



Supplementary Materials

Microneedle Patterning of 3D Nonplanar Surfaces on Implantable Medical Devices Using Soft Lithography

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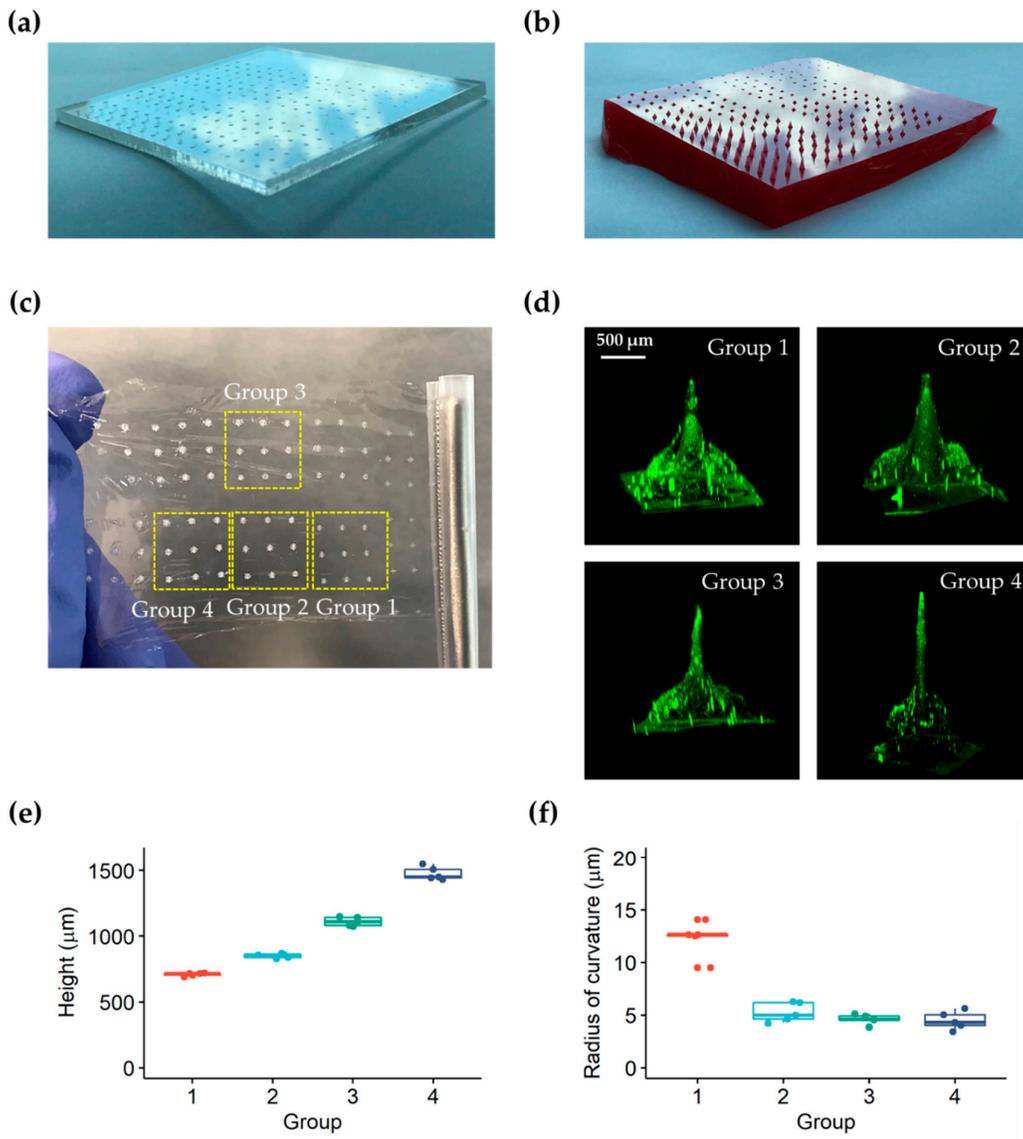


Figure S1. Alternative microneedle templates fabricated by a laser-cutting method. (a) Acrylic inverse template for various sizes of microneedles; (b) Sample of silicon microneedles generated using an inverse mold; (c) Thin microneedle film fabricated using the laser-cut method (four different groups for measurements are marked with dashed yellow boxes); (d) Volumetric image of four representative microneedles by confocal microscopy; (e) Distribution of height among the four microneedle groups ($P < 0.001$); (f) Distribution of radius of curvature among the four microneedle groups ($p < 0.001$).

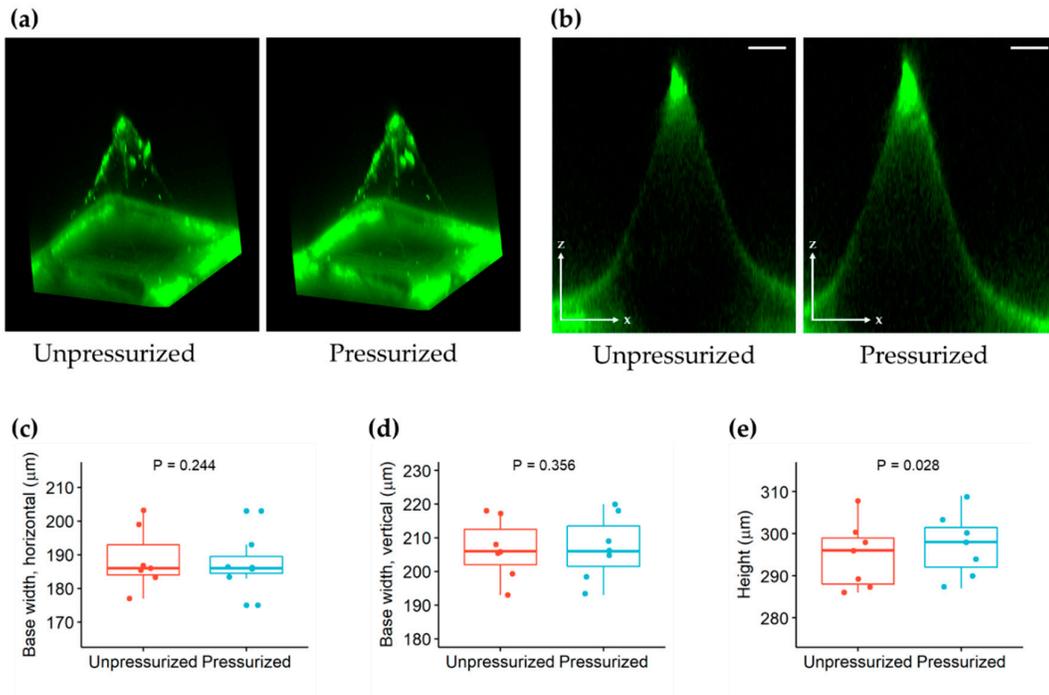


Figure S2. Confocal microscopy of microneedles before and after pressurization. (a) 3D maximum-intensity projection image of the microneedle before and after pressurization; (b) XZ-plane sectional view of the microneedle before and after pressurization; (c) Comparison of the horizontal base width of the microneedle before and after pressurization; (d) Comparison of the vertical base width of the microneedle before and after pressurization; (e) Comparison of the height of the microneedle before and after pressurization. Scale bar, 50 μm .

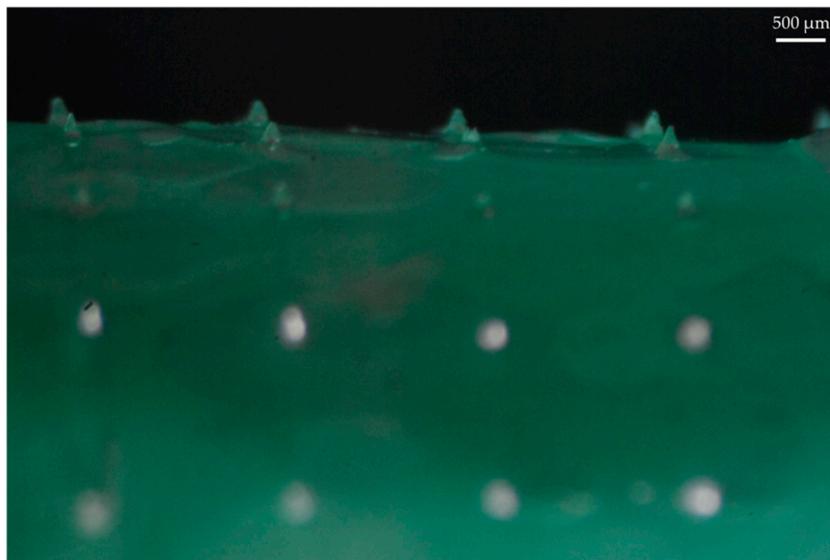


Figure S3. Magnified view of the microneedle array after pressurized stent implantation

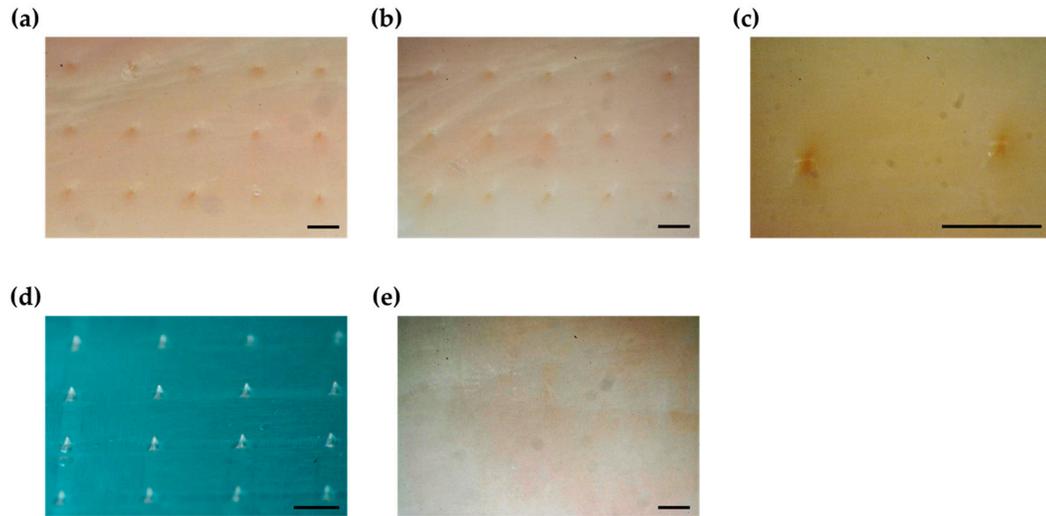


Figure S4. Lateral pull-out test on the microneedle array. (a) Porcine aorta and the microneedle array film were compressed together between slide glasses; (b) A lateral force was applied to the microneedle film and increased gradually. There was no mechanical failure of the microneedle; (c) Magnified view of the microneedles sliding over the porcine aorta; (d) Microneedle shape and sharpness were intact after the lateral pull-out experiment; (e) The porcine aorta was free from any damage or indent. Scale bar, 1 mm.

Table S1. Comparison of different polymeric microneedle fabrication methods.

Groups	Fabrication Techniques	Characteristics of MN	Substrate Material	Height of MN	Thickness of Film Layer	Potential Application
Pérennès et al.[1]	Deep X-ray lithography, electroplating, sacrificial mold in PVA, PDMS micromold	Hollow MN	PMMA	500~700 μm	N/A	Transdermal drug delivery
Yung et al.[2]	Stainless steel microinjection molds, picosecond laser	Hollow MN	POM	500 μm	~200 μm	Transdermal drug delivery
Park et al[3]	Photolithography, micro-electromechanical masking and etching, PDMS mold, sacrificial polymer,	Biodegradable MN	PLA, PGA, PLGA	700~1500 μm	N/A	Transdermal drug delivery
Yang et al.[4]	Photolithography, PDMS mold	Swellable MN	PS, PS- <i>b</i> -PAA	700 μm	500~1000 μm	Adhesive on skin and intestine, drug delivery
Johnson et al.[5]	Stereolithography with CLIP technique	Sharp, tunable and biocompatible MN	TMPTA, PEG, PCL, PAA	400~1000 μm	1000 μm	Transdermal drug delivery

Nejad et al.[6]	CO ₂ laser cutter, PDMS mold, casting	Low-cost scalable PDMS solid microneedles	PVA	1000~3000 μm	~500 μm	Transdermal drug delivery
Current technique	Soft lithography (PDMS mold, spin coating, casting)	Rigid microneedles on flexible film	TPU	300 μm	~50 μm	Enhanced anchorage for implantable medical devices

Abbreviations. MN, microneedle; PVA, polyvinyl acid; PDMS, polydimethylsiloxane; PMMA, polymethylmethacrylate; POM, polyoxymethylene; PLA, polylactic acid; PGA, polyglycolic acid; PLGA, poly(lactic-co-glycolic acid); PS, polystyrene; PS-b-PAA, polystyrene-*block*-poly(acrylic acid); CLIP, continuous liquid interface production; TMPTA, trimethylolpropane triacrylate; PEG, polyethylene glycol; PCL, polycaprolactone; PAA, polyacrylic acid; TPU, thermoplastic polyurethane; N/A, not available.

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