Managing Postsurgical Pain with Opioid-Reducing Strategies

Enhanced recovery goals following orthopedic procedures*

- Optimize pain management¹
- Accelerate mobilization and rehabilitation¹
- Reduce hospital length of stay and readmission¹,²

Current opioid use can have short- and long-term effects

- Enhanced recovery pathways are complicated by opioid-related adverse events¹
- Orthopedic surgeons are the third highest prescribers of opioids³

>1 in 15 patients prescribed opioids for postsurgical pain will go on to long-term use⁴

- Incidence of chronic opioid use is higher in patients following total knee arthroplasty (TKA) and total hip arthroplasty (THA) than many other commonly performed procedures⁵

There is a growing demand to reduce postsurgical opioid use

- The Centers for Disease Control and Prevention and The Joint Commission call for a patient-centered multimodal treatment plan, noting that the best approach may be to start with a non-opioid⁶,⁷
- Many patients are aware of opioid-related risks and prefer non-opioid analgesic options⁸

90% of patients are concerned about side effects, addiction, or dependence

79% of patients prefer a non-opioid pain management option

*EXPAREL has not been clinically proven to reduce length of stay or rate of readmission, nor accelerate mobilization or rehabilitation.
CONSIDER EXPAREL AS PART OF YOUR ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL

EXPAREL provides long-lasting, non-opioid postsurgical analgesia

- Indicated for administration into the surgical site to produce postsurgical analgesia
  - Indication supports broad use across surgical procedures
- DepoFoam® technology uniquely delivers bupivacaine over time to extend postsurgical analgesia
- Eliminates the need for catheters and pumps that may hinder recovery

Dose EXPAREL for optimal analgesic coverage of the surgical site

- The recommended dose of EXPAREL is based on the following factors:
  - Size of the surgical site
  - Volume required to cover the area
  - Individual patient factors that may impact the safety of an amide local anesthetic
  - Maximum dose should not exceed 266 mg (one 20 mL vial)
- Volume can be expanded to fit your analgesic coverage needs
  - Adequate distribution of liposomes is essential for analgesic coverage
  - A 20 mL vial of EXPAREL can be administered undiluted or expanded up to a total of 300 mL 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

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

Please see additional Important Safety Information on back and accompanying full Prescribing Information for EXPAREL.
Utilize proper administration technique for targeted analgesia

- EXPAREL should be injected slowly into soft tissues of the surgical site using a deep tissue infiltration technique with frequent aspiration to check for blood and minimize the risk of intravascular injection
  — Administer with a 25-gauge or larger-bore needle
- Since EXPAREL does not diffuse throughout tissues in the same manner as traditional bupivacaine, use a series of injections to effectively cover the surgical area\(^\text{13}\)

Infiltrating with EXPAREL: examples in TKA and THA procedures

- In large surgical sites (ie, hips, knees), consider expanding the volume to cover the surgical site
  — Volume ranges of 60 mL to 160 mL have been observed in clinical practice\(^2,14,15\)

**In TKA procedures, EXPAREL may be infiltrated below and above the fascia, such as the posterior capsule, ligaments, subperiosteal, and musculature. Care should be taken to avoid the midline vascular bundle when injecting posteriorly and the peroneal nerve when injecting laterally.**

**With either the posterior or anterior approach to THA, EXPAREL may be infiltrated into the pericapsular soft tissues and then into the superficial muscular layers. Care should be taken to avoid the sciatic nerve.**

**Watch Dr Henderson and Dr Long infiltrate with EXPAREL at [www.EXPAREL.com](http://www.EXPAREL.com)**

Disclaimer: This individual experience is based on one methodology for using EXPAREL in a specific orthopedic procedure. 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.

Important Safety Information

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks, or intravascular or intra-articular use.

Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally.

Please see additional Important Safety Information on back and accompanying full Prescribing Information for EXPAREL.
The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials. EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

**Important Safety Information**

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting. 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. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

**Warnings and Precautions Specific to EXPAREL**

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks, or intravascular or intra-articular use.

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.

**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 paresthesias. 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.

**Please see accompanying full Prescribing Information for EXPAREL.**

For more information, please visit [www.EXPAREL.com](http://www.EXPAREL.com) or call 1-855-RX-EXPAREL (793-9727).

References: