

- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

**Local Analgesia via Infiltration Dosing in Pediatric Patients**

The recommended dose of EXPAREL for single-dose infiltration in pediatric patients, aged 6 to less than 17 years, is 4 mg/kg (up to a maximum of 266 mg), and is based upon two studies of pediatric patients undergoing either spine surgery or cardiac surgery.

**Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults**

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

**Compatibility Considerations**

Administering EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- 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.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g. Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

**Non-interchangeability with Other Formulations of Bupivacaine**

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

**CLINICAL PHARMACOLOGY**

**Pharmacokinetics**

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

**PATIENT COUNSELING**

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

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For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

Rx only

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## Vaginal laser surgery shows some efficacy for overactive bladder syndrome

by LOIS LEVINE, MA,  
ASSOCIATE EDITORIAL DIRECTOR

As any woman who experiences overactive bladder syndrome (OAB) can tell you, worrying about where the nearest restroom is whenever you leave your home can be a continuous source of anxiety.<sup>1</sup>

Until now, the most common treatments for OAB included behavior modification, pharmacologic management, injections, and localized nerve stimulation. However, recent study findings published in *Menopause*, the journal of the North American Menopause Society (NAMS), suggest that laser therapy for this condition, particularly the vaginal erbium yttrium aluminum garnet (YAG) laser, can cause less urination frequency and fewer urgency episodes, with the added benefit of reduced vaginal atrophy symptoms.<sup>2</sup>

In a single-center, blinded, randomized, sham-controlled study conducted between July 2019 and August 2022, 50 women experiencing postmenopause in Thailand who received a diagnosis of OAB received either a treatment session with the vaginal erbium YAG laser or the sham procedure, with 25 women assigned to each group. Participants were asked to be enrolled by using a convenience sampling method, with randomization done by

computer-generated block randomization.

The primary outcome used the Thai version of the Overactive Bladder Symptom Score, whereas secondary outcomes included the Thai version of the Overactive Bladder Questionnaire, which included 25 health-related quality-of-life items. The Patient Perception of Bladder Condition questionnaire asked about patients' perception of lower urinary tract symptoms. A bladder diary, vaginal atrophy symptoms score, and a Vaginal Health Index score were also used.

Outcomes were evaluated 12 weeks after treatment. Investigators reported overall improvement in OAB severity in women receiving the laser treatment compared with the sham group. Improvements included daytime frequency, urgency episodes, and maximum urine volume (assessed by the bladder diary and vaginal atrophy signs and symptoms).

"The results of this small study showed some benefit of erbium YAG laser for the [management] of overactive bladder symptoms, with minimal adverse events at 12 weeks," said Stephanie Faubion, MD, MBA, FACP, NCMP, IF, medical director of NAMS.<sup>1</sup> ■

FOR REFERENCES VISIT  
[contemporaryobgyn.net/laser-OAB](http://contemporaryobgyn.net/laser-OAB)