EXPAREL®
(bupivacaine liposome injectable suspension)

Administration Case Report With EXPAREL

This case report represents the individual experience of Dr Charles Miller 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 administration into the surgical site to produce postsurgical analgesia.

CASE INFORMATION

Physician Name	Charles Miller, MD
Affiliation	Advocate Lutheran General Hospital; Park Ridge, IL
Surgical Case Performed	Robotic-assisted, laparoscopic hysterectomy, with bilateral salpingectomy
Inpatient or Outpatient Procedure	Outpatient

PATIENT CHARACTERISTICS

Gender	Female
Age	36 years of age
Patient History and Characteristics	History of severe stage IV endometriosis and dysmenorrhea

PROCEDURAL DETAILS

Incision Size	One 10-mm incision at the umbilicus; two 8-mm lateral incisions
Preoperative Analgesics Used	Acetaminophen 975 mg, pregabalin 150 mg, and celecoxib 200 mg administered 2 hours before surgery with a sip of water
Intraoperative Analgesics Used	0.5% bupivacaine HCl (<10 mL)
Was the Volume of EXPAREL Expanded? If So, to What Volume?	One 20 mL vial of EXPAREL (266 mg) was expanded with 20 mL of preservative-free normal sterile saline for a total volume of 40 mL

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 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

- Using a 10-mL, 19-gauge needle:
  - —10 mL of EXPAREL solution was infiltrated into each lateral port down to the level of the fascia in a circumferential fashion for a total volume of 20 mL (see Figure 1)
  - —20 mL of EXPAREL solution was infiltrated around the umbilicus down to the level of the fascia in a circumferential fashion (see Figure 2)
- One-layer closures were performed on each port following the infiltration

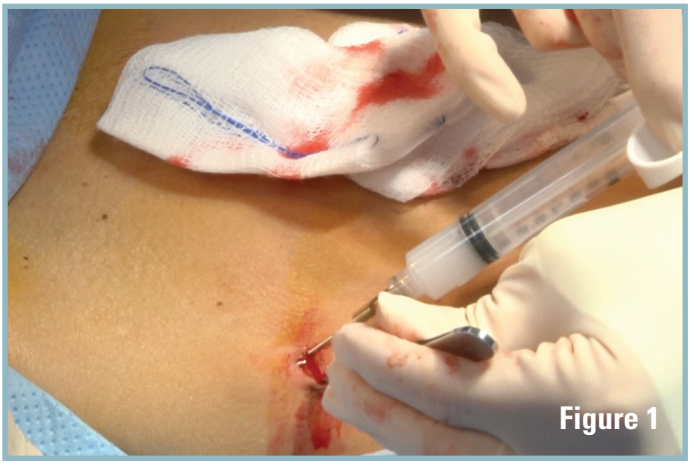

Figure 1

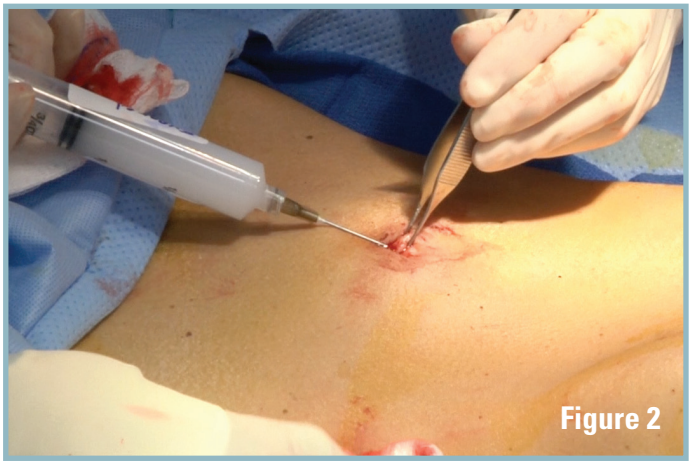

Figure 2

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 ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

Disclosure: Dr Miller has no relationship with Pacira to disclose.

PACIRA PHARMACEUTICALS, INC.