Managing Postsurgical Pain with Opioid-Reducing Strategies

### Enhanced recovery goals following bariatric procedures*

- Decrease postsurgical pain without compromising respiratory function
- Minimize sedation
- Manage obesity-related comorbidities
- Accelerate mobilization and discharge

Lower pain tolerance and the unpredictability of pharmacokinetic differences in obese patients can compromise recovery goals.

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

- Bariatric patients are at risk for opioid-related adverse events (ORAEs) such as:
  - Respiratory depression
  - Excessive sedation
  - Constipation

77% of bariatric patients are concerned about side effects, addiction, or dependence. Many patients prefer a non-opioid pain management option.

### 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-opioid analgesic.
- Many patients are aware of opioid-related risks and prefer non-opioid analgesic options.

*EXPAREL has not been clinically proven to prevent compromise of respiratory function, minimize sedation, reduce risk of obesity-related comorbidities, or accelerate mobilization and discharge.
CONSIDER EXPAREL AS PART OF YOUR ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL

EXPAREL provides long-lasting, non-opioid postsurgical pain control

- 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.\(^{13}\)

Infiltrating with EXPAREL: examples in bariatric procedures

**Transversus abdominis plane (TAP) field infiltration**

In a case study done on a patient undergoing a laparoscopic sleeve gastrectomy, Dr. Andras Sandor performed an ultrasound-guided infiltration of EXPAREL into the TAP between the internal oblique and transversus abdominis muscles following procedures involving the middle or lower abdominal wall to provide a field block. EXPAREL is not indicated in nerve block.

**Laparoscopic abdominal port site placement**

He also infiltrated EXPAREL around the intended trocar site into all layers of the abdominal wall (from the dermis to the preperitoneal space) to provide postsurgical analgesia.

Visit [www.EXPAREL.com](http://www.EXPAREL.com) to watch Dr. Sandor infiltrate with EXPAREL.

**Disclaimer:** This individual experience is based on one methodology for using EXPAREL in a specific bariatric 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, 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 or call 1-855-RX-EXPAREL (793-9727).