

# Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Selene G. Parekh and is intended to demonstrate his methodology for using EXPAREL in a Chevron and Akin bunion 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. A bunionectomy procedure may require up to 20 mL of EXPAREL depending on individual patient factors.

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.

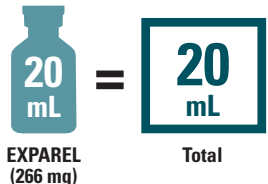
## CASE INFORMATION

<b>Physician Name</b>	Selene G. Parekh, MD
<b>Affiliation</b>	Co-Chief, Foot and Ankle Division, Professor of Orthopaedic Surgery, Duke University Medical School; Adjunct Faculty, Fuqua School of Business; Partner, North Carolina Orthopaedic Clinic
<b>Surgical Case Performed</b>	Chevron and Akin bunion surgery
<b>Inpatient or Outpatient Procedure</b>	Outpatient

## PATIENT CHARACTERISTICS

<b>Gender</b>	Female
<b>Age</b>	46 years
<b>Patient History and Characteristics</b>	BMI: 24.5 Patient had a bunion on her right great toe and suffered from pain that hampered mobility and ability to wear shoes

## PROCEDURAL DETAILS

<b>Incision Size</b>	3-cm medial incision over the first metatarsophalangeal joint of the right foot
<b>Preoperative Analgesics Used</b>	PO acetaminophen 650 mg PO gabapentin 300 mg PO oxycodone 5 mg Right ankle block with 25 mL of 0.5% bupivacaine HCl and 10 mL of 1% lidocaine HCl
<b>Dose of EXPAREL and Total Volume Used</b>	 A diagram illustrating the dose and total volume used. On the left is a vial labeled '20 mL' and 'EXPAREL (266 mg)'. This is followed by an equals sign and a box labeled 'Total' containing '20 mL'.

BMI, body mass index; PO, by mouth.

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. A bunionectomy procedure may require up to 20 mL of EXPAREL depending on individual patient factors.

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.

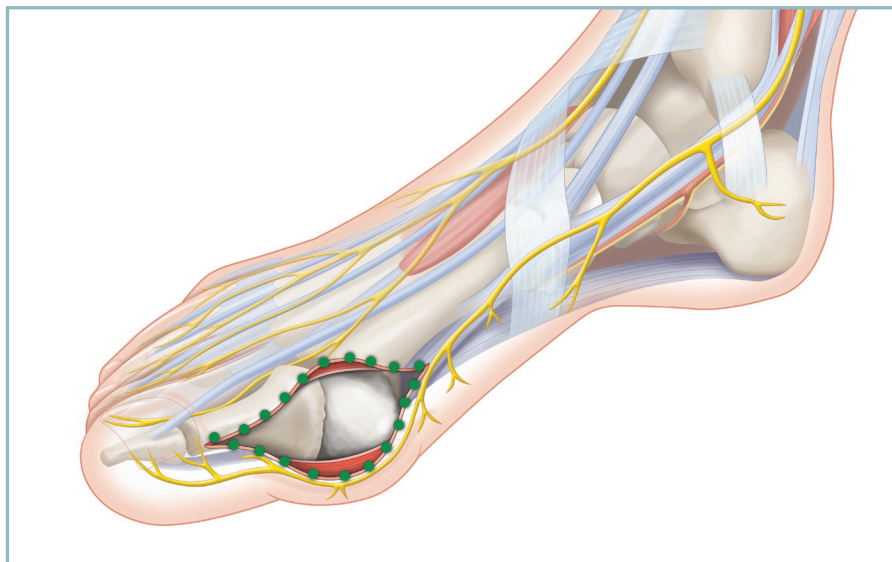
Bupivacaine HCl may be administered immediately before EXPAREL or admixed in the same syringe, as long as the ratio of the milligram dose of bupivacaine HCl to EXPAREL does not exceed 1:2. Admixing may impact the pharmacokinetic and/or physiochemical properties of EXPAREL, and this effect is concentration 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 local anesthetic systemic 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 for complete Dosage and Administration information before using EXPAREL.**

## DR PAREKH'S INFILTRATION TECHNIQUE

Dr Parekh separated the 20 mL of EXPAREL® (bupivacaine liposome injectable suspension) into two 10-mL syringes and attached 25-gauge needles. He did not use a smaller needle (ie, 27-gauge) due to concerns about shearing of liposomes and the early release of EXPAREL. EXPAREL was not expanded.

Dr Parekh infiltrated EXPAREL circumferentially around the incision site into the subcutaneous tissues, using multiple closely spaced injections to create a field block. With each infiltration, the needle was inserted into its hub and approximately 1 mL of EXPAREL was injected slowly as the needle was withdrawn to ensure analgesic coverage in both deep and superficial tissues.



### 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.

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