EXPAREL for hemorrhoidectomy:  
Infiltration technique and clinical efficacy results

Dose of EXPAREL and total volume used

- **EXPAREL** was administered at the conclusion of surgery as part of a standard field block with local anesthesia
- **EXPAREL** can be admixed with bupivacaine HCl in a 1:2 ratio to provide early onset analgesic coverage
- Avoid non-bupivacaine local anesthetics within 20 minutes of administration of EXPAREL

Infiltration technique protocol

- Surgery was a 2- or 3-column excisional hemorrhoidectomy for internal or internal/external hemorrhoids using the Milligan-Morgan technique

- A field block was created by visualizing the anal sphincter as diagrammed and infiltrated 5 mL at each infiltration point as indicated below
  - Injected slowly and deeply into the soft tissues using a moving needle technique (ie, injecting while withdrawing the needle)
  - Infiltrated above and below the fascia and into the subcutaneous tissue
  - Aspirated frequently to minimize the risk of intravascular injection

Clinical efficacy results

- **45%** FEWER OPIOIDS overall opioid consumption  
  \[ P=0.0006^* \]

- **30%** LESS PAIN cumulative pain scores  
  \[ P<0.0001^* \]

- 28% of EXPAREL patients were opioid free (\( P<0.0008 \))

Non-opioid EXPAREL provides significant long-lasting pain control while reducing opioid use

- Approved for use across surgical procedures in various surgical settings
- Critical component of a multimodal, opioid-minimizing pain management strategy

Please see Indication and Important Safety Information on reverse and refer to accompanying full Prescribing Information.
Indication

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.

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.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to accompanying full Prescribing Information.

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