

# Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Stuart Lieblich and is intended to demonstrate his methodology for using EXPAREL in a specific oral/maxillofacial 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>	Stuart Lieblich, DMD
<b>Affiliations</b>	University of Connecticut Department of Oral and Maxillofacial Surgery Private Practice, Avon, CT
<b>Surgical Case Performed</b>	Third molar extraction
<b>Inpatient or Outpatient Procedure</b>	Outpatient

## PATIENT CHARACTERISTICS

<b>Gender</b>	Female
<b>Age</b>	19 years of age
<b>Patient History and Characteristics</b>	Patient is a nonpregnant, healthy ASA I female with recurrent lower right pericoronitis
<b>Pathology</b>	Patient has soft tissue impactions of teeth #1 and #16, and partial bony impactions of teeth #17 and #32

## PROCEDURAL DETAILS

<b>Intraoperative Anesthesia Used</b>	<b>Teeth #1 and #16:</b> One cartridge (1.7 mL) of 2% lidocaine was administered to infiltrate on the buccal aspect along with 0.2 mL for the palatal aspect <b>Teeth #17 and #32:</b> One cartridge of 2% lidocaine with 1:100,000 epinephrine was administered on each side to block the inferior alveolar nerve and lingual nerve in the mandible. One cartridge of 0.5% bupivacaine with 1:100,000 epinephrine was also administered on each side for inferior alveolar nerve block and long buccal nerve infiltration <b>Important note:</b> Lidocaine was not administered in the soft tissues adjacent to the mandibular third molar sites where EXPAREL was administered
<b>Intraoperative Analgesia Used</b>	10 mL of EXPAREL was infiltrated in the mandible and maxilla per the infiltration notes on the following page
<b>Was the Volume of EXPAREL Expanded? If So, to What Volume?</b>	10 mL of EXPAREL (133 mg) was used (unexpanded)

ASA, American Society of Anesthesiologists.

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

### ASSESSED THE SIZE OF THE SURGICAL SITE AND DEPTH OF TISSUE, THEN PREPARED INJECTION MATERIALS ACCORDINGLY

In this procedure, the panoramic radiograph showed the soft tissue impacted maxillary third molars and partial bony impacted mandibular third molars (see Figure 1). I assessed the surgical site and determined that I would need a total volume of approximately 10 mL of EXPAREL to cover it.

### INFILTRATED EXPAREL INTO THE FOLLOWING AREAS USING A 22-GAUGE NEEDLE:

- Along the lateral aspect of the mandible after primary closure
  - 4 mL of EXPAREL used for each of the lower third molar sites, given as 4 separate 1 mL injections (see Figure 2)
- On the buccal aspect of the upper third molars
  - 1 mL of EXPAREL infiltrated into the buccal aspect of each of the upper third molars (see Figure 3)

When infiltrating EXPAREL, I make sure to infiltrate below the fascia, above the fascia, and into the subcutaneous tissue using a moving needle technique. With a moving needle technique, the injections are spread in a fan-like pattern to maximize the number of injection areas. At the same time, the tissues are infiltrated as the needle is advanced and withdrawn to also maximize the coverage area. This technique should be systematically and meticulously repeated with each subsequent injection site, and the next site should overlap with the prior infiltrated area to maximize effect (see Figure 4).

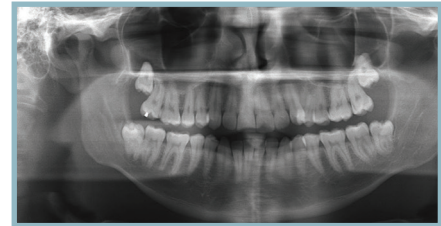


FIGURE 1. Panoramic radiograph



FIGURE 2. Lateral aspect of mandible



FIGURE 3. Buccal aspect of the upper third molars

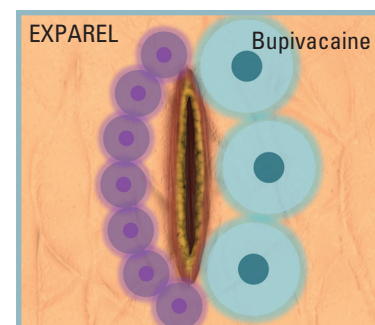


FIGURE 4. Dr Lieblich injects EXPAREL in a fan-like pattern and close enough together to ensure overlap in diffusion of drug

### 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 Lieblich is a paid consultant for Pacira Pharmaceuticals, Inc.