

Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Jacob Hutchins 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	Jacob Hutchins, MD
Affiliation	University of Minnesota Medical Center
Surgical Case Performed	Open hysterectomy
Inpatient or Outpatient Procedure	Inpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	53 years of age
Patient History and Characteristics	Pelvic mass

PROCEDURAL DETAILS

Incision Size	Infraumbilical midline incision T10-L1
Preoperative Analgesics Used	50 mcg of fentanyl and 1 mg of midazolam administered in advance of the TAP procedure
Intraoperative Analgesics Used	450 mcg of fentanyl
Was the Volume of EXPAREL Expanded? If So, to What Volume?	One 20 mL vial of EXPAREL (266 mg) was expanded with 20 mL of preservative-free normal sterile saline and 20 mL of 0.25% bupivacaine HCl for a total volume of 60 mL

TAP, transversus abdominis plane.

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.

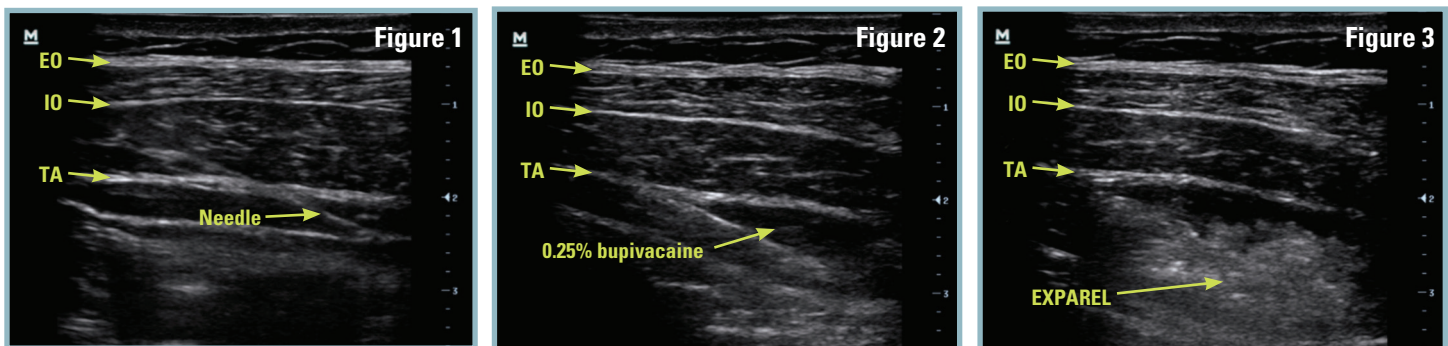
Bupivacaine HCl may be administered immediately before EXPAREL or admixed in the same syringe, as long as the ratio of the milligram dose of bupivacaine HCl to EXPAREL does not exceed 1:2. Admixing may impact the pharmacokinetic and/or physiochemical properties of EXPAREL, and this effect is concentration 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 surgery, the patient was prepped with 2% chlorhexidine gluconate and 70% isopropyl alcohol
- When dry, an ultrasound-guided left classic TAP was performed with a 21-gauge 100-mm needle with a 30-degree bevel (see Figure 1)
- 2 mL of 0.25% bupivacaine with epinephrine 1:200,000 was used to confirm correct needle position beneath the fascia covering the transversus abdominis as well as to negate intravascular injection (see Figure 2)
- This was then followed by 30 mL of EXPAREL solution with aspiration every 5 mL increments (see Figure 3)
 - The TAP was confirmed during the entire injection with ultrasound
- This procedure was then performed on the right side

TAP, transversus abdominis plane.



EO, external oblique; IO, internal oblique; TA, transversus abdominis.

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 Hutchins is a paid consultant for Pacira Pharmaceuticals, Inc.

This administration technique guide represents the individual capacity of Dr Jacob Hutchins and not the capacity of the University of Minnesota, UMP, or Fairview.