Hosp. Pharm.* 15:313, (1958).
3. Autian, J.: Leaching and Sorption of Plastics Used in Parenterals, *Bull. Parenteral Drug Assoc.* 12:17 (1958).
4. Autian, J. and Dhorda, C. N.: Evaluation of Disposable Plastic Syringes as to Physical Incompatibilities with Parenteral Products, *Am. J. Hosp. Pharm.* 16:176 (1959).
5. Marcus, E., Kim, H. K., and Autian, J.: Bindings of Drugs by Plastics I. Interaction of Bacteriostatic Agents with Plastic Syringes, *J. Am. Pharm. Assoc., Sci. Ed.* 48: (1959).
6. Kim, H. K. and Autian, J.: Binding of Drugs by Plastics II. Interaction of Weak Organic Acids with Plastic Syringes, *ibid.*, 49:227 (1960).
7. Autian, J. and Shaikh, Z. I.: Binding of Drugs by Plastics III. Potential Value of Drug-Plastic Interaction with Respect to Packaging Materials, *Drug Standards*, 28: (1960).
8. Autian, J. and Kapadia, A. J.: A Note on the Leaching of a Constituent from Medical Grade Plastic Tubings, *ibid.* 28:101 (1960).
9. Autian, J.: Plastics in Parenteral Packaging, *Bull. Parenteral Drug Assoc.*, 14:10 (1960).
10. Autian, J.: Plastics—Uses and Problems in Pharmacy and Medicine, *Am. J. Hosp. Pharm.*, 18:329 (1961).
11. Richards, J. M. and Whittet, T. D.: Nylon Syringes Under Test, *Chemist and Druggist*, 170:16 (1958).
12. Fagard, J.: Stabilité du Chlorhydrate de Neosylphrine en Fonction de la Nature du Conditionnement, *Pharm. Belg.* 16:128 (1961).
13. Denoel, A et Fagard, J.: Comportement de Quelques Matières Plastiques vis-a-vis Agents Physiques et Chimiques et son Incidence sur les Applications Pharmaceutiques, *ibid.* 15:384 (1960).
14. Hartop, W. L.: The Influence of Packaging on the Quality of Liquid Dosage Forms, presented at the A.P.H. (Industrial Section), Chicago meeting, April 1961.
15. Nicolaidis, H. J. and Autian, J.: Plastics—A Potential Problem in Hospitals, *Hospitals*, 35:63 (1961).
16. Carkhuff, E. D. and Boyd, W. F.: *J. Am. Pharm. Assoc., Sci. Ed.* 43:240 (1954).
17. Kundsins, R. S. and Walter, C. W.: Investigations on Adsorption of Benzalkonium Chloride, U. S. P. by Surgical Gloves and Sponges, *Arch. Surg.*, 75:1036 (1957).
18. Myers, G. E. and Lefebvre, C.: Antibacterial Activity of Benzalkonium Chloride in the Presence of Cotton and Nylon Fibres, *Canadian Pharm. J.*, 94:55 (1961).