A Method for Large Scale Implantation of 3D Microdevice Ensembles into Brain and Soft Tissue

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Abstract

Wireless networks of implantable electronic sensors and actuators on the microscale (sub-mm) are being explored for monitoring and modulation of physiological activity for medical diagnostics and therapeutic purposes. Beyond the requirement of integrating multiple electronic or chemical functions within small device volumes, a key challenge is the development of high-throughput methods for implantation of large numbers of microdevices into soft tissues with minimal damage. To that end, we have developed a method for high-throughput implantation of ~100-200 μm size devices which are here simulated by proxy microparticle ensembles. While generally applicable, our main focus and experimental testbed is the implantation of microparticles into the brain. The method deploys a scalable delivery tool composed of a 2-dimensional array of polyethylene glycol (PEG) tipped microneedles which confine the microparticle payloads. Upon dissolution of the bioresorbable PEG, the supporting array structure is retrieved and the microparticles remain embedded in the tissue, distributed spatially and geometrically according to the design of the microfabricated delivery tool. We evaluate the method in an agarose testbed in terms of spatial precision and throughput for up to 1000 passive spherical and planar microparticles acting as proxy devices. We also show examples of such implantation into rodent cortex for *in vivo* evaluation.

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1. Introduction

One vision of next generation electrical and chemical *in vivo* biointerfaces is the idea of an ensemble of implanted active microscale devices forming a smart body-internal wireless network for sensing and stimulation of the underlying biological circuits. One recent example is found in the field of brain-computer interfaces where microelectronic devices operate wirelessly as a spatially distributed set of intracortical nodes in coordination with a controller located outside of the body [1]. Several groups are pursuing research with the goal of miniaturizing silicon microelectronic circuits towards the 100 μm scale of size as candidates for chronic implantation into tissue by the thousands for such applications [1-4].

Concurrent with active microdevice development, we are presented with the question as to how these devices could be implanted in a safe, scalable, high-throughput manner. As of today there exist no reported methods to our knowledge for large scale implantation of microscale devices. In this paper we report of the development of means to implant large numbers of ~100-200 μm scale devices. The method of implantation employs an array of microneedles carrying ensembles of devices as payload, with a bioresorbable polymer, polyethylene glycol (PEG), enabling their release upon implantation into tissue. The devices are constrained within PEG constructs which are shape-optimized for penetration and mounted onto the tips of a supporting array structure enabling parallel implantation of potentially large numbers of microdevices.

Throughout development of the method we have used microparticles in the form of spherical polymer microspheres and passive planar silicon chiplets as proxies for real microdevices. Microfabricated arrays, each carrying up to a thousand microparticles, have been implanted in an agarose model to assess the spatial distribution and precision of microparticle delivery in 3-dimensions. We have also performed experiments in rats in which we implanted ensembles of microparticles into the cortex for assessment of our method *in vivo*. Here we report the results of these experiments, and discuss the critical issues involved in minimizing cortical injury as well as enabling effective large scale implantation.

2. Background

In early phases of the research, we investigated a few different approaches to implantation of microparticles as candidates for further development. As a baseline, we first performed a number of experiments exploring implantation by hypodermic needle. We drew inspiration from the various groups that have described methods of syringe implantation for delivery of probes and other materials into brain tissue [5-8]. We utilized a gauge 26 needle (460 μm outer diameter, 260 μm inner diameter) as the microparticle carrier, with its piston running the length of the needle for ejection of ~100-200 μm size particles from the needle tip into brain tissue. We implanted particles to 25 locations in the cortex of a rat to a depth of 1.4 mm, but found that all the particles had returned to the cortical surface after a week-long period *in vivo*. The finding that particles could not be properly secured in the tissue, likely caused by injury from the necessarily large outer diameter of the syringe needle, lead us to reject this method. Ideally, the diameter of the implantation track should match the diameter of the device. Equally important, the method should be easily scalable to large numbers of implantation sites throughout the target tissue.

In exploring a second method of implantation, we built a small benchtop apparatus resembling a "gene-gun" [9, 10] that allowed microscale devices to be accelerated through a pressurized nozzle up to a speed exceeding 100 m/s. This enabled ballistic implantation of ~100-200 μm size microparticles into the cortex in a rat model to a depth of ~1 mm, but the excessive collateral tissue injury we observed in this case led us to reject this method as well.

We then arrived at the idea of incorporating PEG as a key material component into a custom designed and microfabricated implantation tool. In a related context, bioresorbable, naturally body-dissolving PEG has been used to stiffen flexible microelectrodes for improved penetration into brain tissue [11-17], for implantation of a single, or a handful of intracortical electrodes at once. In our case, PEG acts as a carrier for release of a payload of microdevices as opposed to flexible microelectrodes, and the method is compatible with high-throughput implantation into soft tissues. Below, we describe the process of microfabrication of the implantation tool and assessment of implantation outcomes.

3. Methods

3.1. Implantation Mechanics

Figure 1 provides an overview of the implantation mechanics. Each microparticle, a proxy for an eventual active device, is encapsulated within a needle-shaped PEG construct which constrains the microparticle to the tip of a supporting silicon shank. This configuration is replicated across each of the shanks of the supporting array structure (only one shank is shown in figure 1 for clarity). Once the structure is positioned, it is driven into the tissue by a pneumatic inserter which brings the microparticles to their target locations in a fraction of a second. Upon immersion into the aqueous environment the PEG constructs dissolve within one minute. This leaves the microparticles embedded in the tissue and allows the supporting silicon shank array to be retrieved. The method is designed to be scalable to potentially hundreds of lateral locations across the target surface. In our studies, each PEG construct contained up to 10 vertically separated microparticles yielding a 3D distribution of particles within the implanted tissue. Specifically, for an array of 100 shanks, up to 1000 microparticles could be implanted in a single insertion step as shown below. Note that, for illustrative purposes, the process is displayed in video form as part of the supplementary materials for a small 3D distribution of microspheres implanted slowly into agarose gel.

3.2. Microfabrication of the Implantation Tool

The microfabrication process by which ensembles of microparticles are loaded into the supporting silicon microarray frame is shown schematically in figure 2. The PEG constructs derive their needle-like shape from a positive stamp used for molding of molten PEG. An important step in the process is the formation of this stamp which we accomplished by two distinct processes. One process choice which we focus on here is silicon based, involving mechanical dicing and wet etching of bulk single crystal silicon to produce the tapered needle shape. In short, a 2.25 mm thick silicon wafer was diced into several shank arrays, with each shank measuring 225 μm by width and 1500 μm by height at 500 μm separation between shanks (center-to-center). The arrays were then wet etched in a 1:19 ratio solution of 50% hydrofluoric acid and 70% nitric acid. The etching time was varied across the arrays to produce an assortment of subtly different shapes. Various groups describe the details of this process for production of microelectrode arrays, such as for intracortical neural recording [18-21].

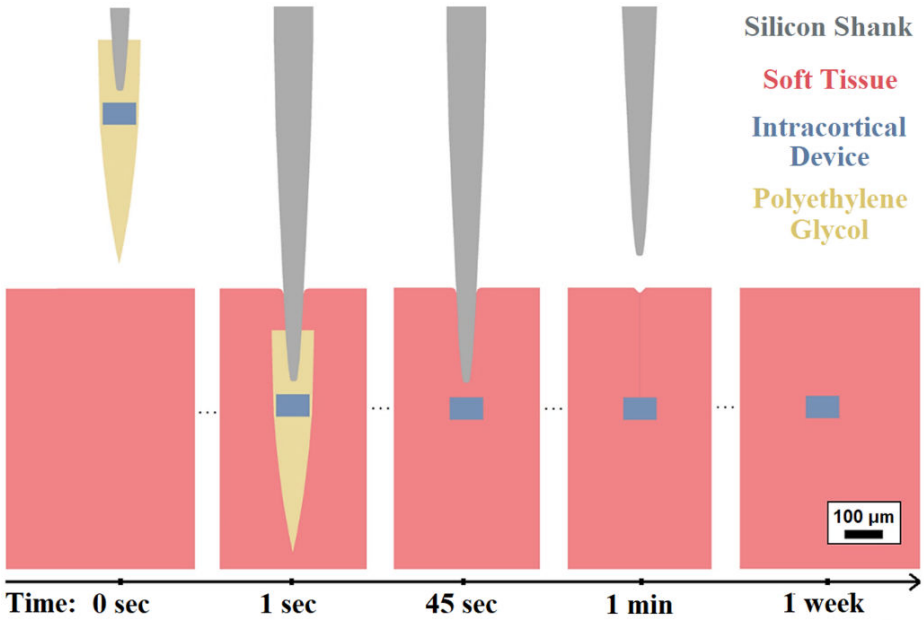

Figure 1. The polyethylene glycol (PEG) mediated process by which microparticles, or intracortical microdevices, are implanted into tissue is depicted as a time-course. Here, a particle is seen encased within a needle-shaped PEG construct. Upon immersion into tissue (aqueous environment) the PEG dissolves within the course of one minute. The particle is then left embedded in the tissue and the supporting structure is retrieved. While depicted here for a single particle only, each PEG needle may carry several particles stacked vertically, and the process is carried out in an array form for parallel implantation.

The second process, to be described more fully in a separate publication, takes advantage of 3D nanoprinting technology by which stamps were formed through the layer-by-layer polymerization of photoresist (Photonic Professional GT system, Nanoscribe GmbH). We produced arrays of needles using the IP-S photoresist (Nanoscribe IP-S, Nanoscribe GmbH) at 1 µm process resolution, with each needle measuring 125 µm by width and 550 µm by height at 500 µm separation between needles (center-to-center). The details of the process resemble those reported by Faraji Rad et al [22]. The relevant design files are available as part of the supplementary materials to this paper.

Once the appropriate stamp was obtained, it was used for production of reusable poly-dimethyl-sulfide (PDMS) molds. PDMS (Sylgard 184, Dow Chemicals) was mixed at 1:7 ratio of hardener to elastomer for production of stiff molds. Once degassed, the PDMS was cured at 50 °C for 6 hours to form a mold around the stamp, and each mold then annealed at 120 °C for 24 hours after the stamp was retrieved. At this stage, the molds were immersed in molten PEG and a vacuum oven used for degassing at 90 °C for 10 minutes, allowing the PEG to conform to the shape of the molds. The PEG is rendered molten at ~65 °C, so an elevated process temperature is necessary. As for the choice of large PEG molecular weight of 35 kDa (Sigma Aldrich, CAS 25322-68-3), the reader is referred to discussion by Lecomte et al [11].

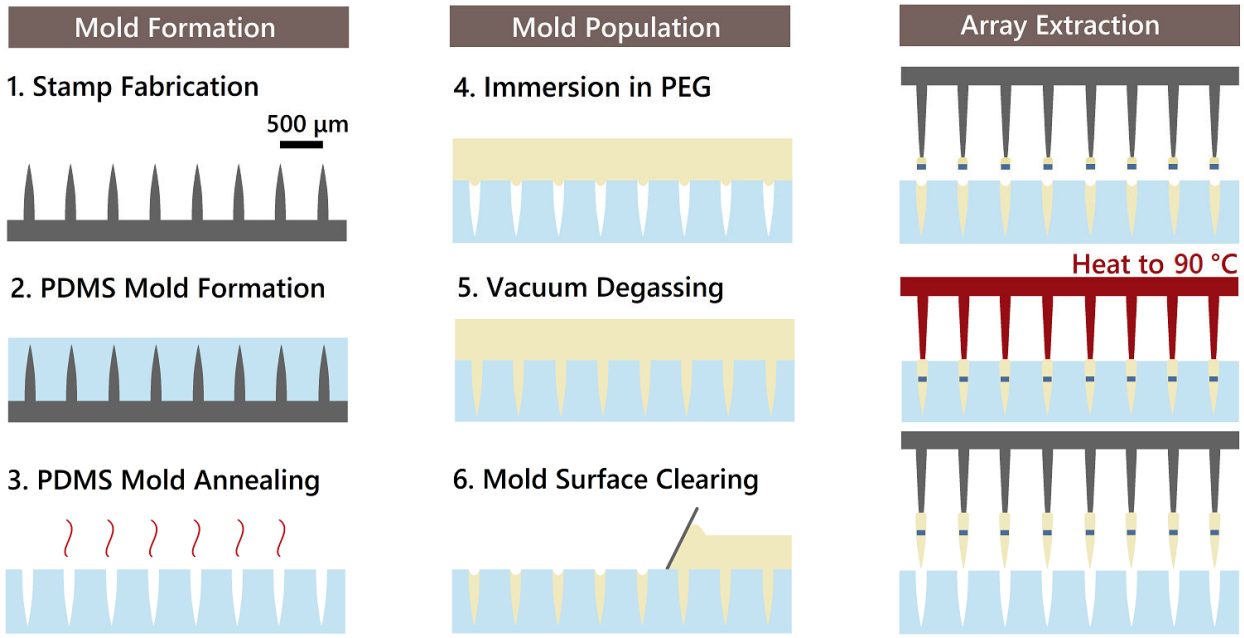

Figure 2. Illustration showing the process by which the implantation tool is fabricated; First, an inverse poly-dimethyl-sulfide (PDMS) mold of a microfabricated stamp is used to shape polyethylene glycol (PEG) into sharp needles. The mold is immersed in molten PEG at 90 °C in vacuum for degassing to allow the PEG to conform to the shape of the mold. Once the mold surface is cleared, microparticles are either placed directly into the molten PEG constructs or mounted separately onto the supporting array as displayed here. Finally, the needle-shaped PEG constructs are retrieved from the PDMS mold and mounted onto the supporting array structure by micromanipulators.

Once the surface of the molds was cleared, microparticle populations were either loaded directly into the molds, or mounted onto the supporting shank array in a separate process by a simple adhesion step as depicted in figure 2. The supporting shank array was then aligned with the PEG populated mold by micromanipulators, and the PEG constructs mounted onto the supporting array by temporarily rendering the PEG molten. While the PEG is in a molten state, the supporting shanks are able to slide into the constructs and attach as the PEG cools down and solidifies. The PEG constructs are then retrieved from the mold by raising the supporting array to complete the microfabrication sequence. Note that in order to consistently retrieve the molded PEG constructs from the molds without breaking at 100% yield, it was crucial that the molds be stiff and thoroughly annealed.

Figure 3 provides a view of the positive stamps produced by the two methods discussed above, as well as the corresponding PEG constructs obtained through molding. The PEG constructs here are mounted onto the tips of supporting arrays, which are themselves produced through a similar process as described for the silicon stamp above. We have performed SEM imaging of the stamps, as well as their PEG counterparts, for assessment of the degree to which the molding process accurately replicates the shape of the original stamp, specifically in terms of the needle tip size and surface roughness. For each sample, a measurement from 30 needles was obtained.

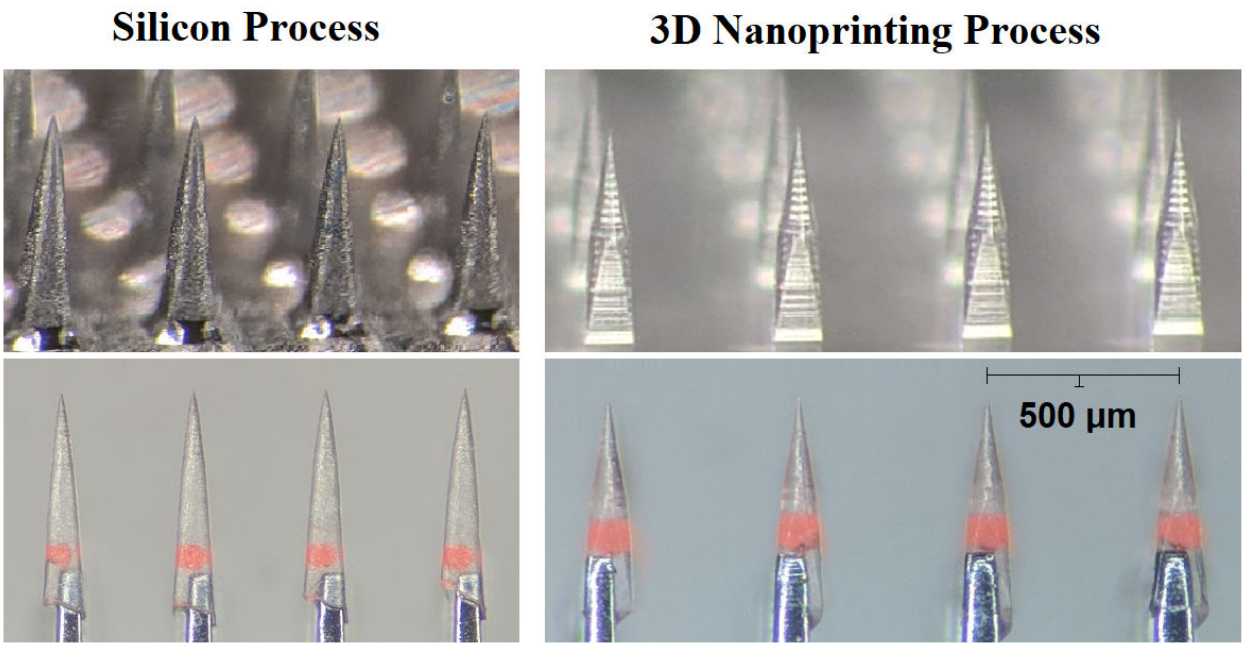

Figure 3. The microfabricated stamps, along with the corresponding molded polyethylene glycol (PEG) constructs, depicted for the two stamp fabrication processes (silicon wet etching on the left, 3D nanoprinting on the right). The stamps are displayed in the top two panels, while the corresponding PEG needles are displayed in the bottom two panels carrying fluorescent microspheres and mounted onto the supporting array structure. Inter-needle separation measures 500 µm in each case.

In case of the silicon based process, the stamp tip size measured 2.13 ± 0.47 µm (mean ± std), in contrast to 2.37 ± 0.50 µm measured for the corresponding PEG needles. For the 3D nanoprinting process, the stamp tip size measured 1.25 ± 0.25 µm, with the respective PEG needle tips measuring 1.53 ± 0.32 µm. Surface roughness measured under 1 µm in all cases. The shape and surface roughness of penetrating probes have been shown to affect the extent of initial tissue injury caused by implantation [23, 24], so it is important that these parameters translate effectively from microfabricated stamps to the PEG constructs.

3.3. Spherical and Planar Microparticles as Substitute Microscale Devices

In lieu of active electronic microdevices or chemically infused microparticles, we chose two types of passive proxy particle types to study the effects of different geometries and material choices; (a) spherical polyethylene and borosilicate microspheres of size ~100 µm were purchased from Cospheric (UVPMS-BR-1.090, HCMS-BSGMS-FMB), and (b) planar silicon chiplets measuring 100x100 µm on the side and 50 µm thick were microfabricated through a combination of photolithography and dry etching. To describe the microfabrication process, a 50 µm thick silicon wafer was first mounted onto a carrier wafer by a thin layer of thermal grease (AOS 340 WC, AOS Thermal Compounds). An S1813 photoresist mask (Microposit S1813, Shipley Company) was patterned onto the wafer, and the wafer etched through by deep reactive

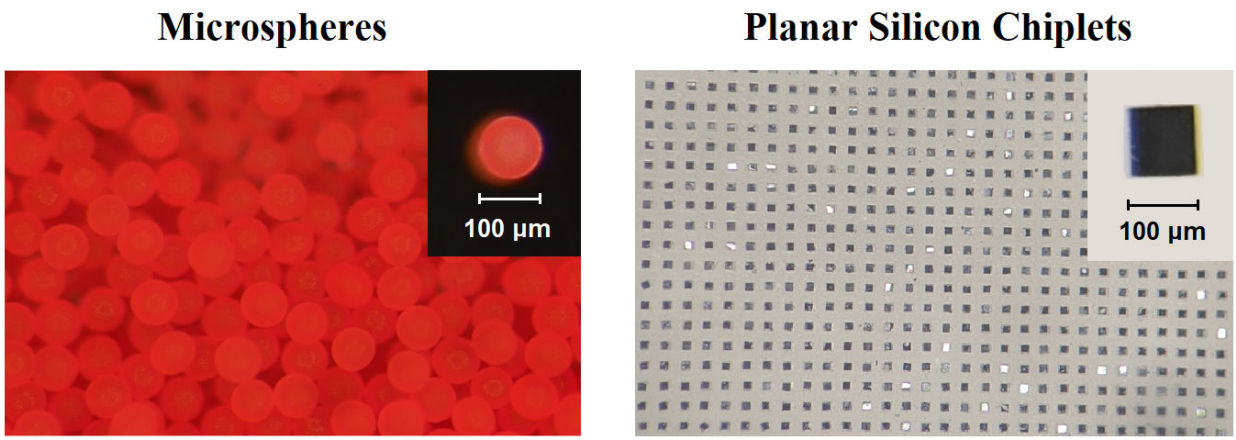

Figure 4. The two types of substitute devices (microparticles) used in our experiments are displayed (fluorescent microspheres on the left, planar silicon chiplets on the right). The two types present different geometries which allow us to study geometry dependent behaviors. The left hand side displays a disordered collection of particles as received from the vendor, while the right hand side displays particles organized by the use of a molded "waffle pack".

ion etching (Omega LPX Rapier, SPTS Technologies). The sectioned microparticles were then released in acetone and cleaned by ultrasonic cleaner (Elmasonic P, Elma Schmidbauer GmbH).

We chose the particular size range near 100 µm recognizing ongoing efforts to create micro- and optoelectronic microscale active implants for biosensing and actuation. We have also performed experiments using 200 µm size microspheres but as those produced qualitatively similar results as obtained for the smaller sizes, we will not discuss them further. Figure 4 summarizes the microparticle shape and size for the two types in our study.

To guide the process of loading and mounting microparticles onto supporting arrays, PDMS molds in the form of a "waffle-pack" were used to organize unsorted microparticles into a regularly spaced grid matching that of the stamps. Figure 4(b) displays sorted planar microparticles residing in such a mold, whereas figure 4(a) shows a disordered collection of microspheres as received from the vendor. The molds were formed using a stamp produced by patterning of SU-8 photoresist (SU-8-2100, MicroChem Corporation) into regularly spaced 100x100x100 µm blocks on a silicon wafer. Microparticles were organized using these molds by simple mechanical agitation of particles placed on the mold surface (note that molds must be thoroughly annealed for this purpose). The particles could then be mounted in parallel onto supporting arrays by a small amount of PEG at the supporting shank tips. This allowed for high-throughput placement of both the microspheres and the planar chiplets into the PEG constructs, at a rate of approximately a thousand microparticles arranged for every few minutes of effort.

3.4. Assessment of Implantation Methods

The precision of our implantation methods was assessed by study of ensembles of microparticles implanted into agarose brain phantom on the one hand (0.6% w/w in water), and *in vivo* rat

cortex on the other. In the case of the agarose testbed (which mimics the mechanical features of the brain [25]) implanted fluorescent microspheres were imaged by confocal fluorescence microscopy for evaluation (FV3000, Olympus). As for particles implanted into rat cortex, imaging was performed by micro-CT scanner (microCT 40, Scanco Medical) in order to overcome the optical opacity of brain tissue. Both imaging methods allowed for 3D reconstruction of implanted microparticle ensembles at a resolution of just a few micrometers. The reconstructions were then used to calculate deviations of the implants from their ideal configurations.

3.5. Surgical Methods

Evaluation of our implantation methods *in vivo* was carried out as follows. Male Long Evans rats (8 weeks old, obtained from Charles River Labs) were anesthetized by isoflurane (1-3% concentration in oxygen) and mounted onto a stereotaxic apparatus. A craniotomy measuring 4x6mm was performed over one hemisphere between the lambda and the bregma, with the dura mater subsequently removed by sharp tweezers. The implantation tool was then secured over the exposed craniotomy, and a solenoid actuator used to drive the array of microparticles into the cortex at high velocity (~5-10 m/s). Note that pneumatic implantation of penetrating arrays has been reported to reduce the dimpling of the cortex on implantation as well as the resulting tissue injury [26-28]. Once the array carrying the microparticles was extended into the tissue, five minutes were allowed to pass to permit diffusion of the dissolved PEG and allow the tissue to conform to the particles. The array was then slowly retracted, and the particles left embedded in the tissue. Animal care and experiments were performed in accordance with the National Institutes of Health guidelines and approved by the Brown University Institutional Animal Care and Use Committee (protocol #1704000267).

4. Results

4.1. Implantation of 3D Microsphere Ensembles into Agar

There are several ways by which groups of microparticles may be placed into the molded PEG constructs during preparation of the implantation tool. If one wishes to implant large numbers of microparticles (up to and beyond 1000), with several microparticles within each PEG construct, a quick way of placing the microparticles into the molds is to simply pack the molds with particles to capacity before the application and vacuum degassing of molten PEG. In this way, thousands of particles may be placed into a mold in a matter of minutes, although this approach results in a spatially disordered 3D distribution of microparticles after implant. The results of this process are depicted in figure 5 in which an array composed of 10x11=110 shanks was implanted into agarose, delivering a total of ~600 microspheres without the assistance of an additional supporting structure. Indeed, the use of a supporting array is not crucial to the process, and for some applications foregoing it may be possible depending on physical characteristics of the tissue in question and the desired implantation depth. We have found that the microspheres

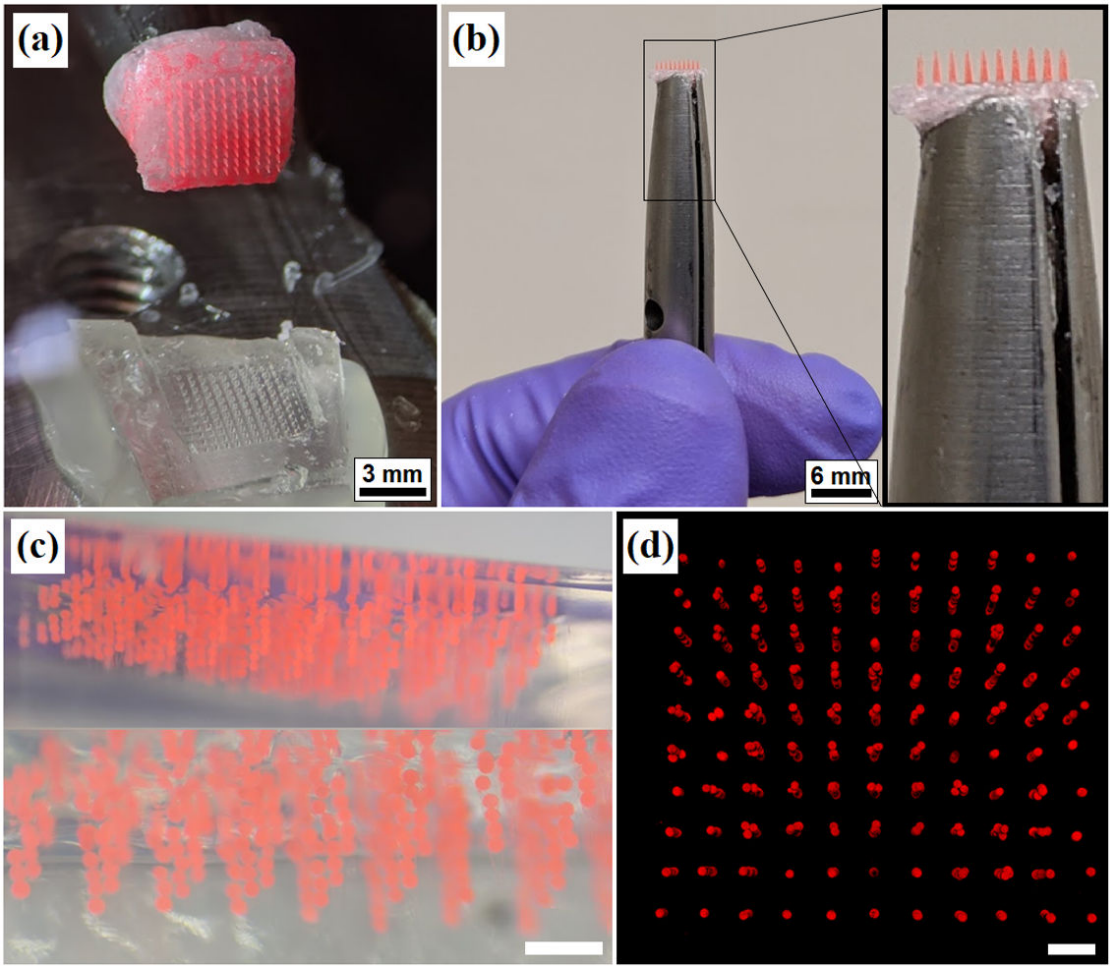

Figure 5. The results of an experiment in which ~600 microspheres were implanted into agarose in a disordered manner. (a) Retrieval of Polyethylene Glycol (PEG) constructs from the mold. Note the omission of a supporting array structure, here replaced by a simple PEG base. (b) Implantation tool held by hand for perspective. (c) The ensemble of microspheres implanted into agarose gel which is displayed from a side view. (d) Reconstruction of the microsphere ensemble in agarose by confocal fluorescence microscopy displayed from a top view. Scale bars in (c) and (d) measure 500 μm.

typically self-align along the vertical axis within each PEG construct, with a small spacing of 5-20 μm between each pair of microparticles as seen in figure 5(c). In some cases, surrendering control of the inter-particle spacing and relying on this type of quasi-random self-assembly may produce acceptable outcomes.

Following implantation, the agarose gel was imaged by confocal fluorescence microscopy for reconstruction of the microsphere ensemble within the gel. From the generated images, we have calculated a placement accuracy for our implantation method in terms of the horizontal deviation of microparticles from their respective vertical implantation columns (center-to-center). The distribution of particle deviation is depicted in figure 6 which shows a mean deviation of 28 μm. The needles of the stamp used for generation of the PEG constructs in this experiment tapered to

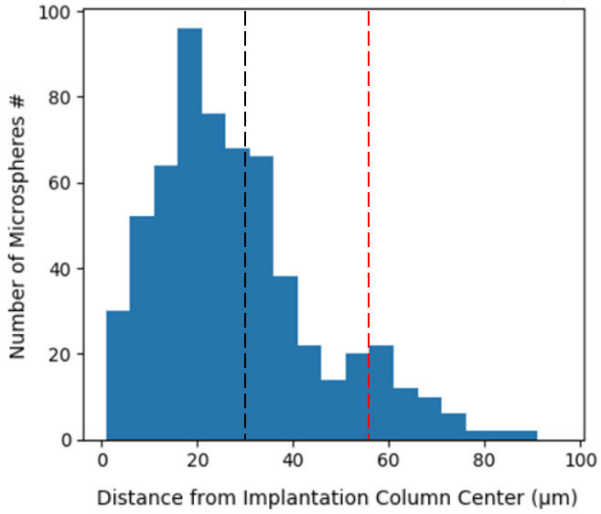

Figure 6. Histogram showing the deviations of implanted ~100 μm size microspheres from their respective vertical implantation columns in the horizontal plane (center-to-center) for the 3D ensemble of microspheres depicted in figure 6(d). Note that two microspheres with deviations ~150 μm were omitted as likely results of a defect in the agarose gel. Dashed lines indicate mean (28 μm) and 90th percentile (55 μm) deviation.

~200 μm width at their base, thus leaving some room for particles to be displaced from perfect vertical alignment near the base of the PEG constructs. This accounts for the majority of the deviation observed in the placement of the released particles, which can be significantly reduced with the use of a more optimized stamp shape. Importantly, however, these experiments demonstrate that the spatial distribution of microparticles is not significantly altered through the process of PEG dissolution within the agarose. The image files used for these calculations that make up the reconstruction seen in figure 5(d) are available in the supplementary materials.

4.2. Implantation of Planar Silicon Chiplet Ensembles into Agar

Controlling not just the inter-microparticle spacing, but the individual microparticle orientation may be important for active implants (e.g. antenna orientation for energy harvesting by inductive coupling [1]). Placement of microparticles in an ordered manner with specific orientation into the PEG constructs introduces additional complexity, especially in terms of controlling inter-microparticle spacing for multi-layered (3D) implant populations. Using the "waffle-pack" described above in Section III, microparticles in the form of planar chiplets may be oriented and spaced appropriately in large numbers with minimal effort for high throughput placement into the PEG constructs. For a single 2D layer of chiplets the process is relatively straightforward. If several chiplets are to be stacked in depth within the same PEG construct, however, the process must be repeated several times with additional embedded spacer layers of correct thickness alternating with the chiplets. One convenient spacer material is Silk Fibroin. Microfabricated slabs of bioresorbable Silk Fibroin can endure the repeated heating of PEG to 90 °C, while dissolving over time once implanted into tissue [29-31]. In this manner, ordered implantation of large numbers of microparticles can be achieved, although the effort involved in

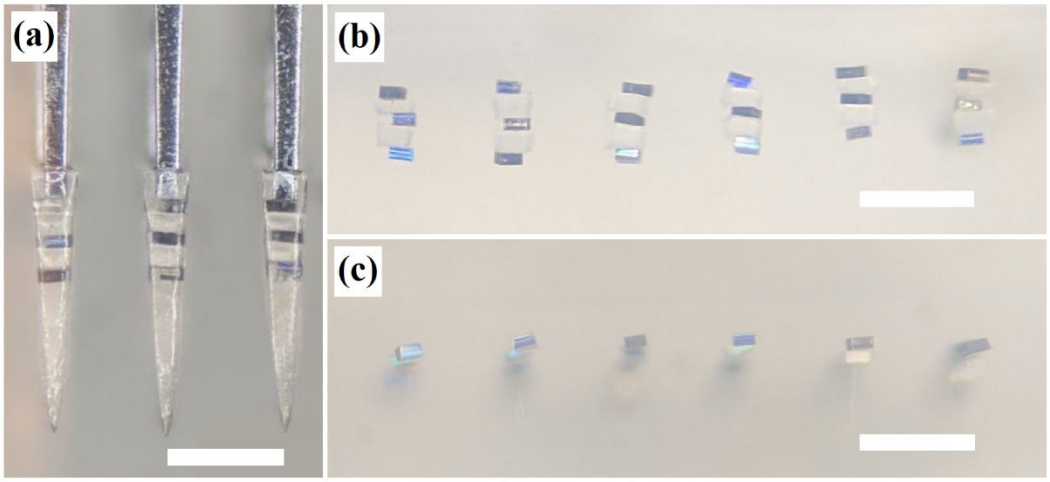

Figure 7. Planar silicon chiplets implanted into agarose in an ordered manner. (a) Multi-layered ensemble of regularly spaced chiplets encased within PEG needles. (b) Side-view of the same ensemble implanted in agarose. (c) Side-view of an implanted single-layer ensemble in agarose. Note the extent to which particle orientation and spacing is preserved on implantation. Scale bars measure 500 μm.

this case is proportional to the number of layers desired. As displayed in figure 7, the orientation of microparticles, as well as inter-microparticle spacing, can be retained through the process of implantation into agarose. As an alternative to the layer-by-layer process, pre-processing of microparticles into columnar constructs for single-step placement into the molds could greatly reduce the effort involved. This process would need to be uniquely tailored to each kind of microparticle, or microscale device, however.

4.3. In vivo Experiments: Implantation into rat cortex

As the spatial distribution and orientation of microparticles was adequately conserved on implantation into agarose, the natural question followed as to whether the same applies to *in vivo* conditions, given the multiple biophysical forces which could affect the outcomes in living (brain) tissue. An acute rat model is a useful testbed even if the size of the animals' head/brain limits the overall implantable payload. We implanted a single-layer (2D) ensemble of 36 planar silicon chiplets into the rat cortex in an acute experiment. Separately, we also implanted a multi-layered 3D ensemble of ~260 glass microspheres in a 6x6 array form factor into the rat cortex to study implantation of 3D particle distributions. The implantation process is depicted in figure 8, with the solenoid actuator (inserter) and implantation tool in view above the cortex in figure 8(a). We found that penetration into the cortex is consistent, with little or no dimpling of the cortical surface observed. In terms of overt tissue damage, we found that it was comparable to that of implantation of conventional microelectrode arrays immediately following implantation. Minimizing acute tissue damage is especially important as we have found earlier how e.g. larger diameter hypodermic needles create damage tracks in brain tissue which act as channels of particle ejection. Note that in ongoing chronic experiments we have not observed particle ejection using the present method.

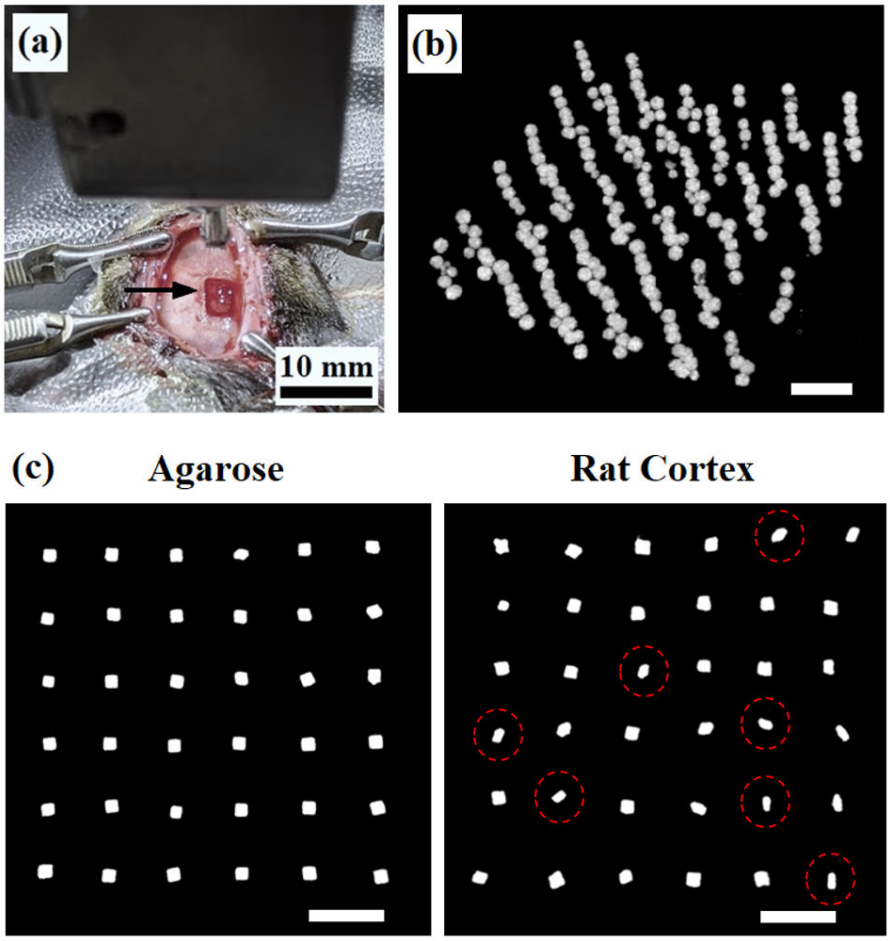

Figure 8. A single-layer ensemble of planar silicon chiplets and a multi-layered ensemble of microspheres were implanted into rat cortex and imaged by micro-CT scanner. (a) The experimental setup is displayed with the solenoid actuator (inserter) and the implantation tool above the target cortical location before implantation. Arrow points to the exposed craniotomy. (b) Reconstruction of an intracortical 6x6 3D distribution of ~260 glass microspheres is displayed at an angle. (c) Reconstructions of two 6x6 distributions of planar silicon chiplets are displayed from a top view, one implanted into agarose and the other into rat cortex. Some chiplets that have rotated towards 90 degree tilt are circled in red. Scale bars in (b) and (c) measure 500 μm.

The micro-CT scans obtained from the acute *in vivo* experiments involving both spherical (glass) microspheres and planar silicon chiplets were used to form reconstructions of the particle ensembles (see figure 8) which were analyzed similar to the agarose case above. While the microspheres might be expected to show minimal rotation due to their isotropic geometry, the chiplets possess large shape anisotropy whereby reorientation (tilt) might occur. Information was first gathered about the horizontal (in-plane) deviation of chiplets from their respective vertical implantation columns (center-to-center). We then focused on the deviation of chiplets in terms of tilt of orientation from the initial horizontal plane. The results are displayed in figure 9 as distributions similar to those displayed in figure 6. Here data from identical agarose experiments is overlaid to give a sense of the difference between the two experimental conditions. We found

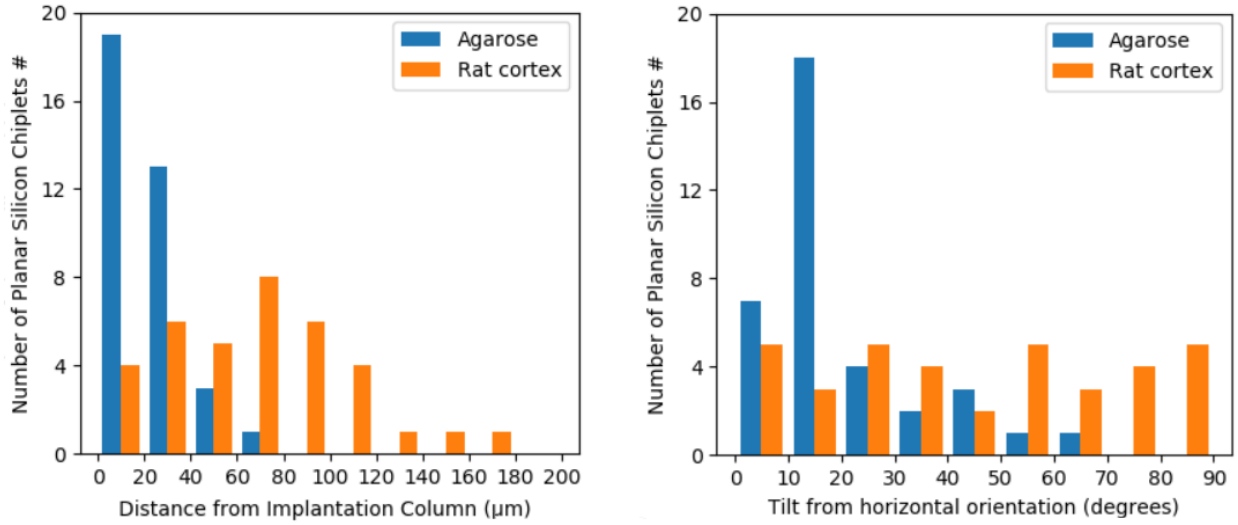

Figure 9. Outcomes quantified for the implanted planar silicon chiplet distributions in figure 8(c). The histogram on the left shows the horizontal deviation of particles from their respective vertical implantation columns (center-to-center) in agarose and in rat cortex. The histogram on the right shows the deviation of particles in terms of tilt in orientation from the initial horizontal orientation in agarose and in rat cortex. Note the near uniform distribution of particle orientations in the rat cortex.

that chiplet positioning in the horizontal plane was more robust in agarose (mean 21 μm deviation) compared to *in vivo* (mean 67 μm deviation), perhaps largely due to swelling of the tissue, although both conditions produced adequate results.

As for deviations in chiplet orientation i.e. tilt, the noticeable distribution of tilt angles *in vivo* compared to that in agarose shows that biophysical forces in the living cortex were driving an initial zero-tilt angle distribution towards a 90 degree tilt after implantation. While the driving forces at play in tilting chiplets by 90 degrees are unknown to us, there could be both intrinsic structural reasons (here cortical columns) and extrinsic forces (residue of implantation damage) which favor such an "edgewise" or vertical realignment of the chiplets. For active microelectronic devices such reorientation must be taken into consideration when designing orientation sensitive features such as antenna structures for energy harvesting. A major difference between the brain tissue environment and the agarose is that the tissue is dynamic. The tissue pulses with every heartbeat, expanding and contracting in a way that may influence the orientation of implanted devices. Investigation into the cause of the observed dynamical re-orientation is the subject of current exploration which aims to identify strategies by which specific orientation may be preserved or otherwise controlled if so needed.

5. Discussion & Conclusion

Development of systems of implantable microscale devices for applications in the body is the subject of ongoing research. While various groups have published efforts towards miniaturization of active devices, a question that remains unanswered is how these kinds of

devices would be implanted into tissue in large numbers in a high throughput manner. The method we have described here has applicability to a variety of device geometries and system configurations for high-throughput implantation into the nervous system, as well as potentially other soft tissues. As researchers look for methods to enable implantation of their devices, the method we have developed could be used for production of the appropriate implantation tools. With those tools provided, the only components requiring operation at the hands of the researcher would be the micromanipulator mounted inserter. For specific custom applications, researchers could opt to produce customized stamps for mold formation with minimal effort by use of a 3D nanoprinter or equivalent (see Section III).

Our method has proven reliable under acute conditions in delivering ensembles of microparticles into the brain cortex, a particularly challenging bio-environment. Some key areas remain unexplored however, such as the extent of the tissue injury caused by the method as well as the spatial stability of implanted devices under chronic conditions. In other words, there is the question as to whether the spatial precision we have observed in our acute experiments carries over to chronic applications. There is also the question as to whether implant orientation can be preserved *in vivo* under chronic conditions for specific anisotropic device geometries. These questions are the subject of current work aimed at assessing the efficacy of our implantation method throughout the device lifecycle in chronically implanted rats.

We have strived to minimize tissue injury in shaping the delivery tools with a needle diameter closely matched with the device (microparticle) diameter itself. The PEG needles may additionally be prepared to carry bioactive agents, such as Dexamethasone [32], for short-term treatment of the acute tissue injury that results from implantation. We note that, in addition to microscale devices, implantation of arrays of flexible electrodes or similar physiological probes is in principle supported by our method. Finally, by way of comparing another advanced implant approach for embedding microprobes into brain cortex, we note the system being developed by Neuralink [33]. The reported rate of implantation for that system amounts to 6 separate implantation sites across the cortex per minute, although they implant only a single probe at a time. By tailoring our approach, implantation tools of 100 shanks each could conceivably be implanted in a similar manner for a throughput exceeding that reported so far by two orders of magnitude.

Acknowledgements

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