

Administration Case Report With EXPAREL

This case report represents the individual experience of Dr F. Alan Barber and is intended to demonstrate his methodology for using EXPAREL in anterior cruciate ligament (ACL) reconstruction surgery.

Pacira BioSciences, Inc. recognizes that there are alternative methodologies for administering local anesthetics, as well as individual patient considerations when selecting the dose for a specific procedure.

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.

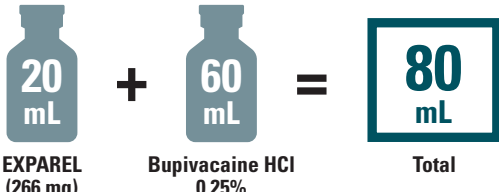
CASE INFORMATION

Physician Name	F. Alan Barber, MD, FACS
Affiliation	Plano Orthopedic and Sports Medicine Center Plano, TX
Surgical Case Performed	Bone-patellar tendon-bone ACL reconstruction
Inpatient or Outpatient Procedure	Outpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	39 years
Patient History and Characteristics	Patient sustained a twisting valgus stress to her right knee while playing tennis. She had a second buckling episode and underwent physical therapy for 2 weeks. During therapy the patient felt a pop, which caused increasing medial knee pain. An MRI showed a torn medial meniscus and a complete ACL tear.

PROCEDURAL DETAILS

Incision Size	Midline 4-cm incision, several portals
Dose of EXPAREL and Total Volume Used	 <p>The diagram illustrates the combination of two volumes: 20 mL of EXPAREL (266 mg) and 60 mL of Bupivacaine HCl 0.25%. These are added together to reach a total volume of 80 mL, which is highlighted in a box.</p>

MULTIMODAL ANALGESIA PROTOCOL

Preoperative Medications Used	PO acetaminophen 1000 mg, PO gabapentin 300 mg, PO meloxicam 15 mg*
Intraoperative Medications Used	20 mL EXPAREL (266 mg) + 60 mL bupivacaine HCl 0.25%, IV midazolam 2 mg, IV fentanyl 100 mcg, IV dexamethasone 10 mg, IV ondansetron 4 mg, IV ketorolac 30 mg
Postoperative Medications Used	PO gabapentin 300 mg nightly for 5 days, PO acetaminophen 1000 mg q8h for 10 days, PO meloxicam 15 mg daily for 3 days, [†] PO oxycodone 10 mg PRN twice daily x 6 tablets

IV, intravenous; MRI, magnetic resonance imaging; PO, by mouth; PRN, as needed; q8h, every 8 hours.

*Surgeons may choose to use PO celecoxib 200 mg in place of PO meloxicam 15 mg.

[†]Surgeons may choose to use PO ketorolac 10 mg 3 times daily for 3 days in place of PO meloxicam.

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

INFILTRATION NOTES

ASSESSED THE SIZE OF THE SURGICAL SITE AND DEPTH OF TISSUE, THEN PREPARED INJECTION MATERIALS ACCORDINGLY

In this procedure, Dr Barber determined a total volume of 80 mL would be needed to cover the surgical site. Since no adductor canal block was performed in this case, he expanded 20 mL of EXPAREL® (bupivacaine liposome injectable suspension) with 60 mL of bupivacaine HCl 0.25%. Bupivacaine HCl was added to provide early-onset analgesia and bridge the time to onset of the long-acting local analgesia provided by EXPAREL.



If admixing with bupivacaine HCl 0.5%, use normal saline to account for the difference in concentration and ensure a total volume of 80 mL. For example, 60 mL bupivacaine HCl 0.25% can be replaced with 30 mL of bupivacaine HCl 0.5% + 30 mL normal saline to achieve the same volume and concentration of the mixture.

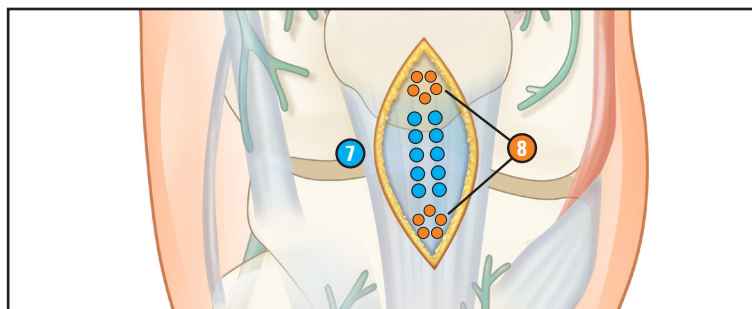
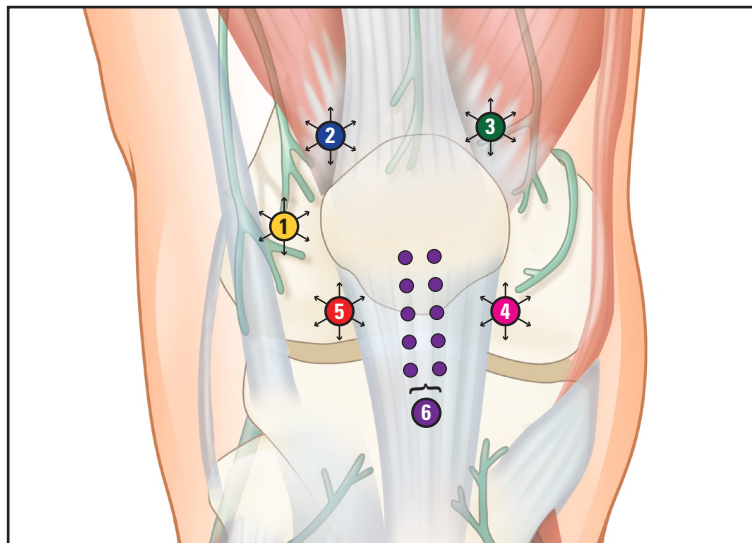
In cases where an adductor canal block is performed, many surgeons will admix 20 mL of EXPAREL with 30 mL of bupivacaine HCl 0.25% and 30 mL of normal saline, for a total of 80 mL.

DIVIDED INJECTATE INTO SYRINGES WITH NEEDLE SIZES APPROPRIATE FOR INFILTRATION (20- TO 25-GAUGE) AND PLANNED WHICH AREAS TO INFILTRATE WITH EACH INJECTION

For this procedure, Dr Barber divided the injectate into a total of four 20-mL syringes, 2 using 21-gauge 1.5-inch needles and 2 using 20-gauge 3.5-inch spinal needles.



With a moving needle technique, the injections were spread in a fan-like pattern and occurred as the needle was withdrawn to maximize the coverage area. Dr Barber infiltrated as follows:



Pre-incision

- Step #1:** Midpatellar lateral portal
- Step #2:** Superior lateral portal
- Step #3:** Superior medial portal
- Step #4:** Inferior anterior medial portal
- Step #5:** Inferior anterior lateral portal
- Step #6:** Subcutaneous tissue along incision

Post-incision

- Step #7:** Tibial graft harvest site
- Step #8:** Bone donor sites

INFILTRATION NOTES (continued)

Pre-incision

■ Step #1: Midpatellar lateral portal

Dr Barber began by infiltrating 7 to 10 mL of EXPAREL around the midpatellar lateral portal using a 1.5-inch needle. He created a field block around the lateral branch of the anterior femoral cutaneous nerve by infiltrating 1.5 mL of EXPAREL every 1 to 2 cm.

■ Step #3: Superior medial portal

Using a 3.5-inch spinal needle, Dr Barber infiltrated 7 to 10 mL of EXPAREL to create a field block of the anterior femoral cutaneous nerve where it branches into the intermediate and medial branches. Starting from the superior medial portal, he infiltrated in an arc across the lateral side of the patella to merge with the superior lateral portal site.

■ Step #5: Inferior anterior lateral portal

He then infiltrated 7 to 10 mL of EXPAREL into the subcutaneous tissue surrounding the inferior anterior lateral portal site using a 1.5-inch needle. Dr Barber made sure to reach the posterior and inferior lateral tissues, and merge this area with the medial portal infiltration area.

■ Step #2: Superior lateral portal

He then infiltrated 7 to 10 mL of EXPAREL into the areas around the superior lateral portal using a 3.5-inch spinal needle. This created a field block of the lateral and intermediate branches of the anterior femoral cutaneous nerve, as well as the femoral pin exit.

■ Step #4: Inferior anterior medial portal

Dr Barber then infiltrated 7 to 10 mL of EXPAREL around the inferior anterior medial portal using a 1.5-inch needle. He infiltrated every 1 cm around the portal to establish a field block of the infrapatellar branch of the saphenous nerve.

■ Step #6: Subcutaneous tissue along incision

Dr Barber then infiltrated 7 to 10 mL of EXPAREL to establish a field block around the graft harvest sites. He made sure to infiltrate around the incision line and tissues overlying the harvest locations for both patellar and tibial grafts.

Post-incision

■ Step #7: Tibial graft harvest site

Using a 3.5-inch spinal needle, Dr Barber infiltrated 7 to 10 mL of EXPAREL around the tibial graft harvest site, making sure to infiltrate into the periosteum and subcutaneous tissues.

■ Step #8: Bone donor sites

After harvesting the grafts, the bone donor sites were infiltrated with 7 to 10 mL of EXPAREL under direct visualization. Dr Barber then closed the tendon and covered the donor sites with available tissue. The remaining fluid should be injected into these donor sites, leaving some fluid in place.

Dr Barber's Personal Experience With EXPAREL® (bupivacaine liposome injectable suspension)

"EXPAREL is an integral component of the multimodal analgesia protocols used in my patients. By providing effective, long-lasting pain control, EXPAREL allows for significant reductions in postsurgical opioid use."



Watch Dr Barber infiltrate with **EXPAREL** at www.EXPAREL.com

The recommended dose of EXPAREL is based on the size of the surgical site, the volume required to cover the area, and individual patient factors that may impact the safety of an amide local anesthetic. The maximum dose of EXPAREL should not exceed 266 mg.

EXPAREL can be administered unexpanded (20 mL) or expanded to increase volume up to a total of 300 mL (final concentration of 0.89 mg/mL [ie, 1:14 dilution by volume]) with normal (0.9%) saline or lactated Ringer's solution.

Bupivacaine HCl may be administered immediately before EXPAREL or admixed in the same syringe, as long as the ratio of the milligram dose of bupivacaine HCl to EXPAREL does not exceed 1:2. Admixing may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. The toxic effects of these drugs are additive and their administration should be used with caution, including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Other than with bupivacaine, EXPAREL should not be admixed with other drugs prior to administration.

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.

Disclosure: Dr Barber is a paid consultant for Pacira BioSciences, Inc.