EXPAREL®
(bupivacaine liposome injectable suspension)

Administration Technique Guide

Capturing Clinician Experience With EXPAREL

This educational technique guide represents the individual experience of Dr Jason Huffman and is intended to demonstrate his methodology for using EXPAREL in a specific orthopedic procedure.* Pacira Pharmaceuticals recognizes that there are alternative methodologies for administering local anesthetics, as well as individual patient considerations, when selecting the dose for a specific procedure.

CASE INFORMATION

Physician Name	Jason Huffman, MD
Affiliation	Queen of the Valley Medical Center; Napa, CA
Surgical Case Performed	Posterior cervical fusion C4/5, C5/6
Inpatient or Outpatient Procedure	Inpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	78 years of age
Patient History and Characteristics	ASA 2 Previous anterior cervical fusion (June of 2012), laparoscopic colectomy (2006), and bilateral total knee arthroplasty (2005)

PROCEDURAL DETAILS

Incision Size	4 cm
Preoperative Analgesics Used	None
Intraoperative Analgesics Used	100 mcg fentanyl, 1 mg hydromorphone, IV acetaminophen
Was EXPAREL Diluted? If so, to What Volume?	One 20-mL vial of EXPAREL (266 mg) was used undiluted.

*The approval of EXPAREL was based on two pivotal clinical trials, excisional hemorrhoidectomy and bunionectomy, that demonstrated the safety and efficacy of the product. In the excisional hemorrhoidectomy trial, 266 mg of EXPAREL (one 20-mL vial) was diluted with 10 mL of preservative-free normal sterile saline. In the bunionectomy trial, an undiluted dose of 106 mg (8 mL) was used.

In the excisional hemorrhoidectomy trial, EXPAREL demonstrated postsurgical pain control with reduced opioid requirements for up to 72 hours. The median time to first opioid rescue was 14.3 hours for EXPAREL vs 1.2 hours for placebo. 28% of patients treated with EXPAREL received no postsurgical opioid rescue through 72 hours vs 10% of placebo-treated patients. The clinical benefit of the attendant decrease in opioid consumption was not demonstrated.

It is up to the individual prescriber to determine the relevance of the demonstration of efficacy and safety in these surgical models to their own surgical setting. The recommended dose of EXPAREL is based on the surgical site and the volume required to cover the area. The maximum dosage of EXPAREL should not exceed 266 mg.

Please see Important Safety Information on reverse and refer to the accompanying full Prescribing Information before using EXPAREL for complete Dosage and Administration information.

INFILTRATION TECHNIQUE

- After marking the incision site, 13 mL of EXPAREL is preemptively infiltrated into the paraspinal muscles approximately 1 inch just off midline to be sure to avoid the epidural space (Figure 1)
- Before final closure, the remaining 7 mL of EXPAREL is infiltrated into the muscles (Figures 2 and 3)
- A 25-gauge needle bent at a 30-degree angle is used to help facilitate injection in this manner

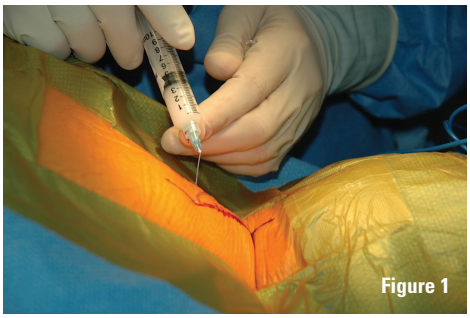
Figure 1

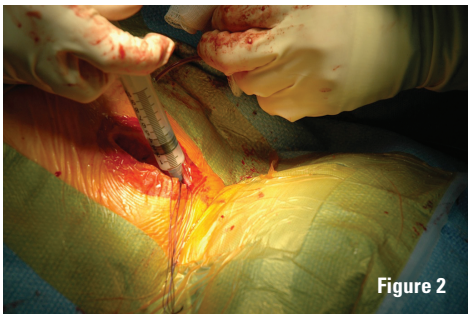
Figure 2

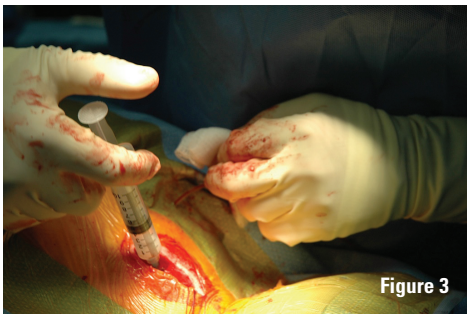
Figure 3

FOLLOW-UP NOTES

Additional Postsurgical Medications Used/Prescribed	Intravenous hydromorphone 0.5 mg was given in the immediate postsurgical setting and on postoperative day 1. A total of 3 hydrocodone/acetaminophen 10/325-mg tablets were administered through postoperative day 1, and patient was discharged home with a prescription for hydrocodone/acetaminophen 10/325 mg as needed.
Other Observations	Patient reported minimal postsurgical discomfort in the PACU and was discharged to acute rehabilitation on postoperative day 1.

EXPAREL is a liposomal formulation of bupivacaine indicated for single-dose administration into the surgical site to produce postsurgical analgesia.

Important Safety Information:

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. EXPAREL has not been studied for use in patients younger than 18 years of age. Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Other formulations of bupivacaine should not be administered within 96 hours following administration of EXPAREL. Monitoring of cardiovascular and neurological status, as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations. In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

Disclosures: Dr Huffman is a paid consultant for Pacira Pharmaceuticals, Inc.

PACIRA PHARMACEUTICALS, INC.