EXPAREL®
(bupivacaine liposome injectable suspension)

Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Mark Brzezienski and is intended to demonstrate his methodology for using EXPAREL in a specific soft tissue surgery.

Pacira Pharmaceuticals, 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 administration into the surgical site to produce postsurgical analgesia.

CASE INFORMATION

Physician Name	Mark Brzezienski, MD
Affiliation	The Plastic Surgery Group; Chattanooga, Tennessee
Surgical Case Performed	Delayed right latissimus dorsi breast reconstruction following mastectomy
Inpatient or Outpatient Procedure	Outpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	45 years of age
Patient History and Characteristics	Breast cancer; patient completed chemotherapy and radiation therapy 1 year prior to procedure

PROCEDURAL DETAILS

Incision Size	Harvest includes the latissimus dorsi muscle and a 14 x 8 cm cutaneous paddle. At the site of the breast, an incision approximately 14-cm in length is made and the entire mastectomy site is re-dissected.
Preoperative Analgesics Used	None
Intraoperative Analgesics Used	Mixed anesthesia with inhalational agents, narcotics, amnestics, and benzodiazepines
Was the Volume of EXPAREL Expanded? If So, to What Volume?*	One 20 mL vial of EXPAREL (266 mg) expanded with 80 mL of preservative-free normal sterile saline, for a total volume of 100 mL

*In this case report, Dr Brzezienski expanded the volume of EXPAREL with 80 mL of normal saline. In his current practice, Dr Brzezienski admixes 20 mL of EXPAREL with 30 mL of 0.5% bupivacaine HCl and 50 mL of normal saline for a total volume of 100 mL.

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.

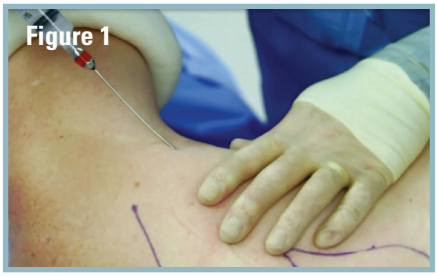
EXPAREL can be administered undiluted (20 mL) or diluted to increase volume up to a total of 300 mL (final concentration of 0.89 mg/mL [ie, 1:14 dilution by volume]) with normal (0.9%) saline or lactated Ringer's solution.

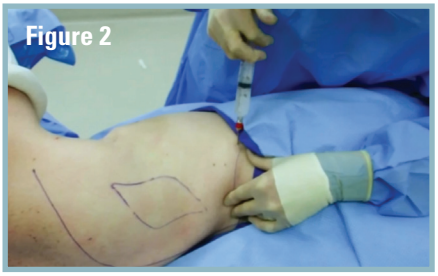
Bupivacaine HCl may be administered immediately before EXPAREL or admixed in the same syringe, as long as the ratio of the milligram dose of bupivacaine HCl to EXPAREL does not exceed 1:2. Admixing may impact the pharmacokinetic and/or physiochemical properties of EXPAREL, and this effect is concentration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

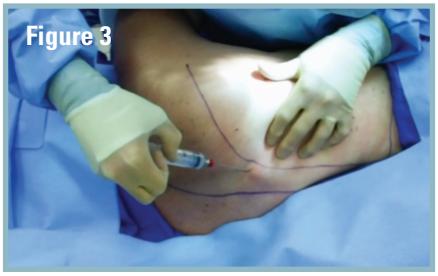
Please see Important Safety Information on reverse and refer to the accompanying full Prescribing Information before using EXPAREL for complete Dosage and Administration information.

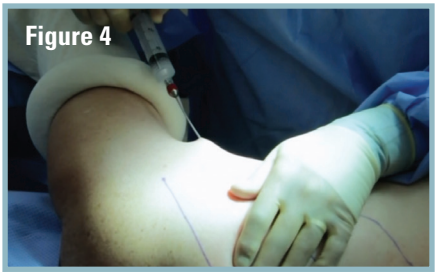
INFILTRATION NOTES

- Prior to making any incisions, a field block was achieved by injecting 100 mL of EXPAREL around the periphery of the dissection site in 20 mL aliquots.
  - A 16-gauge needle was used to make a small incision through which a Colman infusion cannula was placed to infiltrate the product. (see Figure 1)
  - 60 mL was infiltrated into the back in three 20 mL aliquots; close attention was paid when infiltrating the inferior portion of the dissection where the muscle is detached, as patients commonly note discomfort in that area. (see Figures 2 and 3)
  - 40 mL was infiltrated into the front of the dissection in two 20 mL aliquots; close attention was paid when infiltrating the axilla, which is also particularly tender following surgery. (see Figure 4)









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. Formulations of bupivacaine other than EXPAREL 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.

Disclosure: Dr Brzezienski is a paid consultant for Pacira Pharmaceuticals, Inc.

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