The role of local anesthetics in postoperative analgesia is limited by their relatively short durations of action.

- **Bupivacaine hydrochloride (HCl) 0.25% 20 mL**

The majority of TEAEs were mild or moderate in severity.

METHODS
- The randomized, double-blind, placebo- and active-controlled trial was conducted at 9 sites in Austria, Denmark, Germany, Latvia, and Sweden.
- Patients aged ≥ 18 years with MRI-confirmed intact rotator cuffs undergoing arthroscopic subacromial decompression under general anesthesia were randomized 2:1:1 to one of the following:
  - **SABER-Bupivacaine**
  - **bupivacaine HCl**
  - **placebo**

**RESULTS**
- **SABER-Bupivacaine** significantly reduced the use of opioid rescue medication and prolonged the median time to first opioid use compared with placebo.
- **SABER-Bupivacaine**, bupivacaine HCl, and placebo were all well tolerated, with no substantial differences in incidence or severity of TEAEs between groups.

**SAFETY ASSESSMENTS**
- The incidence of treatment-emergent adverse events (TEAEs), defined as adverse events with onset after study drug administration, was similar between treatment groups: 31.2% for SABER-Bupivacaine; 33.6% for bupivacaine HCl; and 40.0% for placebo (Table 2).

**CONCLUSIONS**
- For patients undergoing arthroscopic subacromial decompression, **SABER-Bupivacaine** significantly reduced postoperative pain intensity for 72 hours compared with placebo.
- **SABER-Bupivacaine** significantly reduced the use of opioid rescue medication and prolonged the median time to first opioid use compared with placebo.
- **SABER-Bupivacaine**, bupivacaine HCl, and placebo were all well tolerated, with no substantial differences in incidence or severity of TEAEs between groups.

**ACKNOWLEDGMENTS**
- The study was funded by DURECT Corporation, Inc. Development, editorial design, and production support were provided by MedVal Scientific Information Services, LLC (Skillman, NJ) and funded by DURECT Corporation.

**REFERENCES**

**DISCLOSURES**
A. Kieloch has received research grants from, and is a consultant for, Depuy Synthes.
B. Safdar, A. Peredistis, and S. Rasmussen have nothing to disclose.
C. J. Grohs, A. Peredistis, and S. Rasmussen have nothing to disclose.
D. A. Ekelund has received royalties from, and is a consultant for, Depuy Synthes.

**J. Grohs, A. Peredistis, and S. Rasmussen have nothing to disclose.**

**A. Ekelund has received royalties from, and is a consultant for, Depuy Synthes.**

Presented at the 17th Annual European Federation of National Associations of Orthopaedics and Traumatology (EFORT) Congress • 01–03 June 2016 • Geneva, Switzerland