10+ MILLION PATIENTS AND COUNTING

MAKE BETTER POSSIBLE

LIGHTEN THE OPIOID BURDEN ON PATIENTS—AND YOURSELF

RELYING LESS ON OPIOIDS FOR POSTSURGICAL PAIN CONTROL COULD ACCELERATE RECOVERY AND REDUCE YOUR WORKLOAD

- **Reduce time spent treating** opioid-related adverse events (eg, nausea, vomiting, constipation, pruritus, or difficulty breathing)[1]
- **Avoid delays in ambulation** due to opioid impairment and/or catheters and pumps[2]
- **Cut down on complaints** of discomfort or inadequate pain control when short-term medications wear off

ADVOCATE FOR OPIOID-SPARING PAIN MANAGEMENT

WITH PHYSICIANS

- Champion enhanced recovery after surgery (ERAS) protocols at your facility
- Review standard order sets and identify opportunities to reduce opioids
- Share your observations of the patient experience (eg, pain scores, side effects, recovery milestones)

WITH PATIENTS

- Explain how a combination of analgesics can work together to control postsurgical pain[3]
- Empower them by letting them know they have non-opioid choices
- Provide written discharge instructions—including safe disposal instructions—to any patient who is prescribed opioids

CHECK YOUR STATE'S CURRENT OPIOID LEGISLATION AND GUIDELINES

SEE HOW YOU CAN REDUCE OPIOID-RELATED RISKS WITH EXPAREL

Please see Important Safety Information on reverse side and refer to accompanying full Prescribing Information, which is also available at www.EXPAREL.com.

EXPAREL®
(bupivacaine liposome injectable suspension)

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(bupivacaine liposome injectable suspension)

Indication

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

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 populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, 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.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to accompanying full Prescribing Information, which is also available at www.EXPAREL.com.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.

References: 1. Stephan BC, Parsa FD. Avoiding opioids and their harmful side effects in the postoperative patient: exogenous opioids, endogenous endorphins, wellness, mood, and their relation to postoperative pain. *Hawaii J Med Public Health.* 2016;75(3):63-67. **2.** Kirkness CS, Asche CV, Ren J, et al. Assessment of liposome bupivacaine infiltration versus continuous femoral nerve block for postsurgical analgesia following total knee arthroplasty: a retrospective cohort study. *Curr Med Res Opin*. 2016;32(10):1727-1733. **3.** Chou R, Gordon D, de Leon-Casasola O, et al. Management of postoperative pain: a Clinical Practice Guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. *J Pain*. 2016;17(2):131-157.

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