NURSING GUIDE

# OPIOID-MINIMIZING POSTSURGICAL PAIN MANAGEMENT WITH EXPAREL®

(bupivacaine liposome injectable suspension)

**Educating patients about postsurgical pain management** should start before surgery and continue after their procedure to set appropriate expectations for recovery.

It is important for patients to know that their health care provider has chosen an opioid-minimizing pain management strategy that includes EXPAREL.

**More than 6 million patients have received EXPAREL since 2012 across a broad range of procedures**[1]

## Indication

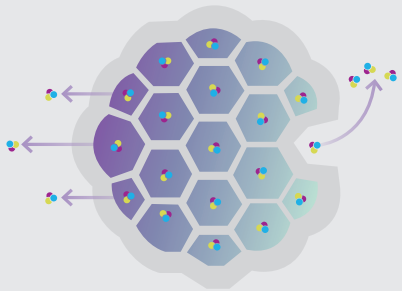
EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

**Please see Important Safety Information on back.**
**Please refer to accompanying full Prescribing Information.**

For more information,
please visit **www.EXPAREL.com**
or call **1-855-RX-EXPAREL** (1-855-793-9727).

# ABOUT EXPAREL & HOW TO USE

## EXPAREL uses DepoFoam®, an innovative drug delivery technology, to extend analgesia[2]



**COMPOSED**
of naturally occurring, biodegradable, biocompatible lipids that form multivesicular liposomes[3-5]

**UTILIZES**
lipid membrane components that are cleared by normal metabolic pathways[3,4]

**RELEASES**
bupivacaine over time as lipid membranes are metabolized and reorganize[2]

**ENCAPSULATES**
bupivacaine in the lipid vesicles, which serve as individual chambers that slowly release the drug as the lipids break down over time

## EXPAREL administration

- EXPAREL is a long-acting local analgesic given during surgery to provide postsurgical pain management for the first few days following surgery[5]
- EXPAREL is administered by a surgeon or anesthesiologist via surgical site infiltration, as a field block (ie, transverse abdominis plane [TAP] block) or interscalene brachial plexus nerve block, as part of a multimodal or enhanced recovery protocol[6]
- Bupivacaine HCl is often admixed along with EXPAREL to ensure early analgesic coverage in the immediate hours following administration
- Optimal results with EXPAREL can depend on the technique used for administration. Assessment of pain management by the nursing staff for feedback to the surgeon or anesthesiologist is important

## POSTSURGICAL PAIN ASSESSMENTS & PROTOCOLS

Pain assessments should include asking the patient about the EXACT characteristics of pain being experienced:

**Location**

**Quantity of pain**

**Quality of pain**

EXPAREL is a local analgesic that works predominately on somatic pain, or pain that originates from skin or skeletal muscle, not visceral pain, which originates from organs and is not always caused by tissue injury (ie, shoulder pain from insufflation after an abdominal laparoscopic procedure).[13-15]

When administered via an interscalene brachial plexus nerve block, the return of sensation may be mistaken for pain. The potential for sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered. It may last up to 5 days, as seen in clinical trials.[16]

EXPAREL®
(bupivacaine liposome injectable suspension)

# EDUCATING PATIENTS ABOUT EXPAREL

## INFORM

EXPAREL slowly wears off after a few days, and patients may start to experience pain at the surgical site.

Since pain can be subjective, discuss the difference between mild to moderate and severe pain. If patients have severe or increased pain, they should call their health care provider for help.

## INSTRUCT

Patients should follow their health care provider's instructions in regard to their medications to maintain adequate pain control and ensure an optimal recovery.

Medications may be taken in the hospital or outpatient facility and patients should continue their prescribed regimen at home per their health care provider's instructions.

## EXPLAIN

If an opioid medication is prescribed, make patients aware of any risks and side effects, and ensure they understand when to take their prescribed opioid vs non-opioid medications.

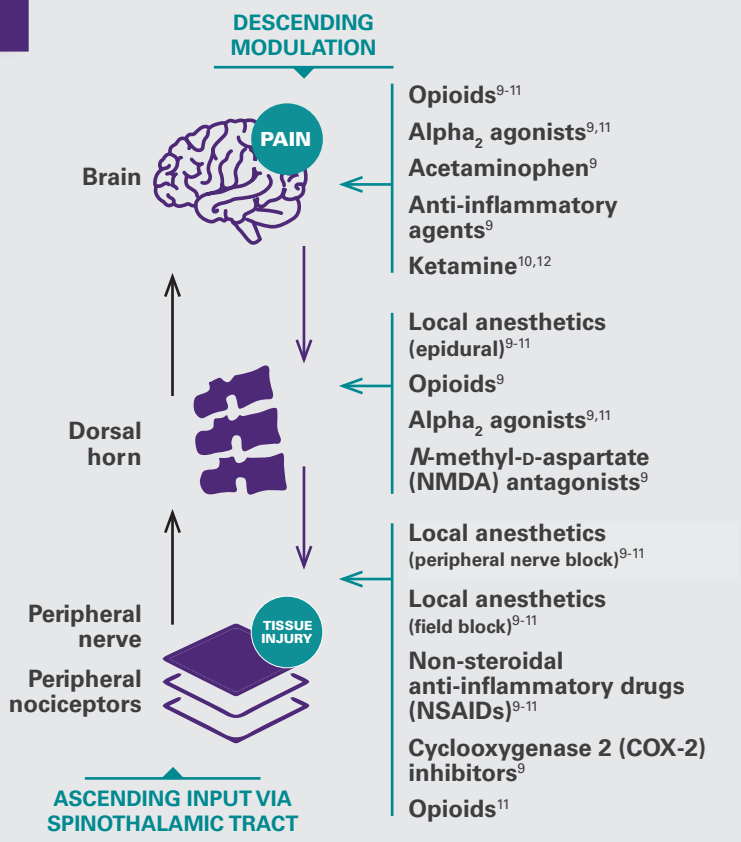
# HOW EXPAREL **REDUCES OPIOID USE**

## EXPAREL as part of a multimodal protocol

EXPAREL is given as part of a multimodal protocol that consists of the simultaneous use of ≥2 analgesics that act on different sites within the central and peripheral nervous systems to help minimize the use of opioids.[7]

This includes scheduled, around-the-clock, non-opioid medications such as acetaminophen, gabapentin, or ibuprofen, and ice packs to control postsurgical pain.[7]

Multimodal regimens vary based on surgeon, surgery type, and individual patient factors.[8]




## With EXPAREL, many patients are able to recover from surgery with minimal to no opioids*

- It is important to educate patients that some pain and discomfort after surgery is normal and may be different for everyone. They should let their nurse know if their pain increases or becomes severe
- Since EXPAREL is designed to reduce the need for opioids, it is important to follow the scheduled protocol and assess a patient's need for additional pain medications before administering them
- Each hospital will have different protocols in place for managing patients who have been given EXPAREL, which may include providing them with teal-colored wristbands
  - —These wristbands can be helpful to identify and assess patients who have received EXPAREL as part of an opioid-minimization protocol
  - —Although the use of other local anesthetics is not contraindicated, the wristband also serves as a reminder that the additional use of local anesthetics should be avoided for 96 hours
- Following systemic absorption, local anesthetics can produce effects on the cardiovascular and central nervous systems. Therefore, monitoring for signs of cardiotoxicity and neurotoxicity is essential

*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

**Please see Important Safety Information on back.**
**Please refer to accompanying full Prescribing Information.**

# PAIN CONTROL
WITH FEWER OPIOIDS MAY HELP PATIENTS:

**Recover while being more alert**[17]

**Ambulate sooner after surgery, aiding in their recovery**[18]

**Be discharged more quickly from the hospital or outpatient surgical center**[18]

## Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

## Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

## Warnings and Precautions for Bupivacaine-Containing Products

**Central Nervous System (CNS) Reactions:** There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

**Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death.

**Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

**Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

**Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

**Please refer to accompanying full Prescribing Information.**
**Full Prescribing Information is also available at www.EXPAREL.com.**

**To report an adverse event, email drugsafety@pacira.com or call 1-855-RX-EXPAREL (1-855-793-9727).**

**References: 1.** Data on file. 5903. Parsippany, NJ: Pacira BioSciences, Inc.; October 2019. **2.** Lambert WJ, Los K. DepoFoam® multivesicular liposomes for the sustained release of macromolecules. In: Rathbone MJ, Hadgraft J, Roberts MS, Lane ME, eds. *Modified-Release Drug Delivery Technology.* Vol 2. 2nd ed. New York: Informa Healthcare; 2008:207-214. **3.** Angst MS, Drover DR. Pharmacology of drugs formulated with DepoFoam: a sustained release drug delivery system for parenteral administration using multivesicular liposome technology. *Clin Pharmacokinet.* 2006;45(12):1153-1176. **4.** Kohn FR, Malkmus SA, Brownson EA, Rossi SS, Yaksh TL. Fate of the predominant phospholipid component of DepoFoam™ drug delivery matrix after intrathecal administration of sustained-release encapsulated cytarabine in rats. *Drug Deliv.* 1998;5(2):143-151. **5.** Richard BM, Newton P, Ott LR, et al. The safety of EXPAREL® (bupivacaine liposome injectable suspension) administered by peripheral nerve block in rabbits and dogs. *J Drug Deliv.* 2012;2012:962101. **6.** Baker W, Villadiego L, Lake N, et al. Transversus abdominis plane block with liposomal bupivacaine for pain control after cesarean delivery: a retrospective chart review. *J Pain Res.* 2018;11:3109–3116. **7.** Mathiesen O, Dahl B, Thomsen BA, et al. A comprehensive multimodal pain treatment reduces opioid consumption after multilevel spine surgery. *Eur Spine J.* 2013;22(9):2089-2096. **8.** Chou R, Gordon D, de Leon-Casasola O, et al. Guidelines on the management of postoperative pain. *J Pain.* 2016;17(2):131-157. **9.** Gandhi K, Viscusi E. Multimodal pain management techniques in hip and knee arthroplasty. *The Journal of The New York School of Regional Anesthesia.* 2009;13:1-10. **10.** Gottschalk A, Smith DS. New concepts in acute pain therapy: preemptive analgesia. *Am Fam Physician.* 2001;63(10):1979-1984. **11.** Kehlet H, Dahl JB. The value of "multimodal" or "balanced analgesia" in postoperative pain treatment. *Anesth Analg.* 1993;77:1048-1056. **12.** Tverskoy M, Oz Y, Isakson A, Finger J, Bradley EL, Kissin I. Preemptive effect of fentanyl and ketamine on postoperative pain and wound hyperalgesia. *Anesth Analg.* 1994;78(2):205-209. **13.** Connolly N. Real-world insights on the use of transversus abdominis plane block with liposomal bupivacaine in the multimodal management of somatic versus visceral pain in the colorectal surgery setting. *J Pain Res.* 2018:11:1141-1146. **14.** Sikandar S, Dickenson AH. Visceral pain: the ins and outs, the ups and downs. *Curr Opin Support Palliat Care.* 2012;6(1):17-26. **15.** Wingerd B. Sensation. In: Wingerd B. *The Human Body: Concepts of Anatomy and Physiology.* 3rd ed. Baltimore, MD, and Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins; 2014:6055-6794. **16.** Anaesthetics: patient information. Interscalene brachial plexus block for shoulder surgery. Rotherham, UK: The Rotherham NHS Trust; 2014. https://www.therotherhamft.nhs.uk/Patient_Information/Patient_Information_Leaflets/. Accessed November 15, 2019. **17.** Addiction and substance use disorders. Opioid use disorder. American Psychiatric Association website. https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder. Accessed November 15, 2019. **18.** Patients who undergo major operations without opioids have shorter hospital stays [press release]. Chicago, IL: American College of Surgeons; October 2018. https://www.facs.org/media/press-releases/2018/horattas102218. Accessed November 15, 2019.

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