

Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Rob Parrish and is intended to demonstrate his methodology for using EXPAREL in a specific orthopedic 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	Rob Parrish, MD, PhD
Affiliation	The Methodist Hospital; Houston, TX
Surgical Case Performed	Lumbar laminectomy and discectomy right L4-L5
Inpatient or Outpatient Procedure	Outpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	48 years of age
Patient History and Characteristics	Patient presented with back and right leg pain with L5 weakness. An MRI showed a large right L4-L5 disc herniation with L5 root compression. Patient failed steroid therapy and had marked weakness in an L5 distribution.

PROCEDURAL DETAILS

Incision Size	1-in microdisc incision
Preoperative Analgesics Used	None
Intraoperative Analgesics Used	Fentanyl 100 mcg, acetaminophen 1000 mg IV
Was the Volume of EXPAREL Expanded? If So, to What Volume?	One 20-mL vial (266 mg) of EXPAREL was used (unexpanded)

IV, intravenous; MRI, magnetic resonance imaging.

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.

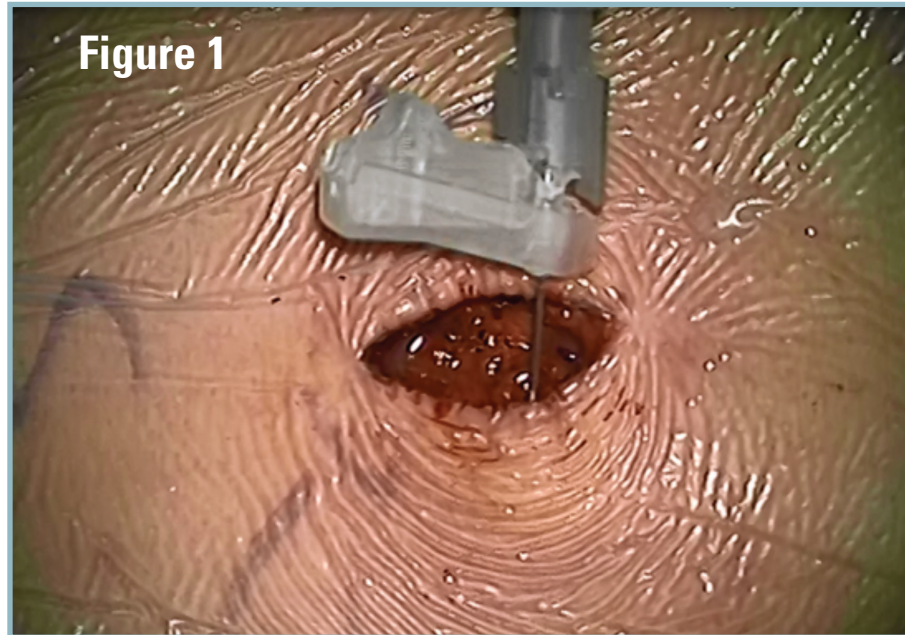
EXPAREL can be administered undiluted (20 mL) or diluted to increase volume up to a total of 300 mL (final concentration of 0.89 mg/mL [ie, 1:14 dilution by volume]) with normal (0.9%) saline or lactated Ringer's solution.

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

- 2 mL of EXPAREL preemptively infiltrated bilaterally into the subcutaneous space before microdisc incision was made for a total volume of 4 mL
- Remaining 16 mL of EXPAREL divided; 1 mL pooled on the lumbar-dorsal fascia; 4 mL injected into the muscles in several aliquots; the remaining EXPAREL infiltrated into the subcutaneous tissues above and below fascia prior to closure of that fascial layer (see Figure 1)



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 Parrish is a paid consultant for Pacira Pharmaceuticals, Inc.