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1 Fabrication of antibacterial polydopamine-carboxymethyl cellulose- 2 Ag nanoparticle hydrogel coating for urinary catheters

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13 **ABSTRACT**

14 Urinary tract infections caused by catheter insertion are prevalent in hospital clinics, which can
15 induce serious complications such as bacteriuria and sepsis, and even lead to patient death. The
16 disposable catheters currently used in clinical practice suffer from poor biocompatibility and high
17 infection rate. In this paper, we developed a polydopamine (PDA)-carboxymethylcellulose (CMC)-Ag
18 nanoparticles (AgNPs) coating with both good antibacterial and anti-adhesion properties to bacteria on
19 the surfaces of a disposable medical latex catheter by a simple dipping method. The antibacterial
20 efficiency of the coated catheters against Gram-negative *E. coli* and Gram-positive *S. aureus* bacteria

1 was evaluated with both inhibition zone tests and fluorescence microscopy. Compared with the
2 untreated catheter, the PDA-CMC-AgNPs coated catheters showed both good antibacterial and anti-
3 adhesion properties to bacteria, which inhibited the adhesion of live bacteria and dead bacteria by 99.0%
4 and 86.6%, respectively. This novel PDA-CMC-AgNPs composite hydrogel coating has great potential
5 in applications in catheters and other biomedical devices to reduce infections.

6 **Keywords:** Urinary catheter; polydopamine; Ag nanoparticles; carboxymethylcellulose;
7 antibacterial hydrogel.

8 **Introduction**

9 Catheter-associated Urinary Tract Infections (CAUTIs) are prevalent in hospital clinical and
10 healthcare settings and can induce serious complications such as bacteriuria, sepsis, and even lead
11 to patient death ¹. Disposable urinary catheters are likely contaminated with bacterial colonies within
12 hours of placement ^{2,3}, eventually forming a biofilm ⁴. This biofilm is extremely difficult to be
13 removed and is highly resistant to most antibiotics ⁵. According to statistics, the world average
14 infection rate for CAUTIs caused by catheter insertion is 33%, accounting for 40% of hospital-
15 acquired infections ⁶. Currently, the catheters used in hospital clinics are mainly made of silicone,
16 latex, and polyvinyl chloride (PVC), which do not have any antiseptic properties ^{7,8}. Due to the
17 occurrence of CAUTIs on the disposable catheters, it is clinically necessary to change catheters
18 several times to prevent CAUTIs, which increases the psychological stress, discomfort or pain of
19 patients ⁹. It not only prolongs patients' hospital stays and increases their financial burden, but also
20 causes a huge waste of medical resources. Therefore, tremendous efforts have been made to modify

1 the surface of the disposable urinary catheters to prevent the growth of biofilm and hence to reduce
2 the occurrence of CAUTIs ⁷.

3 The antibacterial catheters currently used in clinical practice are mainly based on two
4 preparation techniques ¹⁰. One is adding antibacterial drugs on the catheter surface before leaving
5 the factory or before clinical application. However, this method has the drawbacks of being
6 cumbersome to use, such as the susceptibility to secondary contamination, high requirements for
7 drug addition and encapsulation during production, cumbersome production processes, and the
8 susceptibility of bacteria to develop drug resistance ¹¹. Another technique is to coat heavy metals
9 with antibacterial properties on the catheter surfaces. The commonly used antibacterial heavy metals
10 include Ag nanoparticles (AgNPs) ¹²⁻¹⁴, nano-Au ¹⁵ and Cu²⁺ ¹⁶ etc. Among them, Ag has the
11 strongest antibacterial ability and the smallest minimum inhibitory concentration (MIC) and is not
12 easy to develop drug resistance ^{17,18}. However, direct vapor deposition of Ag coating on the catheter
13 surface suffers from the problem of oxidation, leading to poor antibacterial efficiency or even
14 peeling off from the catheter surface ¹⁹.

15 Inspired by the ability of marine mussels to adhere firmly to the object surfaces such as reefs
16 and ship bottoms, Haeshin Lee et al. ²⁰ in 2007 prepared polydopamine (PDA) by self-
17 polymerization *via* Schiff-base type reactions (with amine containing molecules) or Michael type
18 reactions (with amine and thiol-containing molecules) at mildly basic pH on various substrates
19 (metals and oxides, ceramics, semiconductors and polymers, etc.). They found that PDA has strong
20 adhesion properties and can act as a versatile mediate binding to graft polymer coatings. ²⁰

1 Furthermore, PDA is a component of natural melanin and therefore possesses excellent optical,
2 electrical and biocompatibility properties.²¹ As a result, PDA nowadays has attracted considerable
3 interest for various types of applications, such as biomaterials²², implant surface modification²¹,
4 drug delivery^{23, 24}, proteins immobilization²⁵, nanocapsules^{26, 27}, nanoparticles stabilization²⁸,
5 fouling-resistant layer on water purification membranes²⁹. For example, Huang et al.³⁰ immobilized
6 bioactive carboxymethyl chitosan (CMCS) on cathodic plasma electrolytic deposition (CPED)-
7 treated Mg alloy substrate with a PDA intermediate layer. The result indicates that PDA promotes
8 the adhesion to the substrate. Xu et al.³¹ designed a PDA coating with AgNPs on TiO₂ nanotube
9 arrays. The PDA layer was employed as both reductant and adhesive agent to reduce Ag⁺ to AgNPs
10 and strengthen the adhesion between AgNPs and the TiO₂ nanotube surface.

11 Furthermore, PDA does not induce cytotoxicity as intermediate layer and exhibited excellent
12 biocompatibility. For instance, Lee et al.²⁰ prepared PDA-coated methoxy-poly(ethylene glycol)
13 [(mPEG-NH₂ or mPEG-SH) surfaces on glasses, which exhibit substantial reduction in nonspecific
14 protein adsorption and dramatic reduction of fibroblast cell attachment. Ku et al.³² reported that
15 PDA has no adverse effects on the proliferation or viability of various mammalian cells, including
16 osteoblasts, endothelial cells, neurons and fibroblasts. Liu et al.³³ found that that polydopamine
17 nanoparticles did not induce obvious cytotoxic effects when in contact with both the mouse 4T1
18 breast cancer cells and the human cervical cancer cells (HeLa cells), even at very high doses. Zhong
19 et al.³⁴ modified titanium dioxide nanotubes with PDA and found that PDA modification promotes
20 endothelial cell (EC) attachment, proliferation, migration, and release of nitric oxide.

1 On the other hand, hydrogels have three-dimensional polymeric network structures³⁵ and have
2 been extensively applied as effective protecting layers for reducing bacteria adhesion³⁶⁻⁴⁰, due to
3 their excellent biocompatibility⁴¹, functional group density⁴², super-lubricity⁴³, and super-
4 stretchability⁴⁴. Therefore, coating hydrogels onto urinary catheter surfaces with super-slip
5 properties significantly improves the smoothness and lubricity of the catheter which can minimize
6 the difficulty of catheter insertion⁸. Common hydrogels such as sodium
7 carboxymethylcellulose(CMC) hydrogel structures have excellent swell-ability and viscodynamic
8 elasticity, and strong complexation to many metal ions^{45,46}. As a result, the combination of inorganic
9 Ag nanoparticles and CMC hydrogel networks would generate new composite coating materials⁴⁷
10 for the urinary catheters.

11 Considering the mentioned matters, in the present research, we intended to develop a novel
12 polydopamine-carboxymethylcellulose-Ag nanoparticles (PDA-CMC-AgNPs) composite coating
13 on the surface of the disposable catheters based on high adhesion between PDA and catheter
14 substrates, as well as the powerful complexing effect between CMC and AgNPs. First, we modified
15 the catheter with PDA to act as an interlayer to bind the CMC hydrogel coating and the catheter
16 substrate. Then we prepared the AgNPs colloid and the CMC-AgNPs hydrosol, and then coated the
17 hydrosol on the urinary catheter surface with simple dipping method. Whereafter, we characterized
18 the as-prepared coated urinary catheters by FESEM, EDS and XPS analysis. We also studied the
19 liquid contact angles and surface energy of the samples. Finally, we evaluated the antibacterial effect
20 of the coated catheters with Gram-negative *E. coli* and Gram-positive *S. aureus* bacteria.

1

2 **Experimental section**

3 *Reagents and materials*

4 Dopamine hydrochloride (98 %, Mw =600 Da), tris-hydroxymethylaminomethane
5 hydrochloride (Tris-HCl), sodium carboxymethylcellulose (CMC, average Mw ~90,000), polyvinyl
6 pyrrolidone (PVP), anhydrous ethanol, succinic acid (SA), silver nitrate, ciprofloxacin (CPFX),
7 acetic acid, glucose (Glu), trisodium citrate (TC), benzophenone, and UV initiator Irgacure 2959
8 were purchased from Sigma-Aldrich (U.K.). Diiodomethane and formamide were supplied by
9 Sichuan Chengdu Kolon Chemical Co., Ltd., China. All these chemicals and reagents were used
10 without further purification. Gram-negative *Escherichia coli* (*E. coli*, WT F1693) and Gram-positive
11 *Staphylococcus aureus* (*S. aureus*, F1557) were purchased from the Institute of Infection and
12 Immunity, University of Nottingham, U. K. The disposable sterile Foley type double-lumen medical
13 latex urinary catheters (STAR-14Fr) were purchased from Zhanjiang Shida Industrial Co., China.
14 All the solvents and reagents were analytical grade.

15

16 *Preparation of PDA-CMC-AgNPs composite coatings*

17 Scheme 1 presents the preparation process of the PDA-CMC-AgNPs coating on the catheter
18 segment. The brief preparation scheme of PDA-CMC-AgNPs composite coating on the latex urinary
19 catheters includes three steps.

20 Step 1: Modifying the catheter with PDA intermediate layer

1 The standard sterile latex urinary catheter was cut into 1.2 ± 0.1 cm long segments and then
2 cleaned ultrasonically with anhydrous ethanol and deionized water, respectively, and then activated
3 by ethanol solution of 10% benzophenone and dried for use. The PDA coating worked as an
4 intermediate layer was prepared by impregnating the activated catheter segments in dopamine
5 hydrochloride (DPA) /Tris-HCl (pH=8.5) solution at 50 °C, kept in dark for 10 h ²⁰.

6 Step 2: Preparing the AgNPs colloid

7 AgNO₃ solution with different concentrations (0.01-0.05 M) was boiled and kept in dark place
8 under magnetic stirring. Appropriate amount of 1 wt. % sodium citrate aqueous solution and glucose
9 as reducing agents were slowly added into the AgNO₃ solution to change the solution from colorless
10 to light yellow or light brown to prepare AgNPs colloidal solution ^{48, 49}, and then cooled to room
11 temperature for further use.

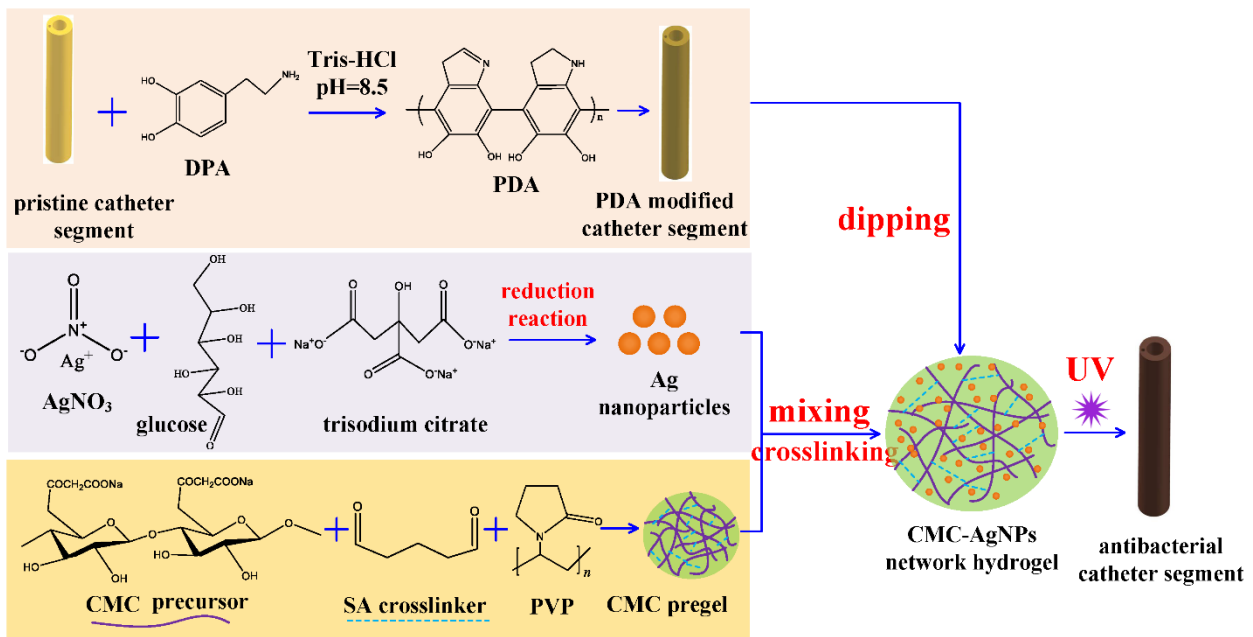
12 Step 3: Preparing PDA-CMC-AgNPs composite coatings

13 Firstly, the appropriate amount of CMC powder was completely dissolved in the prepared
14 AgNPs colloidal solution under magnetic stirring. Succinic acid (SA) as the cross-linking agent,
15 PVP as the anti-swelling reagent, and Irgacure 2959 as the UV initiator were added to the CMC
16 pregel solution, separately ⁵⁰, and the CMC-AgNPs pre-sol was finally prepared. To compare the
17 CMC-AgNPs coatings with antibacterial properties, a certain amount of antibacterial agent,
18 ciprofloxacin (CPFX), was pre-dissolved in acetic acid aqueous solution and then added to the
19 CMC-AgNPs pregel. Secondly, the activated catheter segment was then dip-coated in the pregel
20 solution for 2-10 min at room temperature, followed by an ultraviolet light treatment with a specific

1 light wavelength of 365 nm for 30 min to stimulate the polymerization and the cross-linking reaction
 2 of the coating. The catheter was rotated at 20 s/circle during the curing reaction to ensure full
 3 exposure to the UV light. Finally, the prepared coating samples were rinsed with ethanol and
 4 deionized water, respectively, and then dried at room temperature.

5 The whole unitary catheter was also coated under the optimized coating conditions to obtain a
 6 dense and uniform coating. For comparison, the PDA, the PDA-CMC-AgNPs, and the CMC-AgNPs
 7 coatings were also prepared by changing the above coating preparation steps. Moreover, the coatings
 8 on the stainless steel (SS) substrates were also prepared by the same method.

9



10

11 **Scheme 1** Schematic diagram for the preparation of antibacterial PDA-CMC-AgNPs coating on
 12 urinary catheter segments.

13

1 *Characterisation and measurement*

2 TEM

3 Transmission electron microscopy (TEM) analysis was performed with a JEM-1230
4 (JEOL, Tokyo, Japan) at an accelerating voltage of 100 kV to characterize the particle size of the
5 AgNPs in the AgNPs colloidal solution. The mean value as well as the corresponding standard
6 deviation of the particle size was determined with no less than 10 AgNPs.

7 AFM

8 The surface topography and the surface roughness of the samples were detected by AFM using
9 a Nanoscope V Multimode 8 scanning probe microscope from Bruker Corporation. The roughness
10 analysis option was applied to perform roughness analyses on $5.0\ \mu\text{m} \times 5.0\ \mu\text{m}$ and $20.0\ \mu\text{m} \times 20.0$
11 μm imaged surface areas for each sample. Results are presented as *Ra* (arithmetic average roughness)
12 and *Rq* (root mean square deviation) values⁵¹. All experiments were carried out with the same AFM
13 probe under ambient conditions (temperature of 25°C, relative humidity of 25%).

14 FE-SEM

15 Surface morphologies of the samples were characterized by Zeiss FESEM (Carl Zeiss, Model
16 Neon 40 EsB CrossBeam, Germany) at a voltage of 2 kV. Chemical compositions were explored
17 using EDS (Energy Dispersive Spectrometer).

18 XPS

19 The chemical composition of the coating on the siliconized latex catheter was characterized
20 using an X-ray photoelectron spectroscopy (XPS, Thermo Scientific Escalab 250Xi, USA) with Al

1 radiation under the scan resolution of 0.1 eV, the scan voltage of 15 kV, and the electric current of
 2 12.8 mA. CasaXPS software (Casa Software Ltd.; <http://www.casaxps.com/>) was used to analyze
 3 and process the XPS data and individual peaks were fitted to a Gaussian/Lorentzian (GL) function
 4 for each component of the element envelopes.

5 Wettability and Surface Free Energy

6 The wettability of the sample surfaces was tested using a video optical contact angle meter
 7 (DropMeterTM A-200, MAIST Vision Inspection & Measurement Co., China). The surface free
 8 energy was also calculated using the system of equations method (Das)⁵². That is, three standard
 9 liquids, water (W), formamide (FMD), and diiodomethane (DIM), were selected to measure the
 10 contact angles of the samples, and the individual surface energy components (γ_1^{LW} , γ_1^+ , and γ_1^-) of the
 11 standard liquids were obtained from the literature⁵². These surface energy components were then
 12 substituted into the Van Oss equations (1)-(3) to obtain the individual surface energy components
 13 (γ_s^{LW} , γ_s^+ and γ_s^-) of the sample surface. Finally, the total surface energy, γ_s , of the solid could be
 14 calculated by substituting equation (4).⁵²

$$15 \quad \gamma_{1,W}(1 + \cos \theta_W) = 2(\sqrt{\gamma_{1,W}^{LW} \cdot \gamma_S^{LW}} + \sqrt{\gamma_{1,W}^+ \cdot \gamma_s^-} + \sqrt{\gamma_{1,W}^- \cdot \gamma_s^+}) \quad (1)$$

$$16 \quad \gamma_{1,FMD}(1 + \cos \theta_{FMD}) = 2(\sqrt{\gamma_{1,FMD}^{LW} \cdot \gamma_S^{LW}} + \sqrt{\gamma_{1,FMD}^+ \cdot \gamma_s^-} + \sqrt{\gamma_{1,FMD}^- \cdot \gamma_s^+}) \quad (2)$$

$$17 \quad \gamma_{1,DIM}(1 + \cos \theta_{DIM}) = 2(\sqrt{\gamma_{1,DIM}^{LW} \cdot \gamma_S^{LW}} + \sqrt{\gamma_{1,DIM}^+ \cdot \gamma_s^-} + \sqrt{\gamma_{1,DIM}^- \cdot \gamma_s^+}) \quad (3)$$

$$18 \quad \gamma_s = \gamma_s^{LW} + 2\sqrt{\gamma_s^+ \cdot \gamma_s^-} \quad (4)$$

19

1 *Antibacterial performance assay*

2 Inhibition zone test

3 Gram-negative bacteria *Escherichia coli* (*E. coli*, WT F1693) and gram-positive bacteria
4 *Staphylococcus aureus* (*S. aureus*, F1557) were selected for the study, and the samples were tested
5 for their antibacterial activity using inhibition zone test ⁵³. The bacterial concentrations were
6 adjusted to 10^7 colony-forming units (CFUs)·mL⁻¹ in the antibacterial assay and dispersed uniformly
7 on the surface of Luria-Bertani Agar plate. The catheter segment was inserted vertically into the hole
8 of the agar plate. The hole in the agar plate was made with a sterilized stainless steel punch, and the
9 outer diameter of the punch was the same as the outer diameter of the catheter. The antibacterial
10 performance against *E. coli* was determined by using various coated urinary catheters and the
11 untreated catheter as a control. The agar plate was incubated at 37°C for 24 h before measuring the
12 diameter of the inhibition zone.

13

14 Live/dead Assay: Fluorescence Microscopy

15 To further evaluate the antibacterial property and anti-adhesion efficacy of the as-prepared
16 coatings, the samples with adhered bacteria were stained using SYTOTM9/PI (propidium iodide) and
17 propidium iodide (PI) and then were observed using an Olympus Fluorescence Microscope (BX41,
18 Tokyo, Japan) with live bacteria appearing green and dead bacteria appearing red under fluorescence
19 irradiation. Quantitative analysis was performed by the image analysis software Image-ProPlus[®] by
20 counting the numbers of the dead and live bacteria based on the fluorescence intensity of the images

1 ¹⁴. All green fluorescence was found under fluorescence microscope when the silicone catheter was
2 used for observation, because the silicone catheter underwent fluorescence reaction under
3 fluorescence irradiation. Therefore, the microscope was unable to observe and identify the number
4 of live bacteria. Consequently, a stainless steel (SS) sheet (25 ×25 ×1 mm) was selected as the
5 substrate and the coatings were prepared under the identical conditions as the urinary catheter did.
6 All samples were observed after 2 h of impregnation with Gram-positive *S. aureus* solution.

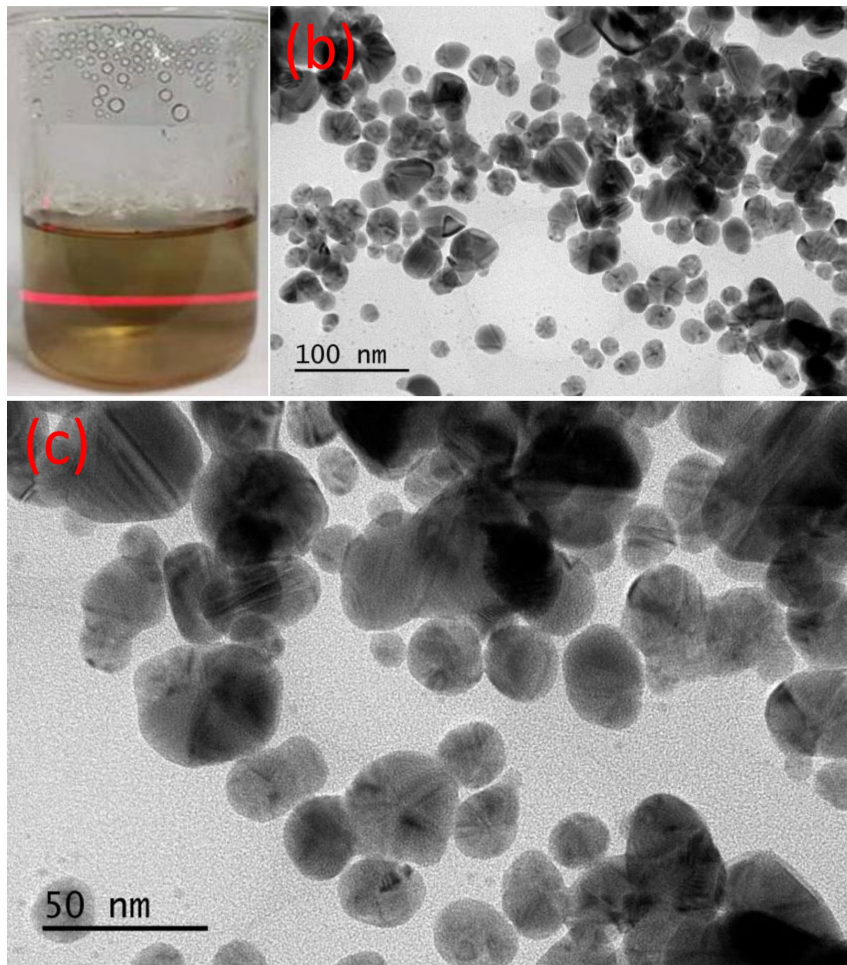
7 The above experiments were repeated three times independently. All statistical analyses were
8 carried out using analysis of ANOVA testing within Microsoft Excel (Microsoft Corp., Redmond,
9 USA). Values are reported in the paper as mean values with standard deviations.

10

11 **Results and discussion**

12 *Preparation of PDA-CMC-AgNPs hydrogel coating on urinary catheter*

13 Figure 1a shows that the nano-Ag colloid solution after reduction of 0.01 M AgNO₃ solution
14 by trisodium citrate and glucose, had obvious nano-Ag colloid light path after laser irradiation.
15 Figure 1b reveals the well-dispersed quasi-spherical-shaped AgNPs ⁵⁴ with the average diameter of
16 24.5 ± 4.1 nm and a relatively narrow particle size distribution (Figure 1c).



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Figure 1 Photograph of the nano-Ag colloid solution prepared with 0.01 M AgNO₃ solution and TEM micrographs of Ag nanoparticles. (a): the nano-Ag colloid solution with obvious colloid light path after laser irradiation; (b) and (c): The TEM microstructure of the Ag colloid with lower and higher magnifications, respectively.

Figure S1a shows that the polydopamine solution had brownish-black color with suspended polydopamine particles. Figure S1b displays the hydrogel solution formed by dissolving sodium carboxymethyl cellulose into the nano-Ag colloid solution, which also had obvious nano-Ag colloidal laser light paths. Figure S1c illustrates the photographs of the urinary catheter segments

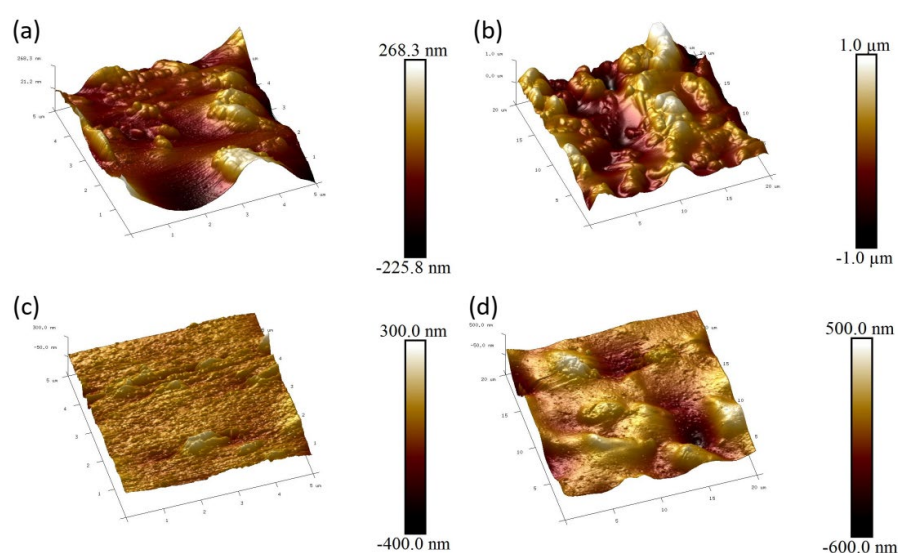
1 with the PDA or the PDA-CMC-Ag coating. Figure S1d exhibits the photographs of the whole
2 urinary catheter, in which the top one was the original urinary catheter, the middle one was the
3 urinary catheter with the PDA coating, and the bottom one was the urinary catheter coated with the
4 PDA-CMC-Ag nanoparticles. Figure S1e shows the photographs of the prepared coated urinary
5 catheter segments before and after rubbing with an A4 paper, respectively. Although the coated
6 urinary catheter became darker after rubbing violently, no obvious coating abrasion marks were
7 found on the coated catheter surface. Furthermore, when the coated catheter was bent by hand and
8 then wiped lightly with a wet paper towel, no coating material was peeled off from the urinary
9 catheter surface, indicating that the bond strength between the coating and the urinary catheter
10 surface was very strong. Figure S1f shows the photograph of the uncoated Foley-type urinary
11 catheter segment, which is composed of the siliconized layer and the latex body.

13 *Surface morphology and chemical characterisation*

14 AFM

15 Figure 2 presents typical surface topography images of the original catheter and the PDA-
16 CMC-AgNPs (0.01 M) coating prepared on the catheter with three-dimensional AFM measurements
17 in scan areas of $5.0\ \mu\text{m} \times 5.0\ \mu\text{m}$ and $20.0\ \mu\text{m} \times 20.0\ \mu\text{m}$ for each sample. The original catheter
18 consisted of many particle peaks and valleys, which distributed randomly on the surface (Figures 2a
19 and 2b). The values of R_a and R_q were 48.0 nm and 65.8 nm in the scan area of $5.0\ \mu\text{m} \times 5.0\ \mu\text{m}$,
20 respectively (Figure 2a). Compared with the original catheter, the values of R_a and R_q of the PDA-
21 CMC-AgNPs (0.01 M) coating were 21.2 nm and 32.2 nm with the same size of the scan area (Figure

1 2c), respectively, which revealed a smoother surface. The results demonstrated that the obtained low
2 roughness values of the hydrogel coating might contribute to the super-lubricity property of the
3 coated catheter. It was also found that both the R_a and R_q values were increased sharply with the
4 increase of the scan area for the same sample. For example, the R_a and R_q values of the original
5 catheter surface increased to 243.0 nm and 307.0 nm, respectively, in the scan area of $20.0 \mu\text{m} \times$
6 $20.0 \mu\text{m}$. Similarly, the R_a and R_q values of the PDA-CMC-AgNPs (0.01 M) coating increased to
7 76.4 nm and 105.0 nm (Figure 2d), respectively, which were still significantly smaller than those of
8 the original catheter with the same size of the scan area. The occurrence of increasing surface
9 roughness with increasing scan area could be associated with the dependency of the roughness on
10 the spatial wavelength of the scanned area or the frequency.⁵⁵ In particular, the R_a and R_q data of
11 the PDA-CMC-AgNPs (0.01 M) coating significantly decreased in both AFM scan areas compared
12 with those of the original catheter surface.



13

14 **Figure 2** Three-dimensional AFM images of the samples. (a) and (b): the original catheter in a

1 scan area of $5.0\ \mu\text{m} \times 5.0\ \mu\text{m}$ and $20.0\ \mu\text{m} \times 20.0\ \mu\text{m}$, respectively. (c) and (d): the PDA-CMC-
2 AgNPs (0.01 M) coating prepared on the catheter in a scan area of $5.0\ \mu\text{m} \times 5.0\ \mu\text{m}$ and $20.0\ \mu\text{m} \times$
3 $20.0\ \mu\text{m}$, respectively.

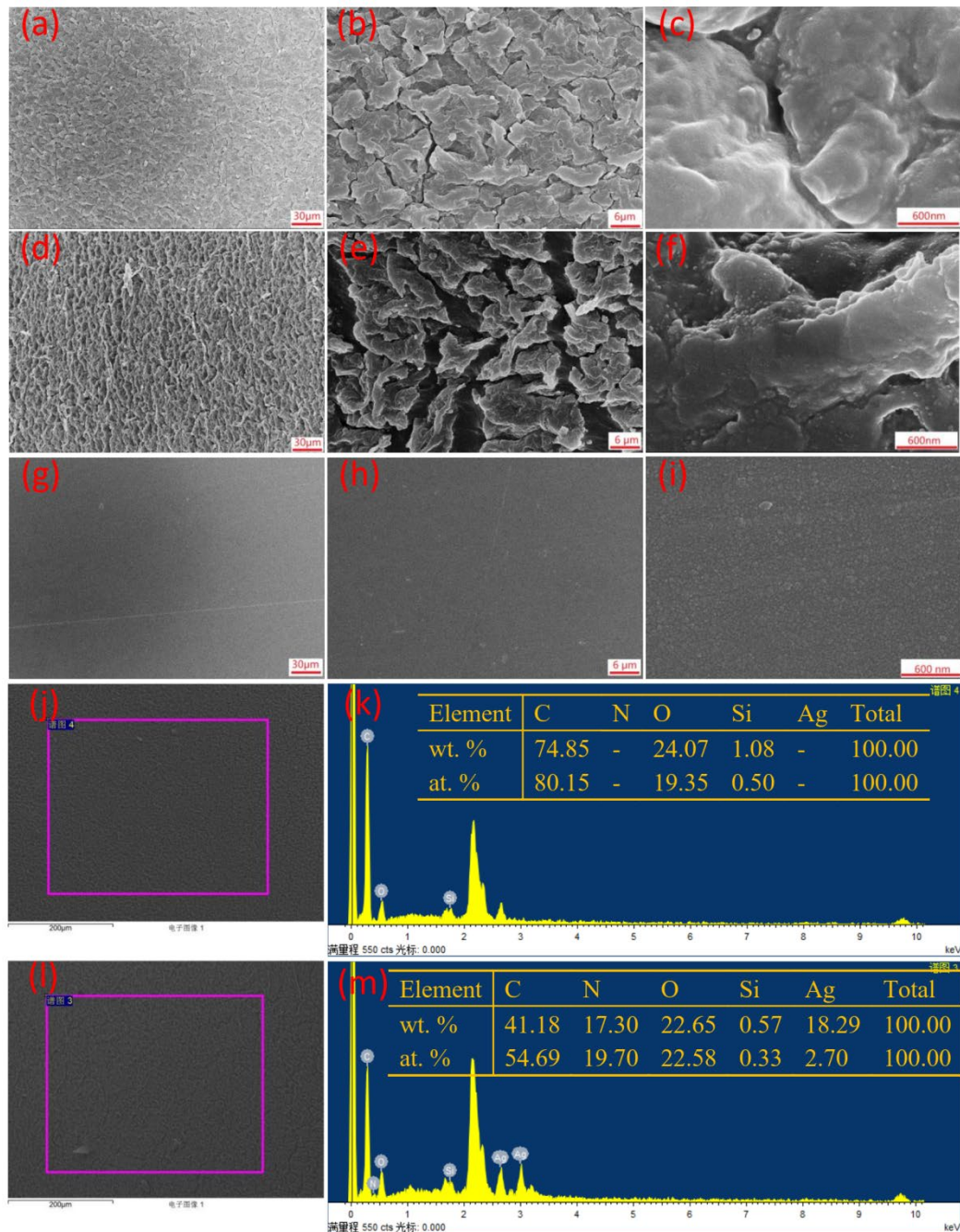
4 5 FE-SEM

6 Figures 3a-3c show the FE-SEM images of the original urinary catheter at different
7 magnifications. The results indicated that the original catheter surface had a large number of
8 irregular latex particle tissue with dense arrangement. Figures 3d-3f demonstrate the surface
9 morphology of the PDA-CMC-AgNPs (0.01 M) coating at different magnifications. It was found
10 that a thin film was formed on the catheter after coating PDA-CMC-AgNPs composites, and many
11 irregular CMC tissue accumulations were found at high magnification, indicating that the coating
12 was successfully attached to the urinary catheter surface (Figure 3e). Figure 3f presents that many
13 spherical particles with a diameter of about 20 nm were accumulated on the CMC particle tissue,
14 which were nano-Ag particles, as evidenced by EDS analysis (see Figure 3m). Figures 3g-3i show
15 the microtopography of PDA coating on the 304 stainless steel (SS) substrate. Lots of dense PDA
16 particles were accumulated on the 304 SS substrate, indicating that the PDA coating had successfully
17 formed on the SS substrate.

18 Figures 3j and 3l show the block diagrams of EDS elemental tests in the analysis area
19 corresponding to Figures 3a and 3d, respectively. The EDS analysis illustrates that the original
20 catheter was mainly composed of C, O, and Si elements, which came from the siliconized latex
21 urinary catheter (Figure 3k). In contrast, after coated with PDA, CMC and AgNPs composites, the

1 composition of the elements on the urinary catheter surfaces also included 2.70 *at. %* Ag content in
 2 the coating composition (Figure 3m).

3



4

5 **Figure 3** FE-SEM images and EDS analysis of the original urinary catheter, the PDA-CMC-

6 AgNPs coating on the catheter, and the PDA coating on the 304 SS substrate. (a), (b), and (c): the

1 microtopography of the original urinary catheter magnified with 1,000 X, 5,000 X, and 100,000 X,
2 respectively; (d), (e), and (f): the microtopography of the coated urinary catheter magnified with
3 1,000 X, 5,000 X, and 100,000 X, respectively; (g), (h), and (i): the microtopography of the PDA
4 coating on the 304 SS substrate magnified with 1,000 X, 5,000 X, and 100,000 X, respectively; (j)
5 and (l): the block diagrams of EDS elemental tests in the analysis area corresponding to Figures 3a
6 and 3d, respectively; (k) and (m): the EDS energy spectra and the coating components
7 corresponding to Figures 3j and 3l, respectively.

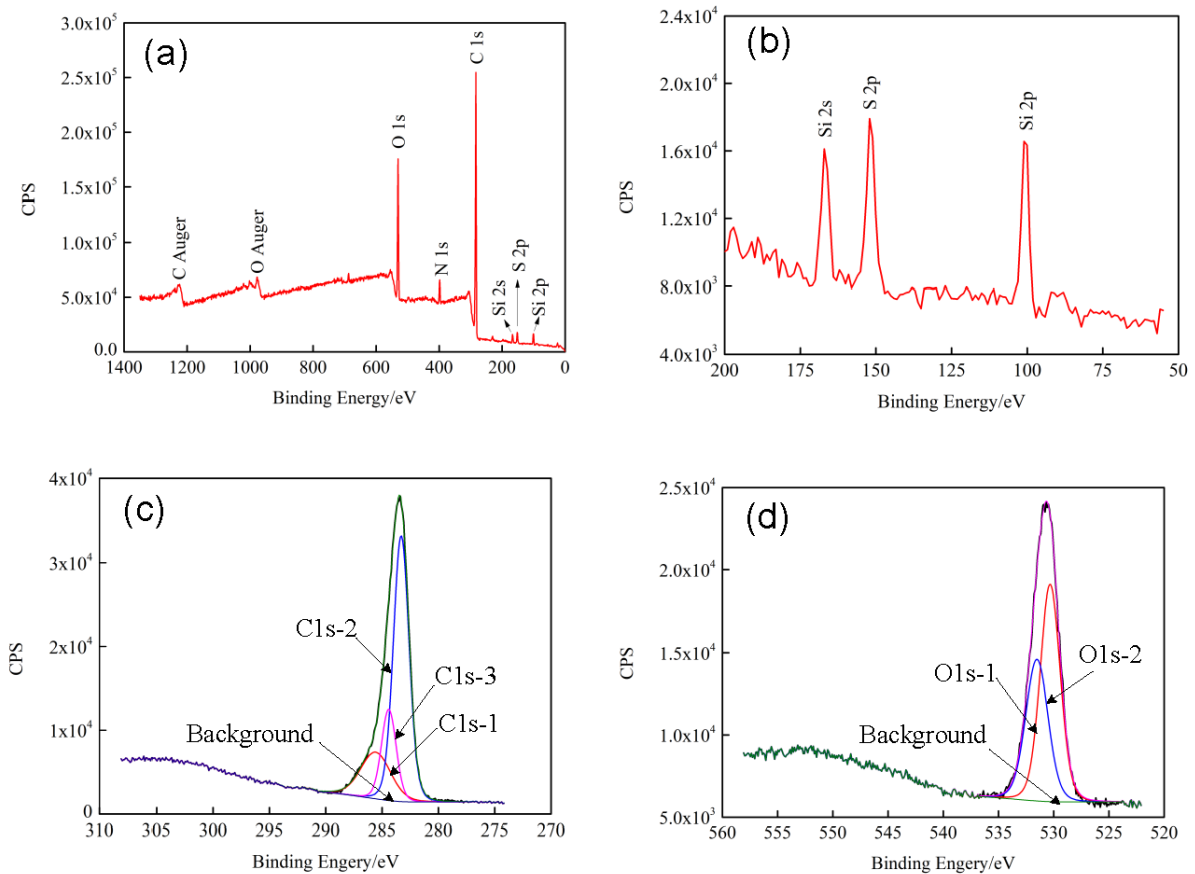
8

9 XPS Analysis

10 X-ray photoelectron spectroscopy (XPS) spectra were employed to further prove the
11 composition of the PDA-CMC-AgNPs (0.01 M) coating. XPS survey of the coating in Figure 4a.
12 exhibited the main peaks of C 1s (283.5 eV) and O 1s (530.68 eV), as well as peak of N 1s (398.5
13 eV) which indicated the N-C bond from PVP^{56, 57}. The high-resolution spectrum in Figure 4b
14 exhibited three different peaks with Si 2s (167.0 eV), Si 2p (101.1 eV), and S 2p (152.1 eV) which
15 might come from the original latex urinary catheter layer⁵⁸, as shown in Figure S1f. The high-
16 resolution C 1s spectrum of the coating could be fitted to three peaks at 283.3 eV (C1s-1 in Figure
17 4c, similarly hereinafter), 284.4 eV (C1s-3), and 285.6 eV (C1s-2), which were assigned to C-OR,
18 C-C, and C-O species, respectively⁵⁹. Similarly, the high-resolution O 1s spectrum at 530.7 eV could
19 be fitted to two peaks at 530.3 eV (O1s-1 in Figure 4d, similarly hereinafter) and 531.53 eV (O1s-
20 2), which were assigned to Si-O group and ·OH species, respectively⁵⁹. Furthermore, the peaks of

1 C-Auger and O-Auger attributed to the X-ray excited auger electron spectroscopy (AES) spectra,
2 which was the inevitable concomitants of the XPS peaks ⁶⁰.

3



4

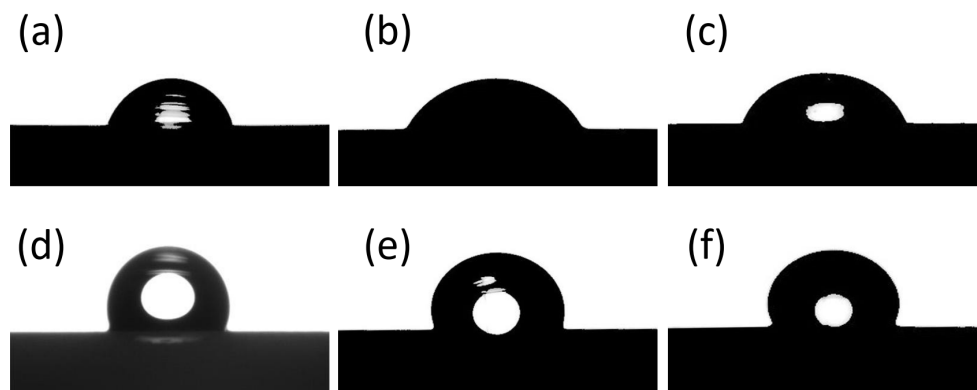
5 **Figure 4** XPS spectra of the PDA-CMC-AgNPs (0.01 M) coated urinary catheter. (a) full-scan
6 spectra; (b), (c), and (d) high-resolution XPS spectra of C 1s, Si 2p, and O 1s.

7

8 *Contact angle measurement and surface energy calculation*

9 A video optical contact angle measuring instrument was used to measure the contact angle and
10 to determine the wetting properties of the sample surfaces. The contact angle results are shown in

1 Figure. 5 and Table 1. Figure 5 shows the contact angles measured with the different standard liquids
 2 on the uncoated and coated catheters. Clearly the contact angles on the coated catheters were much
 3 higher than those on the uncoated catheters. Table 1 further demonstrated that the urinary catheter
 4 surface became hydrophobic after coating with the PDA-CMC-AgNPs composites. As a result, the
 5 surface free energy, γ_s , of the original urinary catheter was decreased from $30.9 \pm 1.7 \text{ mJ}\cdot\text{m}^{-2}$ to 6.9
 6 $\pm 1.4 \text{ mJ}\cdot\text{m}^{-2}$ after the surface coated with the PDA-CMC-AgNPs.



8
 9 **Figure 5** Contact angle measurements ($2 \mu\text{L}$ for each liquid drop); (a), (b), and (c): photographs of
 10 the drop shapes of pure water, formamide and diiodomethane on the original catheter, respectively;
 11 (d), (e), and (f): photographs of the drop shapes of pure water, formamide, and diiodomethane on
 12 the PDA-CMC-AgNPs coated urinary catheter, respectively.

13
 14 **Table 1** Contact angles and surface energies of uncoated and coated catheters.

Sample	Standard liquid	Average angle/ $^{\circ}$	Surface free energy/ $\text{mJ}\cdot\text{m}^{-2}$
	Water	67.9 ± 1.5	

Original urinary catheter	Formamide	62.8 ± 1.2	30.9 ± 1.7
	Diiodomethane	69.3 ± 3.7	
	Water	114.4 ± 0.9	
PDA-CMC-AgNPs coating	Formamide	104.6 ± 1.1	6.9 ± 1.4
	Diiodomethane	112.4 ± 2.4	

1

2 *Inhibition zone analysis*

3 The antibacterial activities of the coated catheters were evaluated by examining the inhibition
4 zones against Gram-negative bacteria *E. coli*. The inhibition zones results are summarized in Table
5 2. The results show the comparisons of inhibition zones of the original uncoated urinary catheter
6 with the coated catheters, including PDA coated catheter, the PDA-CMC-AgNPs coated catheter,
7 and the PDA-CMC-AgNPs coated catheter containing the antibacterial agent CPF. No inhibition
8 zones were observed around the original uncoated catheter and the PDA-coated catheter segments.
9 Table 2 shows that the inhibition zones of the CMC-AgNPs (0.01 M) coated urinary catheter and
10 the PDA-CMC-AgNPs coated urinary catheter with PDA treatment were all 0.6 cm, indicating that
11 there was no difference against *E. coli* between the two coated catheters. These results demonstrated
12 that the existence of PDA did not improve the antibacterial performance of the coated urinary
13 catheters. However, according to the literature ²⁰, PDA could enhance the adhesion between the
14 coating and the catheter substrate. Table 2 also showed that the inhibition zone of the PDA-CMC-
15 AgNPs coated catheter increased from 0.9 cm to 1.8 cm by adding ciprofloxacin into the PDA-

1 CMC-AgNPs coating, indicating that ciprofloxacin significantly enhanced the bactericidal property
 2 of the coated catheter. However, the addition of antibiotics into catheter coatings was not
 3 recommended due to the risk of developing antibiotic-resistant pathogens ¹⁰. Table 2 showed that
 4 the increase of the concentration of AgNO₃ from 0.01 M to 0.05 M resulted in a slight increase of
 5 the diameter of the inhibition zone from 0.8 cm to 1.0 cm. It is well-known that the antibacterial
 6 mechanism of Ag nanoparticles is via releasing Ag⁺ ions which can interface with the enzymes and
 7 sulphhydryl groups of proteins, and thus inhibit DNA synthesis of the bacteria ⁶¹.

8

9 **Table 2** Comparison of the inhibition zones against *E. coli* of the coated urinary catheters with
 10 those of the original latex urinary catheter.

Samples	Inhibition zone in diameter/cm	Samples	Inhibition zone in diameter/cm
Original urinary catheter	0	CMC-Ag (0.01M)	0.6
PDA	0	PDA-CMC-Ag (0.01M)	0.6
PDA-CMC-Ag (0.01M)	0.8	PDA-CMC-Ag (0.01 M)- CPFX	1.8
PDA-CMC-Ag (0.05M)	1.0	PDA-CMC-Ag	0.9

11

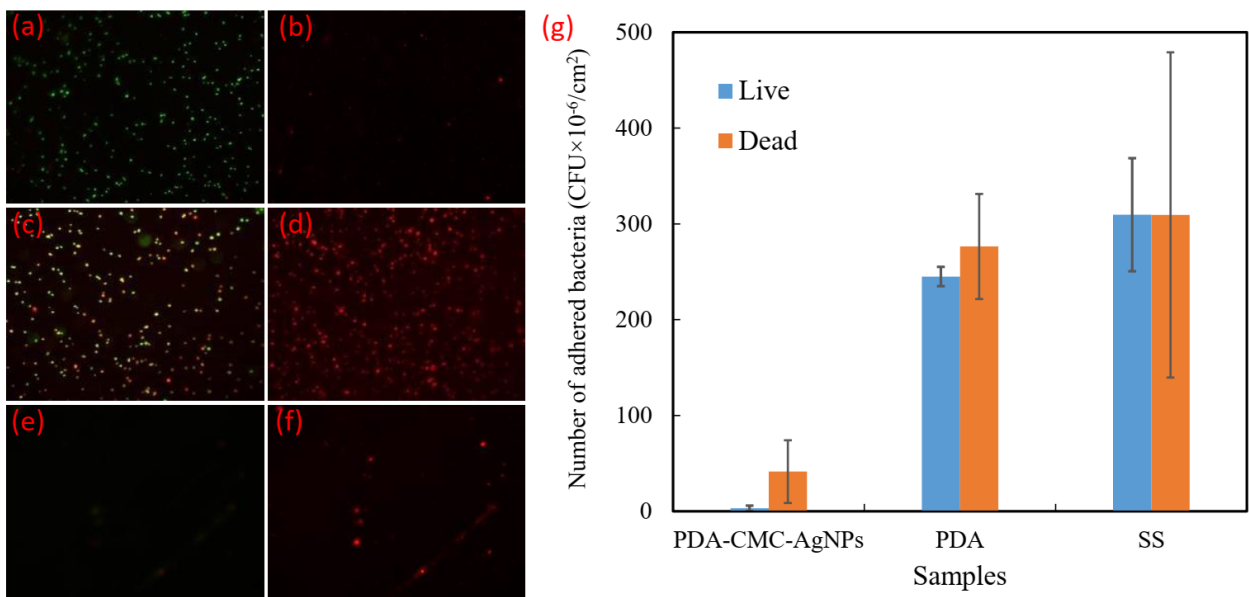
12 *Live/dead assay: fluorescence microscope images analysis*

13 Figure S2 shows the photographs of the coatings on the SS substrate. The results indicate that
 14 the SS substrate showed a mirror color (Figure S2a), and the PDA coating shows a mirror gold color
 15 (Figure S2b), while the PDA-CMC-AgNPs shows a lavender color with a slightly uneven color
 16 (Figure S2c). Figures 6a-6f show the fluorescence microscopy images impregnated with *S. aureus*

1 solution after 2 h on the polished SS substrate, the PDA coating, and the PDA-CMC-AgNPs (0.01
2 M) coating, respectively. Qualitative analysis from Figures 6a and 6b showed that most of bacteria
3 on the original SS sheet were alive. Figures 6c and 6d illustrated that there were large numbers of
4 live and dead bacteria on the PDA coated surface. On the contrary, there were almost no live bacteria
5 on the PDA-CMC-AgNPs (0.01 M) coated stainless steel sheet (Figure 6e), and there were only few
6 dead bacteria on the coated surface(Figure 6f). In other words, the total number of live and dead
7 bacteria on the PDA-CMC-AgNPs (0.01 M) coating was much less than those on the PDA coating
8 and on the SS substrate, which indicated that the PDA-CMC-AgNPs (0.01 M) coating not only had
9 a good antibacterial effect, but also had a good non-stick property to bacteria.

10 The number of adhered bacteria was counted by Image-ProPlus[®] and the result was given in
11 Figure 6g. Compared to the SS substrate, the quantitative analysis from Figure 6g indicated that the
12 numbers of live and dead bacteria on the PDA coating were reduced by 20.9% and 10.7%,
13 respectively, **compared with the uncoated surface**. While, the numbers of live and dead bacteria on
14 the PDA-CMC-AgNPs (0.01 M) coating were reduced by 99.0% and 86.6%, respectively, compared
15 with the uncoated surface which demonstrated the strong anti-bacterial and anti-adhesion properties
16 of the PDA-CMC-AgNPs (0.01 M) coating. The non-stick property of the PDA-CMC-AgNPs (0.01
17 M) coating might attribute to the low surface energy (Table 1).⁶²

18



1

2 **Figure 6** The fluorescence microscopy images impregnated with *S. aureus* solution after 2 h; (a)
 3 and (b): living bacteria (green) and dead bacteria (red) on the original SS sheet, respectively; (c)
 4 and (d): living bacteria (green) and dead bacteria (red) on the PDA coating, respectively; (e) and
 5 (f): live bacteria (green) and dead bacteria (red) on the PDA-CMC-AgNPs (0.01 M) coating,
 6 respectively; (g): comparison of adherence of dead and live *S. aureus* bacteria on different
 7 samples.

8

9 **Conclusion**

10 The polydopamine-carboxymethylcellulose-AgNPs (PDA-CMC-AgNPs) coatings with
 11 antibacterial and anti-adhesion properties to bacteria were prepared on the Foley urinary catheters.
 12 The color of the catheters coated with polydopamine and carboxymethyl cellulose became darker
 13 and the bond strength between the coating and the urinary catheter surface was strong. TEM revealed
 14 the well-dispersed quasi-spherical-shaped silver nano-particles with the average diameter of $24.5 \pm$

1 4.1 nm. The PDA-CMC-AgNPs (0.01 M) coating revealed a smoother surface compared with the
2 original catheter, which might contribute to the super-lubricity property of the coated catheter. The
3 contact angle of the coated catheter was larger than that of the original uncoated catheter. The surface
4 free energy of the original uncoated catheter was reduced from $30.9 \pm 1.7 \text{ mJ} \cdot \text{m}^{-2}$ to $6.9 \pm 1.4 \text{ mJ} \cdot \text{m}^{-2}$
5 after being coated with the PDA-CMC-AgNPs.

6 The inhibition zone analysis showed that both the original uncoated catheter and the PDA-
7 coated catheter had no antibacterial effect, and the addition of PDA did not improve the antibacterial
8 performance of the CMC hydrogel coating. The bactericidal performance of the CMC-AgNPs
9 coated catheter was significantly enhanced by adding ciprofloxacin to the CMC-AgNPs hydrogel.
10 The increase of the concentration of AgNO_3 resulted in the enhancement of the antibacterial
11 properties of the coated urinary catheter. The PDA-CMC-AgNPs (0.01 M) coating inhibited 99.0%
12 of live bacteria and decreased the adhesion to dead bacteria by 86.6%. The anti-adhesion property
13 of the PDA-CMC-AgNPs (0.01 M) coating attributed to the low surface energy of the coating.

14

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3 **Authorship contributions**

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9 **Changyuan Cheng:** Investigation, Fluorescence Microscope images analysis. **Hong Yang:** FE-
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1 **Compliance with ethical standards**

2 **Conflict of interest:** We declare that we have no financial and personal relationships with other
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