

## Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Robert Herbstman 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

<b>Physician Name</b>	Robert Herbstman, MD, FACS
<b>Affiliation</b>	St Peter's University Hospital; New Brunswick, NJ
<b>Surgical Case Performed</b>	Bilateral mastectomy with immediate tissue expander-based breast reconstruction
<b>Inpatient or Outpatient Procedure</b>	Inpatient

### PATIENT CHARACTERISTICS

<b>Gender</b>	Female
<b>Age</b>	79 years of age
<b>Patient History and Characteristics</b>	Obese, hypertensive patient with a prior cancer of the left breast for which she underwent previous lumpectomy and radiation therapy

### PROCEDURAL DETAILS

<b>Incision Size</b>	Two 12-cm breast incisions
<b>Preoperative Analgesics Used</b>	None
<b>Intraoperative Analgesics Used</b>	Acetaminophen 1000 mg IV
<b>Was the Volume of EXPAREL Expanded? If So, to What Volume?</b>	One 20 mL vial of EXPAREL (266 mg) expanded with preservative-free normal sterile saline to a total volume of 100 mL

IV, intravenous.

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.

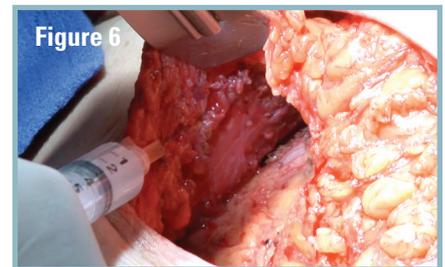
EXPAREL can be administered undiluted (20 mL) or diluted to increase volume up to a total of 300 mL (final concentration of 0.89 mg/mL [ie, 1:14 dilution by volume]) with normal (0.9%) saline or lactated Ringer's solution.

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

- Following bilateral mastectomy, a total volume of 50 mL is infiltrated into the right breast pocket using a 10 mL, 25-gauge needle in the following fashion:
  - 20 mL of EXPAREL solution is infiltrated in along the lateral costal region of the chest wall (see Figures 1 and 2)
  - As the origin of the muscle has been released to create the submuscular pocket, 10 mL of EXPAREL solution is infiltrated along both the superficial and deep planes of the inframammary region for a total volume of 20 mL (see Figures 3 and 4)
  - The final 10 mL of EXPAREL solution is infiltrated submuscularly along the sternal border and into the pectoralis muscle (see Figures 5 and 6)
- The same technique is used to infiltrate the remaining 50 mL of EXPAREL solution into the left breast pocket



### 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  $\geq 10\%$ ) following EXPAREL administration were nausea, constipation, and vomiting.

**Disclosure:** Dr Herbstman is a paid speaker and consultant for Pacira Pharmaceuticals, Inc.