

## 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 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.

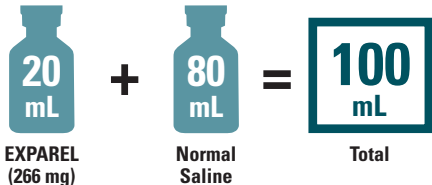
### CASE INFORMATION

<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>	IV Acetaminophen 1000 mg
<b>Dose of EXPAREL and Total Volume Used</b>	 <p>The diagram illustrates the combination of 20 mL of EXPAREL (266 mg) and 80 mL of Normal Saline to create a total volume of 100 mL. Each component is shown in a blue syringe icon, and the total is shown in a blue-bordered box.</p>

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.

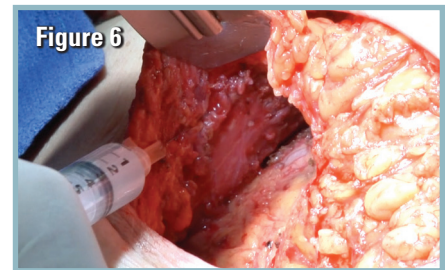
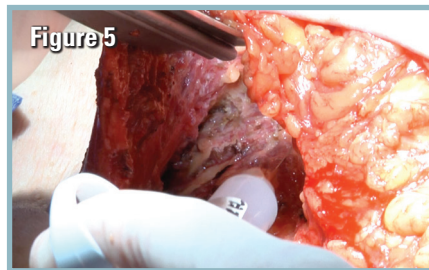
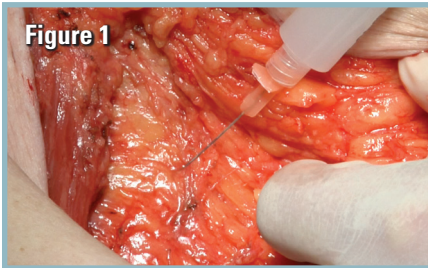
EXPAREL can be administered unexpanded (20 mL) or expanded to increase volume up to a total of 300 mL (final concentration of 0.89 mg/mL [ie, 1:14 dilution by volume]) with normal (0.9%) saline or lactated Ringer's solution.

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 local anesthetic systemic 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® (bupivacaine liposome injectable suspension) 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. 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.

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